



## Health and Well Being Overview and Scrutiny Committee

<b>Date:</b>	<b>Monday, 22 June 2009</b>
<b>Time:</b>	<b>6.15 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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### AGENDA

#### 1. DECLARATIONS OF INTEREST

Members are asked to consider whether they have personal or prejudicial interests in connection with any item(s) on this agenda and, if so, to declare them and state what they are.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

#### 2. MINUTES (Pages 1 - 16)

To receive the minutes of the meetings of the Social Care, Health and Inclusion Overview and Scrutiny Committee held on 25 March and 5 May, 2009.

#### 3. APPOINTMENT OF VICE-CHAIR

The Committee is requested to appoint a Vice-Chair.

#### 4. TERMS OF REFERENCE (Pages 17 - 20)

The Committee is requested to note its revised terms of reference – those specific to this Committee, general terms of reference for overview and scrutiny committees and those of the Scrutiny Programme Board.

**5. COMMITTEE WORK PROGRAMME 2009/10 (Pages 21 - 30)**

A report on the work programme is submitted together with a letter from the North West Ambulance Service on possible areas for scrutiny.

**6. CO-OPTED MEMBERSHIP**

All of the new overview and scrutiny committees are being asked to consider if they wish to extend or initiate co-opted membership.

**7. TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE (Pages 31 - 36)**

**8. ANNUAL PERFORMANCE REPORT 2008/09 (Pages 37 - 38)**

**9. VALUING PEOPLE NOW IMPLEMENTATION (Pages 39 - 44)**

**10. LINKS ANNUAL REPORT (Pages 45 - 64)**

**11. PROGRESS REPORT ON ACTIONS TAKEN AS A HEALTH AND SOCIAL CARE ECONOMY TO IMPROVE THE PATIENT JOURNEY FOLLOWING ADMISSION TO HOSPITAL IN WIRRAL (Pages 65 - 84)**

**12. PROCESS AND OUTCOMES OF THE 'WARRENS' CONSULTATION (Pages 85 - 92)**

**13. DEMENTIA SCRUTINY REVIEW - PROGRESS REPORT (Pages 93 - 100)**

**14. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR**

## **SOCIAL CARE, HEALTH AND INCLUSION OVERVIEW AND SCRUTINY COMMITTEE**

Wednesday, 25 March 2009

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	D Roberts G Watt IO Coates	P Reisdorf S Taylor
<u>Deputies</u>	Councillors	S Mountney (in place of Mrs S Clarke)	
<u>Cabinet Member</u>	Councillor	M McLaughlin	
<u>Co-opted Members:</u>		Sandra Wall	D Hill

### 72 **DECLARATIONS OF INTEREST/PARTY WHIP**

Members were asked to consider whether they had a personal or prejudicial interest in any matters to be considered at the meeting and, if so, to declare them and state what they were. Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with any matter to be considered and, if so, to declare it and state the nature of the whipping arrangement.

No such declarations were made.

### 73 **MINUTES**

Members were requested to receive the minutes of the meeting of the Social Care, Health and Inclusion Overview and Scrutiny Committee held on 20 January, 2009.

**Resolved – That the minutes of the meeting held on 20 January, 2009, be approved as a correct record.**

### 74 **A JOINT RESPONSE TO EXTREME WINTER PRESSURES ON WIRRAL HEALTH AND SOCIAL CARE ECONOMY**

At the request of the Committee (minutes 69 and 71 (20/1/09) refers) the Director of Adult Social Services and the Chief Executives of Wirral NHS and the Wirral University Teaching Hospital NHS Trust, submitted a report which outlined the pressures experienced across the Health and Social Care economy during the recent winter period.

The report gave details of the responses made by the three partner organisations following outbreaks of Noro virus and seasonal influenza. This included the purchase of 9 extra beds in the independent sector along with a number of short term transitional beds which had been spot purchased for those who were waiting for long term placements or packages of care already approved.

Work continued to develop alternative ways of preventing admissions including:

- Development of the Primary Care Assessment Unit
- Integrated Care at Home
- Enhancement of single point of access
- Chronic Obstructive Pulmonary Disease community team and oxygen service
- Improving unplanned care services for children
- Wirral Integrated Services Programme (WISP)

It was of note that delayed discharges had continued to decrease during this period. The Department of Adult Social Services Wirral Home Assessment and Reablement (HART) service had also been used to maximum effect and facilitated a high number of transfers into the service from Arrowe Park Hospital to facilitate the discharge process. During the period from 1 November to 31 January the team dealt with 321 referrals from the hospital discharge services.

All the measures put in place to cope with winter pressures would be subject to evaluation and work with partner agencies continued to refine and develop improved discharge arrangements that would benefit patients and people who used services.

A joint presentation was made by Tina Long, Director of Strategic Partnerships, NHS Wirral, Rick O'Brien, Head of Service (Access and Assessment), Adult Social Services Department and Michael Monaghan, Director of Nursing and Midwifery, Wirral University Teaching Hospital Foundation Trust and they together with Marie Armitage, Joint Director of Public Health and Kathy Doran, Chief Executive of NHS Wirral, responded to comments from members.

The 75% target for 'flu' jabs had been exceeded, although that still left over 20% who had not received one and this past winter 'flu' had arrived somewhat earlier than in previous years. There was also a need to encourage people of a younger age with a long term health condition to take the 'flu' jab as well as health professionals.

There had been a limit of 2 weeks on stays in intermediate care beds and every person had then been moved into the appropriate pathway of care, the majority returning home.

There was a seasonal cycle to illnesses, though this year all the expected winter ones had appeared to arrive at once, thus causing the greater pressure on the services. The Ambulance service did track temperatures and call outs did rise during colder weather. NHS Wirral had provided an extra £500,000 to deal with the extreme winter pressures.

Responding to a further comment, the Director stated that he would be happy to bring a report back to the Committee on emergency plan arrangements for a possible 'flu' pandemic.

#### **Resolved - That**

**(1) This Committee congratulates all the staff involved in dealing with the extreme pressures placed on the Wirral health and social care services over the winter period.**

**(2) The Committee notes the effective joint agency response made in relation to the increased pressures across the health and social care economy.**

**(3) The Committee notes that all agencies are committed to continuing with a whole system integrated approach in the development and implementation of all locality based community and primary care services.**

**(4) The Committee acknowledge the success of the joint agency response to this winter crisis.**

## 75 HEALTH INEQUALITIES ACTION PLAN

Marie Armitage, Joint Director of Public Health, gave a presentation to the Committee on the Health Inequalities Action Plan, including the means of addressing health inequalities and measuring the outcomes.

The action plan priorities included:

- improving access to high quality public services for people with poor health and wellbeing
- addressing the underlying determinants of health
- engaging communities and individuals supporting them to improve their health through the health and wellbeing choices they make
- reducing income inequalities and reducing the consequences of poverty on health
- increasing opportunities for work and other social engagement
- improving and sharing data and intelligence on health and wellbeing

Responding to members' comments both Marie Armitage and Kathy Doran, Chief Executive, NHS Wirral, referred to the causes of childhood mortality and stated that most were related to smoking and alcohol and low birthweight. There was a need to encourage the screening of men over 50 in the more deprived areas. It was not felt that there was an issue on Wirral of residents not being registered with a GP as there were in fact 335,000 registered patients compared with a population of 312,000.

A member referred to the measurable outcomes and expressed concern at the use of the phrase, 'we aim to save 120 men's lives each year....' It was suggested that differing phraseology was used depending upon the target audience and it was another way of saying an increase in life expectancy would be an outcome. Marie Armitage stated that she welcomed all such feedback on how statistics were presented.

**Resolved – That the presentation be noted and the Committee looks forward to further reports on this issue.**

## 76 HOSPITAL DISCHARGE SCRUTINY REVIEW - FINAL REPORT

The Chair submitted the final report of the Hospital Discharge Scrutiny Review Panel. The panel, consisting of Councillors Ann Bridson, Sheila Clarke and Denise Roberts plus Sandra Wall (Older People's Parliament), had focused on an assessment of the

'patient experience' of people aged sixty and over. Details were given of the variety of methods which the Panel had employed to gather evidence, at all times recognising the importance of patient confidentiality.

The report contained 15 recommendations and assuming that the Committee agreed with these, a joint written response to this Committee from Wirral University Teaching Hospital, Wirral NHS (PCT) and the department of Adult Social Services was requested by Wednesday 22 April. It was anticipated that further reports would be presented to future Committee meetings to ensure that the proposed actions had been taken.

The Chair circulated to the Committee a response which had been received on 25 March from Heather Rimmer, Chair of the Wirral Discharge Planning and Review Group, on behalf of NHS Wirral, Wirral University Teaching Hospital and the Department of Adult Social Services. All relevant recommendations which fell within the remit of the group would be included in the 2009/10 Action Plan, an updated version of which would be forwarded to the Chair of the Overview and Scrutiny Committee by the end of April, 2009. They had suggested that a report on the impact of the implementation of the action plan could be made to an October meeting of the Committee.

Members welcomed the Review Panel's final report and congratulated the Chair and the Panel for all their work.

#### **Resolved – That**

**(1) The Committee requests a joint written response from Wirral University Teaching Hospital, Wirral NHS (PCT) and the Department of Adult Social Services by Wednesday 22nd April which should include an action plan with names and timescales.**

**(2) Further reports will be presented to future Committee meetings to confirm that the proposed actions have been taken.**

**(3) The Committee agrees that the report should be submitted to the Cabinet.**

**(4) Members of the Committee thank all those who have contributed to this scrutiny review.**

#### **77 I&DEA HEALTH COMMUNITIES PEER REVIEW ACTION PLAN**

The Joint Director of Public Health submitted an update report on the progress made against the Improvement and Development Agency's (I&DeA) Healthy Communities Peer Review Action Plan.

Following the April 2008 Peer Review and report to this Committee in October 2008 (minute 31 refers) an action plan had been developed to implement the recommendations of the review. An update on this action plan was submitted as an appendix to the report.

Responsibility for delivering the actions within the plan had been delegated by Chief Officers Management Team (COMT) to the Council's Corporate Health Group which

included an officer from each department under the leadership of the Joint Director of Public Health.

The Chair commented that the committee would, in accordance with recommendation 5 of the Action Plan, continue to focus on the preventative agenda.

**Resolved – That the progress made against the Action Plan be noted.**

#### 78 **NHS WORLD CLASS COMMISSIONING ASSURANCE REVIEW**

The Chief Executive, NHS Wirral, submitted a paper on the outcome of the World Class Commissioning assessment process undertaken by NHS Wirral during 2008.

The World Class Commissioning process had required NHS Wirral to undertake a self assessment which was moderated by a review of evidence, views of stakeholders and culminated in a panel assessment on 19 November 2008 by an NHS North West (the Strategic Health Authority) led Panel.

The Panel visited NHS Wirral to interview the Board about the PCT's World Class Commissioning assurance submission and self-assessments. The Local Authority Chief Executive and the Director of Adult Social Services took part in the panel day and a draft Panel report was issued in January after regional calibration of results had taken place. A final report was issued on 5 February 2009 after national calibration had taken place and provided full information about the Panel scores and recommendations.

Overall, the PCT was assessed as one of two top performing PCTs in the North West and the only PCT in the North West not to score 1 for any competency. The Panel report broadly mirrored the PCT's self assessment with the Panel agreeing with 9 of the 10 self assessed competencies. The Panel had assessed NHS Wirral as "Green" for Strategy, Finance and Governance, whilst nationally the majority of PCTs were rated "amber".

The Director of Adult Social Services commented on the significance of this achievement and also that NHS Wirral had been judged very strong in its partnership arrangements.

**Resolved – That the report be noted and this committee also notes that NHS Wirral had been assessed as having a quality performance.**

#### 79 **ANNUAL HEALTH CHECK 2008-09**

The Director of Adult Social Services submitted a report which identified items considered by the Committee during 2008/09 and how they related to standards in the Healthcare Commission's Annual Health Check of NHS organisations.

**Resolved – That the programme of presentations and reports by the Health Service organisations and comments of this Committee form the commentary for the Annual Health Check.**

## 80 QUARTER THREE SCRUTINY PERFORMANCE MONITORING REPORT

The Director of Adult Social Services submitted an overview of progress against performance indicators and key projects that were relevant to the work of the Committee. The report included a more detailed analysis of sickness absences and also further details on the financial position as at 31 December, 2008.

The Deputy Director informed the Committee that there was a need for more up to date performance monitoring and this was being looked at along with benchmarking against other authorities and whether appropriate targets were being set.

In response to Members' comments the Director stated that sickness was still at an unacceptable level but there were a number of initiatives in place to address this issue. Future performance measures would include more locality based targets.

**Resolved – That the report be noted.**

## 81 UPDATE ON WORK PROGRAMME

The Committee received an update on its work programme, which indicated the reports which had been considered by the Committee over the past year.

The Chair outlined a number of suggestions for a future work programme, including:

- LINKs
- Patients with dementia in general hospitals
- Children and alcohol related issues
- Dignity in care
- Homelessness and health
- Valuing People Now – Delivery Planning

Diane Hill informed the committee that LINKs were currently in the process of receiving nominations for the Board of 21 members which would be set up in April.

The Chair suggested that one topic which could be scrutinised by Panel over the next few months could be 'patients with dementia in general hospitals'.

**Resolved – That the Chair and Spokespersons arrange a meeting to discuss the idea of scrutinising the area of 'patients with dementia in general hospitals'.**

## 82 ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

The Chair referred to a letter from the North West Ambulance Service NHS Trust, which had been circulated to the committee, on the latest developments with their modernisation plans. A £7.3m investment, to which all 24 PCTs across the region had contributed, was to be made in the service.

**Resolved – That this Committee be kept informed of future progress on these plans.**



# SOCIAL CARE, HEALTH AND INCLUSION OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 5 May 2009

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	D Roberts G Watt IO Coates	P Reisdorf S Taylor
<u>Deputies</u>	Councillors	L Rowlands (in place of S Clarke)	
<u>Co-opted Members:</u>		Sandra Wall (OPP)	Audrey Meacock (LINKs)

## 83 **CALL-IN OF CABINET MINUTE 441 (9/4/09) - FEES FOR RESIDENTIAL AND NURSING HOMES**

At its meeting on 9 April, 2009 the Cabinet considered a report of the Director of Adult Social Services which set out additional options for consideration regarding revised fees payable to residential and nursing homes.

The Cabinet (minute 441):

Resolved – That Cabinet agrees:

- (i) to implement Option 5 as set out in paragraph 2.6 of the Director's report.
- (ii) that where home owners refuse the new rates, contracts will be terminated (with 3 months' notice) with new placements being made at homes that accept the new rates with effect from 1 April 2009.
- (iii) that all placements in homes that do not accept the new rates will be reviewed and alternative accommodation options explored on an individual basis.
- (iv) that all contracts will need to be terminated or varied by agreement during 2009/10 to build in the results of the Quality Premium review, incorporate a range of health standards, an appropriate inflation clause and measures required to ensure the principals of "personalisation" are embedded.

Cabinet minute 441 was called in by Councillors Watt, Clarke, Taylor, Green and Rennie, on the following grounds:

"(1) The Registered Nursing Home Association (RNHA) report that one third of care home residents who are moved to alternative accommodation suffer negative outcomes as a direct result of such a move.

(2) We believe that the 'Take it or leave it' approach adopted by Cabinet and the threat to care homes and their residents - that contracts will be terminated and, at those homes that do not accept such changes, all residents will be removed and

moved to homes that do accept reduced fees and changes to their contracts - are unreasonable and may breach the Council's duty of care.

(3) It is unclear from the proposals put to the Cabinet whether the individual residents who will be affected by these changes have been consulted. If this has not happened, we have concerns that the respect and dignity owed to such residents has been denied to them by Wirral Council.

(4) We believe that the option put forward by speakers at the Cabinet on behalf of care homes, their residents and their families (option four in the Director's report), which, it was argued, will meet the Cabinet's savings requirement and prevent the negative outcomes referred to above, is worthy of further consideration prior to the Council acting precipitately."

#### **84 CHAIR'S OPENING REMARKS**

The Chair welcomed everybody to the meeting, made introductions and explained the procedure which the meeting would follow.

#### **85 DECLARATIONS OF INTEREST / PARTY WHIP**

Members were asked to consider whether they had personal or prejudicial interests in connection with the item on the agenda and, if so, to declare them and state what they were.

Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with the item to be considered and, if so, to declare it and state the nature of the whipping arrangement.

No such declarations were made.

#### **86 EXPLANATION OF THE CALL-IN BY LEAD SIGNATORY**

Councillor Watt, as lead signatory, addressed the Committee on the call-in. He detailed the timeline of the matter of residential and nursing home fees from the report on savings to the Overview and Scrutiny Committee on 11 February, 2008 to the report to Cabinet on 9 April, 2009. He suggested that the only time the issue had been scrutinised was at the September 2008 meeting, when a report on 'Transforming Adult Social Services' had been considered and he had moved an amendment which was lost, which included the wording "This Committee supports the modernisation of Adult Social Services but cannot agree with changes that put budgetary cuts ahead of personal care."

Councillor Watt referred to the adverse consequences which could be suffered by those care home residents who had to be moved to alternative accommodation. He suggested the need for proper consultation with care home residents and stated that Cabinet had overlooked the better option for savings.

**Lin Cooke – Chief Executive, Hoylake Cottage Hospital**

Mrs Cooke remarked that she had presented views of care providers at the Cabinet meeting in April. She stated that one third of residents who had to be moved from their care home would die and that this was a passive attempt to reduce demand for care homes. She detailed the figures in option 4 of the report and suggested that this option would achieve the savings required. The figure of £637,000 savings for unbudgeted contract inflation suggested that the Council had no intention of honouring the home care contract. No residents at Hoylake Cottage Hospital had been consulted and she stated that they were entitled to have a say. The exercise was purely financial.

Responding to questions she commented that nursing homes had already lost £13.48 per resident per week with the contract changes in November. 60% of her occupants were social services residents and 35 would be likely to have to move out, of whom she would expect at least 10 to die in the very near future after being moved. She stated that it was likely the home would have to close as she wouldn't be able to fill the spaces.

**Sean Kirkby – Tree Vale Limited**

Mr Kirkby stated that fees paid to nursing homes were reduced in November 2008 without any proper consultation. He referred to the Laing and Buisson report on fees and remarked that their figures showed that Wirral paid below many other authorities and that providers on Wirral were paid substantially below cost. He stated that a report from Age Concern and Help the Aged had shown that there would be 15 million over 65s in the UK by 2030 and there was a moral duty to look after those in need and fund this adequately.

Responding to questions he gave details of figures for nursing and residential care home fees outside London. He stated that if the 1.3% cut in fees went ahead it would clearly have an effect on his business. He had invested heavily in his business and achieved an excellent rating.

**Jasper Bartlett – Woodheath Care Limited**

Mr Bartlett stated that all homes had been promised an inflation increase and he did not see why this could not be the case with the Council having increased Council Tax by 4.6%. He suggested that only 3 star homes were included in the comparisons in the report and that comparisons should have been based on average fees paid. He remarked that this was only one of three cuts imposed, the first being in November 2008, the second being that the promised inflationary increase was not being paid and the third being the 1.3 % cut.

Responding to questions Mr Bartlett said that he had 38 beds out of 42 currently occupied. His business was suffering because of high energy costs. He agreed that it was a good thing that people should be able to live in their own homes as long as possible but there would always be vulnerable people who would need to go into homes. He felt that contracts were being broken.

### **Maureen Morton – Community Caring Limited**

Mrs Morton stated that she had two companies which ran three nursing homes and a community caring business, employing 230 staff. She remarked that it was not their wish to be in conflict with the Social Services Department. Her business had seen overall costs increasing by 40% due to rising energy costs and also increased spending on training, encouraged by the Social Services Department. The proposal to remove residents was immoral as they had chosen to live in these homes. She couldn't operate when contracts were changed to suit and said that this proposed additional reduction would be unsustainable.

Responding to questions Mrs Morton stated that her three homes had a total of 73 beds with 9 vacancies across the three.

### **David Rawlinson – Halliwells Solicitors**

Mr Rawlinson stated that he represented a number of care homes. He recognised that the Council needed to balance its budget but it also had entered into contracts with homes. If contracts were terminated then he suggested that a breach of contract situation might arise.

Responding to questions Mr Rawlinson stated that clause 24 of the Council's contract would apply and termination with three months' notice could not be carried out without good reason or for no reason.

### **Farooq Bukhari – Englewood Residential EMI Care Home**

Mr Bukhari outlined the development of his business at Englewood and the money that he had invested. He referred to the Adult Social Services' suspension of Englewood and the relegation to a one star rating. His business had been affected by rising fuel costs and more and more legislation introduced since 1997. He now had a 39% occupancy rate and his business was on the verge of collapse. He stated that if the cut in fees went ahead then his home would close down.

Responding to questions Mr Bukhari commented that there were now a lot more competitors supplying care for dementia sufferers. Other providers might only offer dementia care visits of two half hour sessions a day.

The Chair suggested that if Mr Bukhari had a genuine grievance against the Council's Adult Social Services Department he should contact the Council's legal department.

### **Darryl Milligan – Residential Home, New Brighton**

Mr Milligan stated that he had a small family run home which catered for up to 8 adults with learning difficulties. His clients were some of the most vulnerable people in society. Currently there was one vacancy and the proposed cut in fees would make it impossible for his business to continue. There was no flexibility for him to shrink or expand his workforce like some larger homes and he could not afford to have a dedicated activities worker.

Responding to questions Mr Milligan stated that there were very few family run single units. He speculated where his current clients could end up if his home had to close and wondered whether they could remain in the local area.

#### **Mr R Carter – Richmond Residential Home**

Mr Carter stated that he had two homes for adults with mental health problems, one for 18-65 year olds and one for 35 -75 year olds. He remarked that banks were totally unsympathetic as without knowing what the business was going to earn it was impossible to produce a business plan. It was essential that there were homes for those with mental health problems, as the numbers of people with such problems were increasing. He outlined the risks that could arise if people were left to fend for themselves in the community having previously being cared for in a home.

Responding to questions Mr Carter said that if option 5 in the report was pursued then there would be an erosion of the system

#### **Councillor Tony Pritchard (Ward Councillor New Brighton)**

Councillor Pritchard stated that the Council appeared to be bullying businesses with threats. Many of these businesses were struggling to remain viable and he expressed his concern that many excellent homes in his ward could be forced to close. Three had already closed in one road in his ward. He did not believe that there would be a need for fewer homes in the Wirral. 157 places had already been lost for Alzheimer sufferers over the last four years. He stated that Cabinet should think again and agree to option 4.

Responding to questions he remarked that he was not aware of the reasons for the home closures on Seabank Road, New Brighton. He wasn't aware of how many vacancies homes across the Wirral had. Homes represented at the meeting were from across the Wirral.

The Chair adjourned the meeting for 5 minutes at 7.25pm.

## **88 EVIDENCE FROM CABINET MEMBER'S WITNESSES**

#### **John Webb, Director of Adult Social Services**

The Director stated that Wirral Council had moved from a low paying fees authority to a higher paying one. There had not been a detailed negotiation as this was not for a new contract but rather a reduction in fees paid under the existing contract. A full contract review was scheduled for April 2010.

There was an overprovision in the sector with approximately 400 empty beds at present. There was no suggestion that people would have to move but an expectation that colleagues in the independent sector would work with the Department as there was a need to ensure there was good quality, sustainable care in Wirral. He suggested that it was unreasonable to have a 4.7% inflation increase and the Cabinet proposal was a reasonable and fair offer. Informally the Department of Health appeared to be satisfied with the proposal. He reminded the Committee of the award winning assistive technology service and many other services helping people to remain in their own homes.

The Government was due to publish a Green Paper in June when the whole issue of funding of Social Care would be taken forward.

Responding to questions the Director stated that three star rated homes received an additional £60 per resident per week. Fee rates were now about 12% above the regional average and he acknowledged that a four star rating, which would bring a further reward, had not been introduced. People wanted to remain in their own homes as long as possible and this was a consistent message nationally.

There were important safeguards for people who did not have sufficient mental capacity and needed protection and this needed to be balanced with the rights of people to take risks and make their own choices. The Green Paper would be a major review though the Director had no idea when this might become a White Paper and decisions over fees could not wait for the publication of a Green Paper.

The Director remarked that his department had no control over planning applications for nursing homes, although his advice to anybody considering developing a nursing home on Wirral was don't. The Department had closed a number of its own homes over the past 12 months as it recognised alternative provision could be offered and new developments had added some additional capacity.

Consultation had taken place with home owners about how a price reduction could be applied and comments had been noted. The consultation was genuine and meaningful as proposals had been revised. The Director also referred to training issues and assessments being made in conjunction with the health service.

**Rick O'Brien – Head of Access and Assessment, Adult Social Services Department**

Mr O'Brien stated that there was no requirement for people living in homes to have to move. If providers made a request to move someone then his branch would make an assessment. Assessments would be undertaken in a holistic way involving all health professionals and include a full and comprehensive risk assessment with a detailed care plan. He commented that he did not recognise there was a correlation between people having to move out of a nursing home and deaths.

Responding to questions Mr O'Brien outlined the many elements of the assessment process. For those with a reduced capacity to make informed choices social workers could act in the capacity of advocates and cases could be referred to advocacy services.

**Tina Long – Director of Strategic Partnerships, NHS Wirral**

Ms Long commented on her role with NHS Wirral and that she led on integrated commissioning. As a registered nurse she always had the interests of patients at heart. The Care Quality Commission had stated that people with long term care needs should be supported to live as independently as possible for as long as they could when it was clinically safe and appropriate to do so. The direction of travel for social care was to deliver services which delivered these outcomes and she outlined some examples how this was happening. Investment in services for those suffering

from strokes and falls had taken place and work was being undertaken with the Department of Health on dementia services.

Health and Social Care staff were working closely together and an additional £8m was being invested into mental health services. A scheme of locality based care beds would be starting later in the year.

Responding to questions Ms Long stated that the number of emergency bed days for fractured neck of femur had continued to drop following investment in the 'falls' service. There was a real opportunity to develop integrated intermediate care services with the independent care home sector.

### **Chris Batman – Deputy Director of Adult Social Services**

Mr Batman outlined the consultation process which had taken place including a meeting to which all home owners had been invited when the original proposals had been published. Home owners were invited to respond with any concerns and evidence. Mr Batman stated that it would not have been appropriate to consult with residents as the consultation was regarding a contractual matter between the Council and proprietors of homes.

Responding to questions Mr Batman stated that a letter had been sent out to all care home owners inviting them to a meeting at the Town Hall. He did not have the consultation information with him. He remarked that the Cabinet had listened to the views of the consultees because it had deferred a decision pending revised options being brought back by the Director.

### **Steve Rowley – Acting Head of Finance and Performance, Adult Social Services Department**

Mr Rowley stated that 19 councils across the North West had been contacted about their rates of fees. With an assumed rate of return of 5% a 35 bed residential care home would break even with an 80-85% occupancy level. This would mean that with 28-30 beds occupied home owners could make a 5% return on investment. A nursing home of 40 beds would break even with a 75-80% occupancy rate. The fees paid by Wirral were more than sufficient for this rate of return. He referred to the savings in the Director's report and the fact that £637,000 represented an additional commitment if the contract inflation clause was implemented.

Responding to questions Mr Rowley stated that the figure of £637,000 did not exist within the Adult Social Services Department budget. The total number of care home beds supported by the department was 1547 of which approximately 400 were vacant. He gave a breakdown of the numbers of people funded by Wirral in 3 star homes which was 57%, 19% were in 2 star homes, 11% in 1 star and 13% in homes without star ratings.

The Cabinet had received details of the consultation with 20 pages of data but the information was exempt as it was deemed commercially sensitive, some homes having indicated they would agree to the proposed cut and others not.

## **Ray Williams – Corporate Procurement Manager, Finance Department**

Mr Williams stated that Corporate Procurement had acted in a consultative role throughout and that the process followed by Officers was fair, transparent and did comply with the Council's contract procedure rules and UK procurement legislation. The process had been conducted over a lengthy period and Members regularly informed of progress. Corporate Procurement believed that the option recommended by Officers and approved by Cabinet delivered the correct balance between service standards for the service user, a fair price for the Council and providers, and was consistent with the duty of 'value for money' that the Council was required to achieve.

## **Ken McDermott – Wirral Older People's Parliament**

Mr McDermott commented upon the need for the status of domiciliary care to be raised as older people wanted to remain in the community where they were. If people did need to be moved from residential or nursing homes he suggested that the Older People's Parliament would like to be involved in their sensitive resettlement and delivery of this service.

Responding to questions Mr McDermott stated that his former professional experience included teaching, the probation service and over 20 years ago as an Assistant Director of Social Services in Wirral. Since his time in social services, there was now a far more effective use of resources, analysis was now more scientific and focused. The OPP had not had a chance to consider the proposal in detail.

### **89 SUMMING UP BY MOVER OF THE CALL-IN**

Councillor Watt thanked all the witnesses and stated that it had been a very worthwhile exercise in scrutiny. The Committee had heard some very conflicting views; care home owners believed the fees were below average and the officers believed that they were above average. He suggested that great difficulties might arise if the decision of Cabinet was implemented and that a less aggressive resolution might be the best solution.

### **90 SUMMING UP BY CABINET MEMBER**

Councillor McLaughlin, Cabinet Member for Social Care and Inclusion stated that the Council spent £46 million on fees annually to care home owners and the Department of Adult Social Services' resources were strained. All political parties, including the Conservatives, had put forward budget proposals which included £1.79m savings from fees to care home owners. Older people want to remain in their own homes as long as possible and the Council and its partners were investing in services such as assistive technology and extra care housing to achieve this.

A reduction of 1.3% was far less than the original proposal of 5% and equated to £5 a week rather than £20. It was inappropriate to expect fees to subsidise over provision and the Council shouldn't use council tax payers' money to subsidise empty beds.

Councillor McLaughlin did not underestimate the pressure which home owners were facing and suggested that the Cabinet proposal was fair and would best serve the



long term interests of all concerned. She hoped that the Committee would endorse the Cabinet decision.

91 **COMMITTEE DECISION**

It was moved by Councillor Watt and seconded by Councillor Rowlands that –

“This Overview and Scrutiny Committee asks Cabinet to reconsider its decision in minute 441 and in particular it considers adopting option 4 in paragraph 2.6 of the report and continues consultation with home owners with a view to achieving a satisfactory outcome for the benefit of their vulnerable residents.”

It was moved as an amendment by Councillor Roberts and seconded by Councillor Coates, that –

“(1) Committee is aware that money paid in fees to residential and nursing homes in Wirral, which is around £46m annually, represents a very large part of the Adult Social Services and Council budget, and that contracts between Council and homeowners must be constructed, as with all contracts, in a way that makes best possible use of constrained resources and Council Tax payers money.

(2) Committee is also conscious that some homeowners are experiencing difficulties because of pressures on their businesses, and that they have made strong representation to Cabinet to recognise those difficulties in fee levels.

(3) Committee believes that option 5, which was approved by Cabinet, represents a fair compromise, which balances the priorities of both parties, including that of providing services which meet the care needs of older people in Wirral at present, and in the longer term.

(4) Committee believes that this is the responsible way forward and that it is in the best interests of all parties to adopt the recommendations in option 5, thereby avoiding unnecessary distress to service users and relatives.

(5) Committee therefore endorses the Cabinet decision.”

The amendment was put and carried (4:3).

**Resolved (4:3) –**

**(1) Committee is aware that money paid in fees to residential and nursing homes in Wirral, which is around £46m annually, represents a very large part of the Adult Social Services and Council budget, and that contracts between Council and homeowners must be constructed, as with all contracts, in a way that makes best possible use of constrained resources and Council Tax payers money.**

**(2) Committee is also conscious that some homeowners are experiencing difficulties because of pressures on their businesses, and that they have made strong representation to Cabinet to recognise those difficulties in fee levels.**

**(3) Committee believes that option 5, which was approved by Cabinet, represents a fair compromise, which balances the priorities of both parties, including that of providing services which meet the care needs of older people in Wirral at present, and in the longer term.**

**(4) Committee believes that this is the responsible way forward and that it is in the best interests of all parties to adopt the recommendations in option 5, thereby avoiding unnecessary distress to service users and relatives.**

**(5) Committee therefore endorses the Cabinet decision.**

## HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

In support of Objective 3 of the Corporate Plan, which is:

***to improve health and well-being for all, ensuring that people who require support are full participants in mainstream society, and in particular to:***

- ***promote greater independence and choice,***

the Overview and Scrutiny Committee will

(i) review and/or scrutinise decisions made or actions taken in connection with the discharge of the Council's functions;

(ii) make reports and/or recommendations to the Council and/or the Cabinet and/or any joint or area committee in connection with any policy or the discharge of any functions;

(iii) consider any matter affecting the area or its inhabitants; and

(iv) exercise the right to call in, for reconsideration, decisions made but not yet implemented by the Executive; and

(v) specifically, examine the healthcare provision within the area in relation to all residents of the Borough; participate in all initiatives for improving health and the healthcare provision within the area and call officers from the NHS community to account and request them to appear before the Committee when appropriate;

within the following terms of reference of the Cabinet portfolio(s) indicated:

### **Social Care and Inclusion**

(1) The planning, commissioning and delivery of social care services for all adult client groups and to provide leadership to the wider vision of social care.

(2) Developing preventative services that will reduce the need for social care intervention.

(3) Work with a range of partners, including health and the voluntary and independent sector, to provide services which are well planned and integrated, make the most effective use of available resources and met the needs of our diverse community.

(4) Social inclusion and to promote the role of the local authority, working with the NHS community on Wirral, to improve Public Health and well-being and to address health inequalities.

(5) Ensure that services are of a high quality and delivered by a well-trained workforce or by informal and family carers who are themselves supported.

(6) Promoting better use of technology to support people.

(7) Ensure that services have an emphasis on preventing problems and that social care and health work on a shared agenda to help maintain the independence of individuals.

(8) Ensure that people with the highest needs receive the support and protection needed to ensure their own well-being and the safety of society.

(9) Ensure that the risks of independence for individuals are openly shared with them and balanced against benefits.

(10) Matters relating to section 47 of the National Assistance Act 1948 (as amended).

**All portfolios**

(11) Those parts of the Corporate Plan within the remit of this Committee,

(12) To seek to achieve continuing and improving performance, better value for money and customer satisfaction in respect of those services provided through these areas.

(13) To support the Council's equal opportunity policies by promoting and monitoring initiatives to encourage equality of opportunity amongst disadvantaged groups including: the disabled, ethnic minorities, the long-term unemployed, the poor, and women;

(14) To scrutinise Local Area Agreements that fall within the areas set out above and to hold partners to account.

## OVERVIEW AND SCRUTINY COMMITTEES - TERMS OF REFERENCE

The specific terms of reference for each overview and scrutiny committee are set out above. Their general functions are as follows:

**(a) Policy development and review** - Overview and Scrutiny committees may:

- (i) assist the Council and the Cabinet in the development of the budget and policy framework by in-depth analysis of policy issues;
- (ii) conduct research, community and other consultation in the analysis of policy issues and possible options;
- (iii) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
- (iv) question members of the Cabinet and committees and chief officers about their views on issues and proposals affecting the area; and
- (v) liaise with other external organisations operating in the area (whether national, regional or local) to ensure that the interests of local people are enhanced by collaborative working.

**(b) Scrutiny** - Overview and Scrutiny committees may:

- (i) review and scrutinise the decisions made by and performance of the Cabinet and committees and Council officers, both in relation to individual decisions and over periods of time;
- (ii) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- (iii) question members of the Cabinet and committees, and chief officers, about their decisions and performance, whether generally or in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
- (iv) make recommendations to the Cabinet or appropriate committees of the Council arising from the outcome of the scrutiny process;
- (v) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance; and,
- (vi) question and gather evidence from any person (with their consent).

**(c) Best Value** - Overview and Scrutiny Committees will:

- (i) recommend the terms of reference for best value reviews to the Cabinet;
- (ii) receive progress reports on best value reviews;

- (iii) recommend the final report and improvement plans to Cabinet.
- (d) **Finance** - Overview and Scrutiny Committees may exercise overall responsibility for any finance made available to them.
- (e) **Annual Report** - Overview and Scrutiny Committees may report annually to the Council on their workings and make recommendations for future work programmes and amend working methods if appropriate.
- (f) **Officers** - Overview and Scrutiny Committees may exercise overall responsibility for the work programme of any officers employed to support their work.

## **SCRUTINY PROGRAMME BOARD**

The Scrutiny Programme Board will:

- (i) approve and co-ordinate the work programme for the five themed overview and scrutiny committees including resolving any conflict between such committees;
- (ii) allocate work to (or remove work from) any of the five overview and scrutiny committees
- (iii) review or scrutinise decisions made or other actions taken in relation to any executive functions, particularly (but not exclusively) in relation to cross-cutting issues or matters not within the terms of reference of any of the five themed overview and scrutiny committees.
- (iv) consider any call-in notices in relation to any executive functions and determine such notices or allocate them to one or more of the five themed overview and scrutiny committees as it considers most appropriate.
- (v) be responsible for the development and monitoring of an annual scrutiny work programme;
- (vi) undertake scrutiny in its own right with regard to cross-cutting or strategic issues not covered by other overview and scrutiny committees;
- (vii) identify and share good scrutiny practice across all overview and scrutiny committees.

## UPDATE ON WORK PROGRAM : SOCIAL CARE, HEALTH & INCLUSION OSC- 22/06/09

### New Reports to assist in monitoring the Committee's work programme

It was agreed by the Scrutiny Chairs Group in September 2008 to use the following reports to monitor the work programme for each Scrutiny Committee. The last item on each Scrutiny Committee agenda should be 'Review of the Committee Work Programme'.

#### Report 1 - Monitoring Report for Scrutiny Committee Work Programme

This report will list all items that have been selected by the Committee for inclusion on the work programme for the current year.

It will also include items, such as previous Panel Reviews, where recommendations have been made to Cabinet. It is important that the implementation of these recommendations is monitored. Otherwise there is no measure of the success of scrutiny.

For each item on the work programme, the report will give a description, an indication of how the item will be dealt with, a relative timescale for the work and brief comments on progress.

#### Report 2 - Suggestions for Additions to Work Programme

The Work Programme for the Committee should be reviewed at each meeting. This will include members having the opportunity to ask for new Items to be added to the programme. This report will list any newly suggested items. Committee will then have the opportunity to agree (or not) for them to be added to the programme.

#### Report 3 - Proposed Outline Meeting Schedule for the Municipal Year

The report will, for each scheduled Committee meeting, list those items which are likely to be on the meeting agenda. This will give the opportunity for Committee members to take a greater lead in organising their work programme.

#### Report 4 - Progress Report on In-Depth Panel Reviews

This report will give a very brief update on progress / timescales for in-depth panel reviews which are in the 'ownership' of the Committee.

**REPORT 1**  
**MONITORING REPORT FOR SCRUTINY COMMITTEE WORK PROGRAMME**  
**SOCIAL CARE, HEALTH & INCLUSION SCRUTINY COMMITTEE : 2008 / 2009**

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
Feb 2008	Hospital Discharge Review	Panel Review	Report due March 2009	Final report presented to Committee on 25 <sup>th</sup> March 2009. Recommendations to be monitored. Initial Action Plan due in April 09. Follow-up report due in Oct 09.	
July 2008	Transforming Adult Social Care	Officer reports		Report to Committee 2nd Sept 08 and 24th Nov 08. Subsequent reports to follow. Call-In meeting held on 4 <sup>th</sup> Dec 08.	
July 2008	Support for carers	Officer Report		Report to Committee 2nd Oct 08	
July 2008	Update on LinKs	Officer Report		Report to Committee 2nd Oct 08	
July 2008	Update on Wirral Respond & Convey Pilot (NW Ambulance service)	Officer Report		Report to Committee 2nd Oct 08 Visit to Emergency Control Centre to be arranged	
July 2008	Adult Protection / strategy report	Officer Report		Report to Committee 2nd Oct 08	
July 2008	Occupational Therapy	Officer Report		Report to Committee 2nd Oct 08	
July 2008	Alcohol services, including geographical differentiations in the borough	Initial officer report which may lead into an 'in depth' panel review.		Report to Committee 24th Nov 08. Possible future scrutiny review.	
July 2008	Update on Children's Transition to Adult Social Services	Initial officer report. Children's Services Scrutiny Committee has also requested a similar report in Jan 09. A joint panel review involving both committees may follow.		Initial report due to Committee in Jan 09	
July 2008	Report back from the Older People's Parliament Survey of patient's hospital stay / discharge.			Report to Committee in Nov 08.	



Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	
July 2008	Review of Meals on Wheels contract	Officer report		Report to committee in Nov 08. Agreed for further report to Committee in approx one year's time.	
July 2008	Business / Departmental Plan	Officer reports		Report to Committee 2nd Sept 08. Subsequent reports to follow.	
July 2008	Reducing health Inequalities in the borough	Workshop (Replaced by officer reports)		Presentations to Committee on 20 Jan 09 and on 25 March 09.	
Sept 2008	Access to healthcare for people with Learning Disabilities	Officer report		Report to Committee in Nov 08	
Sept 2008	Dementia Strategy	Officer report		Report to Committee in Nov 08	
Sept 2008	Individual Budgets	Officer report		Report to Committee in Nov 08. Report back on pilot project due after April 2009.	
Sept 2008	IDeA Healthy Communities Peer Review	Officer Report		Report to Committee 2nd Oct 2008. Subsequent reports to follow.	
Oct 2008	Sickness Absence	Officer Report		Report to Committee in Nov 08	
Oct 2008	MRSA and c difficile	Report by Chief Exec of Wirral University Hospital Trust		Presentation to Committee in Nov 08	
Oct 2008	Reform of funding for Support & Care in Britain	Officer Report		Report to Committee in Nov 08. Further report due to a future meeting.	
Jan 2008	Possible presentation by Professor Ken Wilson - Hospital Readmissions and depression	Presentation to Committee			
Jan 2008	Public Interest Disclosure Act – Adult Social Services follow-up of PIDA disclosure	Officer Report			
Jan 2008	Joint 'End of Winter' report on hospital admissions (WUHT / Wirral NHS / Social Services)	Officer report / Presentation		Joint Presentation to Committee on 25 March 09.	Complete

**REPORT 2**  
**SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME**  
**SOCIAL CARE, HEALTH & INCLUSION SCRUTINY COMMITTEE : 22/06/09**

<b>Topic Description</b>	<b>Topic suggested by</b>	<b>How the topic will be dealt with</b>	<b>Estimated Completion Date</b>
Homelessness and Health	Hospital Discharge Scrutiny Panel		
Support for people with dementia in hospital and in the community	Hospital Discharge Scrutiny Panel	Councillors A Bridson, D Roberts, S Clarke nominated to obtain evidence from staff and carers.	
Implications of alcohol on health, especially in relation to young people	Hospital Discharge Scrutiny Panel	Possible joint scrutiny review with Children's Services OSC	
Update report on 'Valuing People Now' and Wirral Learning Disability Partnership Board	Ann Bridson	Report from Tina Long	June 2009
LINKS – How is LINKS progressing and how can LINKS best work with the Scrutiny Committee	Ann Bridson (and supported by OSC – 25/03/09)	Initial meeting between LINKS and representatives of the Scrutiny Committee to take place after April (when a new LINKS Board will be elected).	
Dignity in Care	Denise Roberts (and supported by OSC – 25/03/09)	Officer report	
Health Inequalities Action Plan – A recommendation in the Action Plan reads: "Ensure that Scrutiny has a programme to monitor progress on the Health Inequalities Action Plan, and that this programme includes a focus on the preventative agenda as well as on health service delivery.	Report on the Health Inequalities Action Plan presented to Committee on 25 <sup>th</sup> March 2009.	Further officer reports	

**REPORT 3**  
**PROPOSED OUTLINE MEETING SCHEDULE FOR THE MUNICIPAL YEAR**  
**SOCIAL CARE, HEALTH & INCLUSION SCRUTINY COMMITTEE : 2008 / 2009**

Meeting Date	Topic Description
02/09/08	<p>Update on Hospital Discharge Review            Transforming Adult Social services - An update            Business / Departmental Plan update            Financial Monitoring Report            Performance Management Report            NHS Constitution            Committee Work Programme for 2008 / 9</p>
02/10/08	<p>Update on Local Involvement Networks (LINKs)            Wirral Respond and Convey Pilot Mid-Project Review            Re-admissions            Q1 Performance Monitoring Report            Support for Carers            Occupational Therapy (to include examples of caseloads)            Safeguarding Adults Annual Report            Response to the Consultation on the NHS Constitution            IDeA Healthy Communities Peer Review</p>
24/11/08	<p>Access to healthcare for people with Learning Disabilities            Older People's Parliament Survey of patients' hospital stay / discharge            Review of Meals on Wheels contract (including reports on consultation)            Financial Monitoring Report, including Proposed Savings            Performance Management Report            Individual Budgets            Alcohol Services (including geographical differentiations in the borough)            CSED Dementia (Integrated care and support planning)            Reform of funding for Support and Care in Britain (Joint Commissioning Strategy for Carers)            Sickness Absence within the department of Adult Social Services            MRSA and c difficile infections - Report by Chief Executive of Wirral University Hospital Trust            Transforming Adult Social Services</p>

Meeting Date	Topic Description
20/01/09	Update on Children's Transition to Adult Social Services Progress report from Hospital Discharge Panel Business / Departmental Plan Financial Monitoring Report Performance Management Report Health Inequalities Personal Budgets
25/03/09	Final report from Hospital Discharge Panel Joint 'End of Winter' report on hospital admissions (WUHT / Wirral NHS / Social Services) Health Inequalities - Action Plan Annual Health Check World Class Commissioning Performance Management / Financial monitoring Report – Quarter 3

**REPORT 4**  
**PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS**  
**SOCIAL CARE, HEALTH & INCLUSION SCRUTINY COMMITTEE : 22/06/09**

Title of Review	Members of Panel	Progress to Date	Date Due to report to Committee
Hospital Discharge	Councillors Ann Bridson (chair) Sheila Clarke Denise Roberts plus Sandra Wall	Scope agreed. 'Interviews' with key officers are complete. Visit to Discharge Lounge at Arrowe Park complete. Visit to Rehabilitation ward at Arrowe Park complete. Three focus groups held to assess the "patient's experience" – these were run by an external consultancy and a report from the focus groups has been prepared. Meetings with representatives of Alzheimers Society, Wired, Citizens Advice Bureau and VCAW have been held. The final report has now been produced. Further work is needed to monitor whether the recommendations are implemented and, if so, whether they are successful. Initial Action Plan due in April 09. Follow-up officer report due in Oct 09.	March 2009 The report is complete

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# North West Ambulance Service

NHS Trust

Please ask for: *John Burnside*  
Direct Line: *01204 498 406*

Your Ref: *PLT/JB*

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[www.nwas.nhs.uk](http://www.nwas.nhs.uk)

20 May 2009

Dear

As you will be aware, North West Ambulance Service NHS Trust, has engaged with all Health Overview & Scrutiny Committees on a number of issues, since its inception in 2006.

Again this year, as part of its business planning cycle, the Trust has identified some areas of work for 2009/10, that members of your Health Overview & Scrutiny Committee may be interested in further. These areas of work are outlined below:

- Foundation Trust application
- Nwas' strategic vision and implementation of *Taking Healthcare to the Patient* – a subject of previous scrutiny, we would welcome the opportunity to provide updates as our service modernisation plans take shape
- Estates Strategy
- Electronic Patient Records implementation
- Future Patient Transport Services Strategy

In addition, we will continue to engage with OSCs as appropriate regarding our role in local acute services reconfigurations.

I hope these areas of service development are of interest and you feel they may benefit from scrutiny by your committee. We would be happy to provide further information on any of these areas or indeed come and meet with your committee to discuss.

With regard to our Foundation Trust application, we are intending to undertake a formal consultation process commencing in September 2009 and will write to you again in June to gain your views on your preferred methods for engaging with us on this matter.

The Trust will also undertake regular communications to ensure OSCs are kept informed of key service developments, performance and achievement of standards.

If you would like to receive more information on any of the areas above or would like to set up a meeting, please contact my Head of Corporate Communications, Asiya Jelani, on 01204 498400 or [Asiya.jelani@nwas.nhs.uk](mailto:Asiya.jelani@nwas.nhs.uk) .

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Burnside', with a large, stylized initial 'J'.

**John Burnside**  
Chief Executive



WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE :  
22 JUNE 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **TRANSFORMING ADULT SOCIAL SERVICES – AN OVERVIEW AND UPDATE**

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### ***Executive Summary***

*This report provides an overview of the transformation of Adult Social Services in Wirral and further opportunity for discussion.*

### **1 A New Direction**

- 1.1 The establishment of the Director of Adult Social Services, a statutory post, is central to the vision for modernising community services as laid out in the White Paper '**Our Health, Our Care, Our Say**: a new direction for community services' which sets out a clear direction for a service that delivers to outcomes, working with whole communities, and through integrated working arrangements. This has been added to by the Concordat '**Putting People First**' which has been signed by a range of national organisations which provides the guidance for transforming adult social care into a personalised service.
- 1.2 The DASS role and that of the Lead Member involves a key leadership role to deliver the Council's part in:-
  - improving preventative services and delivering earlier intervention
  - managing the necessary cultural change to give people greater choice and control over services
  - tackling inequalities and improving access to services; and
  - increasing support for people with the highest levels of need.
- 1.3 The DASS is working closely with a full range of providers of community services and benefits, including Supporting People / housing support, leisure services, adult education, community safety, the independent, voluntary and community sector. In addition, DASS key partners include NHS Wirral and other NHS organisations to take a whole systems approach to providing care and supporting wellbeing. The DASS is responsible for delivering outcomes and influencing partners beyond the traditional boundaries of local government departments, particularly by working through Local Strategic Partnerships and as part of Local Area Agreements.
- 1.4 As more and more people need care and support and rightly demand more and more from the care and support they receive, it has been

recognized that traditional systems will not be sustainable in the long term. A new care and support system is needed to bring together the range of activities, services and relationships that underpin care and support, so that people are clear about what they are entitled to.

- 1.5 Given this direction of travel, Adult Social Services in Wirral is undergoing radical reform. This reform will ensure delivery of a personalised service that is truly people-focused and delivers to outcomes. Demand is increasing through the significant demographic changes and there are also challenging financial constraints. There are three key strands to the transformation programme; **personalisation**, **localisation** and **integration**. The Department has a three year plan for transformation focussing on these areas. The following are highlights of work undertaken as part of the programme in 2008/09:-

#### Personalisation

- 1.6 The direction for delivering a personalised approach and services is clear. It will enable people who use services to have greater flexibility and choice in the way their support is provided. At the heart of the transformational agenda is the development of individual budgets and personal budgets which will fundamentally transform the way people who use services are assessed and how their care will be arranged and delivered. The Department has been set very demanding national targets on individual budgets and direct payments and this is an improvement area in the Local Area Agreement. Work on personal budgets has been reported to this committee and 17 individuals are part of a pilot to develop personal budgets in Wirral.
- 1.7 The Department has invested resources into ensuring that the workforce is re-skilled to ensure delivery of the new agenda. In the past 12 months the Department has undergone a restructure and invested in training and development programmes for all staff within the Department. This investment has been extended to key partner agencies as part of the Departments responsibility to shape and influence wider community issues.

#### Localisation

- 1.8 The localisation of services requires the whole economy to work with local communities and in partnership to deliver support. A main component of this for social care is to develop services that are delivered to people in their own home or close to home and to ensure people can live independently with community based support system being focussed on people's wellbeing. This community focus is being specifically directed through the development of new housing, employment, recreational, educational and training opportunities for all adults.
- 1.9 A major part of the transformation has been a root and branch review of the Department's access and assessment branch which remains a central

operational service. The branch has now moved into local communities (localities) which are co-terminous with NHS Wirral. In Wallasey, Social Services and NHS Wirral staff are co-located and Birkenhead and Bebington and West Wirral will follow.

- 1.10 This whole system transformation is already seeing a change in the requirements of the provider market and work on localising services is already underway. The Council has made a number of significant decisions in the last 12 months to assist in realising this vision; the renegotiation of residential and nursing home fees, the agreement to explore the possibility of outsourcing Social Services internal provider services, the transfer of in-house home care to the independent sector and the significant development of a Reablement service.
- 1.11 In addition two extra care housing schemes are being developed with the support of local residents and representatives of the Older People's Parliament. The first of these schemes is on the site of the former Mendell Lodge in Bromborough which is funded through the Department of Health's Extra Care Housing Grant 2008/10 and is being developed in Partnership with Housing 21 and NHS Wirral. The Scheme will provide 49 units of accommodation and will have community facilities in the form of a restaurant, activity rooms, NHS / health clinic facilities. Funding was also secured through the Housing Corporation to build an Extra care Development in Wallasey. This will provide 51 apartments and 19 bungalows, with mixed tenure and will offer similar opportunities to those described above.

#### Integration

- 1.12 Overall, staff will be working in a more integrated way with colleagues in health services. Professionally qualified staff are more able to concentrate on those areas of work which demand their skills while others are able to relieve them of much of the work which can be undertaken by vocationally qualified staff. This integration agenda is being piloted out through Wirral Integrated Service Programme (WISP) which has been reported to Overview and Scrutiny Committee. WISP provides the opportunity to radically reshape the way health and social care services are commissioned and provided as part of a fully integrated network of primary care, social care and community services in local communities.
- 1.13 To reflect this agenda the Department and NHS Wirral has placed integrated commissioning under the management of NHS Wirral Director of Strategic Partnerships and the integrated commissioning manager posts are jointly funded. Through this integrated commissioning will be developed at a locality level which will enable Health and Social Care to work together and invest locally to achieve high quality services at best value for current and future customers.

## **2 Transformation Programme Management**

- 2.1 The Department's transformation programme is an ambitious one and the changes are across the whole system. The proposals are far-reaching, affecting all parts of the organisation and requiring partnerships within the Council and with key partners. The whole programme is being overseen by a Departmental transformation programme board, with each specific area of work being subject to scrutiny, oversight and leadership. The board comprises; the Department's Strategic Leadership Team, the Cabinet Lead, Chief Executive of Voluntary and Community Action Wirral (VCAW) and with colleagues from Regeneration and Finance Departments, along with health colleagues and a Representative from LINKS.
- 2.2 In December 2008 the Council agreed that the Departments entire transformation programme become one of the six Council programmes that would be overseen by a corporate strategic change programme board. This strategic board will ensure that all six programmes are sufficiently resourced and quality assured and that consideration is given to the wider remit of social care within the broader corporate environment.
- 2.3 For 2009/10 the Department will be focussing on six transformation projects which are set out in the Departments Business Plan 2009/10. They are as follows:
- Personal budgets and self directed support
  - Provision of Access to Services 24 hours a day, 7 days a week
  - Provision of locality Reablement and Assessment Services
  - Development of strategic integrated commissioning and partnerships across health and social care through WISP: Wirral Integrated Services Pilot
  - Development and Implementation of an Early Intervention Strategy
  - Care Service Strategy – Viability and Design Study'

## **3 Financial Implications**

- 3.1 The Department has implemented a 3 year Budget Stabilisation Plan which is integral to the transformation programme. Details of the plan have been reported throughout the year. Transformation without efficiency is not sustainable and efficiency without transformation will not release the figures required to stabilise the budget. The transformation agenda is underpinned by effective budget management and a sustainable budget.

## **4 Staffing Implications**

- 4.1 The transformation of social care is resulting in a major shift in emphasis for staff both professionally and vocationally qualified staff. It will also mean that a smaller workforce is required and some staff may be put at risk and some redeployments and redundancies may arise. There are

major implications for the skills needed to deliver on the personalisation agenda which will mean providing training for existing staff.

## **5 Equal Opportunities Implications**

- 5.1 Each of the projects supporting the programme will be subject to equality impact assessments to ensure that vulnerable people and those from minority groups are not adversely affected.

## **6 Community Safety Implications**

- 6.1 The personalisation agenda for social care crosses into all domains of community life. Community safety implications are yet to be quantified. Example of work being undertaken are the cross agency data sharing protocol being developed with Merseyside Fire and Rescue Service, capacity building within the Departmental structure to deliver on community development issues and links with Merseyside Police.

## **7 Local Agenda 21 Implications**

- 7.1 The shift towards a locality model will inevitably impact on environmental issues. These are yet to be quantified.

## **8 Planning Implications**

- 8.1 There will be some planning implications which will unfold as the Council, through the Department of Adult Social Services, moves towards delivering the personalisation agenda and services are redesigned around individuals. In particular this is likely to relate to the project on the design and viability of care services.

## **9 Anti Poverty Implications**

- 9.1 Given that the direction of travel is towards early intervention and prevention there will be anti poverty implications. The Department are proactive in assessing people's welfare benefits and have a robust welfare benefits advice team and integrated arrangements with the Department of Work and Pensions.

## **10 Social Inclusion Implications**

- 10.1 A key to the personalisation agenda is social inclusion and a key within the operating framework is the need to develop universal socially inclusive services for all.

## **11 Local Member Support Implications**

- 11.1 Members are asked to consider the implications for supporting a transformed service that is moving into three localities that are co-terminous with PCT boundaries. Additional work is needed on how these

three localities relate to communities through local area forums and with the four District Model that has been developed by Children and Young People's Department.

## **12 Health Implications**

- 12.1 The personalisation agenda for social care crosses into all domains of community life including health. We have identified where work has links with health and are working towards a shared and integrated approach towards providing support and services to communities in Wirral.

## **13 Background Papers**

*Our Health, Our Care, Our Say: a new direction for community services*, Department of Health, 200

*Putting People First*, Department of Health, 2007

*The case for change – Why England needs a new care and support system*, Department of Health, 2008

*Transforming Social Care*, Department of Health, 2008

*World Class Commissioning*, Department of Health Website, 2008, <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm>

## **14 Recommendations**

That Overview and Scrutiny Committee:

- (1) Support the direction of travel for Adult Social Services, as detailed in this report
- (2) Note progress being made
- (3) Make comments on the contents of this report
- (4) Consider how members are involved in the locality model

**JOHN WEBB**  
**Director of Adult Social Services**

Francesca Tomlin  
Principle Manager, Reform Unit  
ext no 5140

Date 8<sup>th</sup> June 2009

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
22<sup>nd</sup> JUNE 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **ANNUAL PERFORMANCE REPORT 2008/2009**

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### **Executive Summary**

*This report accompanies the Annual Performance Report for the Department of Adult Social Services, (DASS), which will form the basis of a presentation to the meeting of Overview and Scrutiny Committee.*

#### **1 Introduction**

- 1.1 Following the changes to Overview and Scrutiny Committees and the formation of a Scrutiny Programme Board, a new template for reporting performance has been developed by the Corporate Performance Team.
- 1.2 Future reports will be reported against the strategic objectives, and for DASS the work of the Department contributes to the following objectives:

***To improve health and wellbeing for all, ensuring people who require support are full participants in mainstream society.***

- 1.3 This report provides an overview of progress against performance indicators and key projects in 2008/09 which are relevant and for which the Department of Adult Social Services (DASS) is accountable. Some of the performance indicators are new National Indicators (NI's) covered by the "Place Survey". These NI's did not have targets attached in 2008/09 and are recorded in the Performance Management information System (PIMS) as awaiting data.

#### **2 Financial Implications**

None arising directly from this report.

#### **3 Equal Opportunities Implications**

None arising directly from this report.

#### **4 Community Safety Implications**

None arising from this report

**5 Local Agenda 21 Implications**

None arising from this report

**6 Planning Implications**

None arising from this report

**7 Anti Poverty Implications**

None arising from this report

**8 Social Inclusion Implications**

None arising from this report

**9 Local Member Support Implications**

None arising from this report

**10 Health Implications**

None arising from this report

**11 Background Papers**

None

**12 Recommendations**

That the presentation be received and any comments noted

**JOHN WEBB**  
**Director of Adult Social Services**

Rachel Hughes  
Principal Manager Performance  
0151 666 5135

28<sup>th</sup> May 2009



WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
22<sup>ND</sup> JUNE 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **VALUING PEOPLE NOW IMPLEMENTATION**

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### ***Executive Summary***

*This report provides an overview of 'Valuing People Now - A Three Year Strategy for People with Learning Disabilities' which is the Government's vision to improve services for people with a learning disability. This report goes on to detail how Wirral will implement this vision in partnership with people with a learning disability their carers and families and a wide variety of other key stakeholders. A new Learning Disability strategy for Wirral will be reported to Cabinet and NHS Wirral Board in September 2009.*

### **1 National Context**

- 1.1 Valuing People Now - A Three Year Strategy for People with Learning Disabilities' (January 19<sup>th</sup> 2009) is a new vision for improving services for people with learning disabilities across health, housing, employment and community care services. It follows a comprehensive consultation involving more than 10,000 people.
- 1.2 Valuing People Now is the strategy for delivering the vision set out in Valuing People (2001); that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens.
- 1.3 The guidance is clear in setting out that it is the Director of Adult Social Services lead responsibility for commissioning the provision of social care services for people with learning disabilities in partnership with all key stakeholders.

### **2 Local Delivery**

- 2.1 The Valuing People Now Delivery Plan was launched in the North West region on 9<sup>th</sup> March 2009 and this was attended on behalf of Wirral by the NHS Wirral Director of Strategic Partnerships and Chair of Wirral's Learning Disability Partnership Board, the Chair of Health and Well-Being Overview and Scrutiny, Principal Manager Department of Adult Social Services with a lead for Learning Disabilities, Valuing People Co-ordinator. Chair of the Enabling Fulfilling Lives Group and a carer.

- 2.2 Wirral's Learning Disability Partnership Board Wirral will work with the Regional Learning Disability Board which in turn reports to the National Board which has ministerial oversight.
- 2.3 In Wirral this vision will be translated into a local Learning Disability strategy which will be reported to Cabinet and NHS Wirral Board in September 2009. Work has already started on this and an operational plan which re-shapes the Department of Adult Social Services Learning Disability services has just completed its consultation phase and will begin implementation over the summer.
- 2.4 This strategy will be delivered through a partnership between people with a learning disability, their carers and families and Local Authority (including Children's and Leisure services as well as Department of Adult Social Services), Health (both NHS Wirral and the Cheshire and Wirral Partnership to cover mainstream and specialist health care), Voluntary, Community and Faith Sector, Housing providers, employers, and further education. The strategy identifies targeted areas of work to make improvements in the delivery of services and opportunities for adults with learning disabilities.
- A review of existing Partnership Board arrangements
  - Improvements in performance management and the ability to report outcomes for people who use services and their families
  - Targeted improvements in the transitions process
  - Streamlined funding arrangements
  - Improvements in the information available and range of supported accommodation available to adults with learning disabilities
  - A major drive to accelerate opportunities for adults with learning disabilities in paid work
  - A whole scale reform of the way people who use services can contribute to assessment, support planning and the delivery of their care through personalisation
  - Targeted programmes to improve the health of adults with learning disabilities
- 2.5 In Wirral The Learning Disability Partnership Board will deliver the strategy At present the Board is a large group of people with Learning Disabilities and their carers. The Board have identified a number of issues that require attention and it has been recognised that there has been a limited infrastructure in place to deliver the improvements and changes effectively. Therefore attention is being given to ensuring the Board is appropriately resourced to deliver the strategy.
- 2.6 The Board is currently jointly chaired by NHS Wirral Director of Strategic Partnerships and a person with a Learning Disability. In addition there will be a number of sub groups brought together under the following headings set out in the Valuing People Now strategy;
- Personalisation – starting with the individual and their family

- Having a life – better health, home ownership, work, education, leisure, relationships and parenting
- People as citizens – advocacy, transport and access to leisure and recreational activities, to justice and the right to feel safe

2.7 Work is being undertaken with consultation groups such as the Enabling Fulfilling Lives Group, Carers Committee and Transitions Strategy Group to elect members who will represent people with Learning Disabilities and their carers onto the Board. These groups will develop the agenda for the Partnership Board, led by the work of the sub groups.

2.8 Work is also being undertaken through the Social Services Transformational Change Board to identify key decision makers who will be on the Board. Commissioning issues identified by the Partnership Board will be delivered through the Joint Commissioning Group which is already in existence.

### **3 Financial Implications**

3.1 The implications of the Valuing People Now strategy are that existing budgets will need to be more integrated across agencies as partnership working is developed but there are no calls on additional expenditure at this stage.

### **4 Staffing Implications**

4.1 The involvement of people with Learning Disabilities and family carers in workforce planning and training will be an outcome of the Partnership Board which will be integrated into the Adult Social Care Workforce Strategy.

### **5 Equal Opportunities Implications**

5.1 Throughout the strategy, there is an underpinning theme of promoting equal opportunities for people with learning disabilities including accessing information, transport, criminal justice, housing, jobs, having a family etc. An equality impact assessment will be undertaken as part of the development of the strategy.

### **6 Community Safety Implications**

6.1 The Strategy is explicit in developing more links with the Crime and Disorder Reduction Partnership to raise the profile of disability hate crime and its effects because as people with learning disabilities start to access community facilities, they increasingly become the target of hate crime.

### **7 Local Agenda 21 Implications**

None

## **8 Planning Implications**

None

## **9 Anti Poverty Implications**

- 9.1 People with learning disabilities are often the most excluded from both employment and the access to education that can lift them out of poverty. Raising the profile of people with Learning Disabilities in strategies designed to increase access to education and employment will be central to tackling inequalities for people with Learning Disabilities.

## **10 Social Inclusion Implications**

- 10.1 Social Inclusion is a strong theme throughout this strategy. Threads include the implementation of the Mansell Report (which would enable people with complex needs to be included in developments), developing an autism strategy, improving offender health services and developing services for people recently arrived or from minority ethnic communities.

## **11 Local Member Support Implications**

People with learning disabilities live in all wards of the borough.

## **12 Health Implications**

The strategy reinforces the NHS's duty to provide mainstream and specialist health care for people with Learning Disabilities.

## **13 Background Papers**

*Valuing People Now: a new three year strategy for people with learning disabilities* Department of Health (2009)

*Valuing People Now: The Delivery Plan* Department of Health (2009).

## **14 Recommendations**

That the Overview and Scrutiny Committee notes and agrees to;

- (1) The changes to and strengthening of the Wirral Learning Disabilities Partnership Board as a decision making body representing a true partnership of people with Learning Disabilities and decision makers across key partners.
- (2) Regular reporting from the Learning Disability Partnership Board to the Transformational Change Board and the Health and Well-Being Overview and Scrutiny Board so that members can play an active role in implementing Valuing People Now.

- (3) The development of a Strategy in partnership with people with Learning Disabilities to be reported to Cabinet and NHS Wirral Board in September 2009.

**JOHN WEBB**  
**Director of Adult Social Services**

Peter Tomlin  
Principal Manager  
Ext no 4915

Date 8th June 2009

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Wirral Local Involvement Network (LINK)  
Interim Steering Group Annual Report  
April 2008 - March 2009

"Growing stronger communities, by joining together many whispers become one voice."

1. Where has Wirral LINK come From, the Story so Far:  
LINKs (Local Involvement Networks) were set up in England from April 2008 to give communities a stronger voice in how their health and social care services are delivered.

In July 2006, the Department of Health published plans to strengthen the ability for local communities to influence the care they get through Local Involvement Networks (LINKs).

One of the ways the NHS had listened to patients had been through Patient working volunteers, involved with local NHS Trusts helped to improve local health care services. However, changes in the way that the NHS is structured and the need for health and social care to work together, meant that new ways of involving people were needed. This is why LINKs were established across the country and the PPIFs were disbanded on 31 March 2008.

Wirral Local Authority was forward thinking in its approach, and facilitated a Consultation and Development Group (CADG) with key people thus ensuring the expertise and knowledge of Patient and Public Involvement Forums (PPIFs) and Forum Support staff was retained. The remit of this group was to ensure continuity towards the Wirral LINK. It was also recognised that Wirral

LINK needed to represent the views of marginalised Members of our Community and this should be a priority for the Steering Group.

Following an open and transparent, procurement process by the Local Authority which involved Lay Members from the Public, on 1 April 2008 - Voluntary and Community Action Wirral (VCAW), was contracted as the Host Organisation for the Wirral LINK. The Wirral LINK Support Team (LST) were immediately employed, based on their expertise and knowledge in Patient and Public Involvement, and joined the Community Engagement Team.

The Wirral LINK Support Team (LST) commenced work on 1 April 2008, by promoting the Wirral LINK and by engaging as many organisations and individuals as possible including attending Public Events, building strong relationships with the local NHS Trusts, Overview and Scrutiny Committee, other Hosts across the North West Region, Health Care Commission, Commission for Social Care Inspection and various service providers.

From 1 April 2008, the Wirral LINK Interim Steering Group was formed with the support of some of the CADG Members. The LINK needed to be able to provide evidence that it is well run and has systems in place to manage when things go wrong. Legislation stipulated that governance arrangements must be in place and published before any activity could take place.

The role of the group was therefore to draft the governance framework, with underpinning policies and procedures, develop an identity and ensure that Wirral LINK is effective and accountable exploring innovative and creative ways of running LINK locally. It was recognised by the Group that there was a need to adopt some fundamental principles so that equality and inclusiveness was built into their governance arrangements.



The Interim Steering Group was formed to be as representative of our diverse community as possible.

The ISG and LST members have worked tirelessly to bring the Wirral LINK to the strength it is to date. It is respected by Statutory Organisations in both Health and Social Care.

The Community of Wirral have supported LINK by signing up for membership and by supporting the Publicity and Promotional Events and this has made all the effort worthwhile.

I wish to thank all members of the ISG for their commitment and sterling work over the past year.

Finally, I would like to thank the LINK Support Team for all their dedication, advice and support which has made Wirral LINK a leading light in the area of local involvement.

Diane Hill

Chairman - Wirral LINK April 08 - March 09

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## 2. Membership

The Interim Steering Group recognised the need to make the membership representative of all areas and interests.

Currently we have 199 members :

137 Individual Members (29 Active, 27 Board and 82 Informed)

62 Organisational Members (19 Active, 17 Board and 24 Informed)

### Structure

The membership of the LINK is flexible and open to all! We have 3 levels of involvement:

**Board Member** - must attend an induction, sits on the board, prioritising the workplan, receives all the information, able to vote, can represent the LINK at meetings, get involved in Task & Finish Groups (also Enter & View), must sign up to Confidentiality and Code of Conduct. Access training where appropriate.

**Active Member** - must attend an Induction, receives all information, get involved in Task & Finish Groups (also Enter & View), Access training where appropriate. Both Board and Active members must be CRB checked.

**Informed** - receive Newsletters and can take part in Consultations by post.

### Interim Steering Group

Diane Hill Chairman - Chairman (Older People)

Audrey Meacock - Vice Chairman (Cancer Services)

Barbara Moody (Primary Care Services)

Murdo Kennedy Co-opted (Mental Health)

Les Makin (Hospital Services)

Jean Maskell (Carers)

Karen Blair (Learning Disabilities - Advocate)

Tan Leong (Service Users)

Eleanor Cropper (carers-Advocate)

Jake McGee (community member)

Nurie Lamb (BRM)

Peter Barnett (representing LGBT)

Vicky Costello (representing Housing)

3. Wirral LINK:

- Is made up of Individuals and Orgs/Groups. A growing membership of over 200 people and organisations.
- Looks at Health & Social Care Services from the community's perspective.
- Looks at cross boundary issues ie Mental Health, Cancer, Ambulance Services
- Follows the individuals journey between Health and Social Care.
- Enhances and gives influence to existing work by linking groups together and identifying good practice but is not here to duplicate excellent work already being done.
- Will complement good work already being done across Wirral.
- Will look for the seldom heard/hard to find in Wirral and inform them of services and identify gaps in service.
- Is a network of networks

Wirral LINK will actively:

- Feedback what Wirral people have said about services so that things can really change for the better.
- Canvas every section of the community for their views and experiences of local health and social care services.
- Provide the community with a mechanism for monitoring and reviewing local health and social care services and the ability to hold them to account and,

operate independently but in partnership with statutory organisations such as the National Health Service and Local Authority and raise concerns of local people with those responsible for commissioning, providing, managing and scrutinising services or other appropriate regulators

4. Wirral LINK will:

- Take a research/evidence based approach to projects
- Look at Health & Social Care
- Has a seat on the Overview & Scrutiny Committee
- Enter & View premises (with some exclusions). Training for Enter and View has already commenced.

- Supports volunteers to carry out activities on Task & Finish Groups and the Wirral LINK Board.
- Give people the chance to say what they think about their local services - what is working well and what is not so good
- Feedback what people have said about services so that things can change for the better.

## 5. Activity 2008/2009:-

- Held a "Winter Warmer" Event - which resulted in 200+ attendees recruitment of 85 new members.
- Drafted Policies & Procedures for ISG which were publicised and agreed by a very well attended public meeting
- Identified Structures for Model of LINK (see below)
- Identified Levels of Involvement (Informed, Active (Task & Finish Groups) and Board level. This gives flexibility and inclusivity.
- Established Identity for LINK
- Feedback Mechanism (ie Reports from members, Newsletter and 20 day turnaround of information from statutory orgs). Also developed a Job Description for Members when attending meetings, visiting etc. LINK also recognise the need for meaningful representation and that this is a joint responsibility of both LINK and Statutory Organisations. A template was developed to facilitate ease of reporting for the LINK members. These reports are publicised on the web site and also held in hard copy with the LST.
- Promoted LINK to Statutory Bodies & the Public
- Members of the ISG currently sit on various meetings within the LA and NHS. These members are encouraged to use the feedback template for reporting.
- Sent out Newsletters to all members and stakeholders. These were also distributed widely to One Stop Shops, Libraries, Community Centres, PCT, LA, WUTHFT, CCO, Cheshire & Wirral Partnership and Voluntary and Community Groups.
- Established and maintained the web-site for the LINK, through VCAW.
- Maintained the database of membership.
- Number of meetings of ISG (14)
- Number of public meetings (1)
- Agreed and developed full training programme including :  
Induction/Enter & view/Safeguarding Adults and Equality and Diversity.

## 6. Policies, Reports and useful documents

All of the documents mentioned in this report, and listed below, are available from the LINK Support Team and are also posted on our web site ([www.vcawirral.org](http://www.vcawirral.org))

### Wirral LINK Governance Framework

- Terms of Reference
- Code of Conduct
- Expenses Policy (including Expense Forms and Bacs Forms)
- Complaints Procedure
- Enter & View Policy (including Research & Visits protocol)
- Authorised Representative Document
- Confidentiality Policy (including Confidentiality form)
- Jargon Buster
- LINKs Decision Making Document
- Register of Interests for Members
- VCAW Equality and Diversity Policy
- Wirral LINK Newsletters
- Communications Strategy

Reports of meetings attended by the Interim Steering Group are :

- Cancer Modernisation Team
- Patient Environment Action Group
- Dentistry
- Transformation Programme Board
- PPI PCT Sub Committee
- Health & Well Being, Overview & Scrutiny
- Joint Strategic Needs Assessment
- Wirral Equalities & Diversities Panel
- Safeguarding Adults Board
- National Association of LINK members
- Merseyside Society for Deaf People
- Individual Budget Market Management Workstream

Reports from Events attended are also available from the LINK Support Team.

Individual LINK Board Members		
Directory of Current LINK Observer Representation		
Sector of Interest	Board Member	Representation Details
Gender	Robin Eley Jones	<u>Primary Care Trust - Dentistry</u>
Drugs & Alcohol	Stanley Mayne	
Older People	Peter Walton	
Faith	Audrey Meacock	<u>Wirral Health and Social Care Partnership</u> Cancer Modernisation Team <u>Local Authority</u> Health & Well Being, Overview & Scrutiny (OSC)  <u>Primary Care Trust</u> PCT Patient & Public Involvement (PPI) Sub-Committee
Health Support & Well Being	Barbara Moody	<u>Primary Care Trust - Dentistry</u>
LGBT - Lesbian, Gay, Bisexual & Transgender	Peter Barnett	<u>Local Authority</u> Safeguarding Adults Board
Housing Regeneration & Homelessness	Les Makin	<u>Department of Adult Social Services (DASS)</u> Individual Budget Market Management Workstream  Transformation Programme Board  <u>Wirral University Teaching Hospital NHS Foundation Trust</u> Patient Environment Action Group (PEAG)

Physical Health/Disability	Sue Lowe	
Carer	Jean Maskell	<u>Primary Care Trust (PCT)</u> Joint Strategic Needs Assessment (JSNA)
Black & Racial Minority (BRM)	Nurie Lamb	<u>Primary Care Trust</u> Wirral Equalities & Diversity Panel
Children & Young People	Joyce Hayward	
Family Services	Val Elliott	
Advice Services	Vacancy	
Mental Health	Murdo Kennedy	
Organisational LINK Board Members		
Merseyside Society for Deaf People (MSDP)	Veronica Lewis	
Crossroads for Carers	Diane Morley	
Inner Action	Francis Cook	
Merseyside Ambulance Retired Staff Association (MARSAs)	Keith Heller	
Citizen's Advice Bureau	Alan Dixon	
Beanbag CES Limited Group (Beanbag)	Julie Johnson	
Older People's Parliament (OPP)	Diane Hill	<u>Local Authority</u> Health & Wellbeing, Overview & Scrutiny Comm (OSC)  <u>Primary Care Trust</u> PCT Patient & Public Involvement (PPI) Sub-Comm



## 7. Workplan

The Wirral LINK made an undertaking to look at the Legacy issues left from the PPI Forums. It would be recommended to the LINK Board that a sub group could look at these issues and feedback to the public in a future Newsletter.

A high priority for the Wirral LINK's workplan was to consult the views of the public and set up Task & Finish Groups to work on issues highlighted.

## 8. Workplan suggestions for the Board (2009)

- To monitor local health and social care provision by identifying trends from the reports from Patient Advice Liaison Service and Complaints at all NHS Trusts and Independent Complaints Advocacy Service. The Enter & View Team, with the support of the LINK Support Team, would research evidence from CSCI and HCC (Care Quality Commission), liaise with the Contracts Team at Dept of Adult Social Services to identify issues and concerns. Also identify issues and trends through public events.
- To monitor contact made to the LINK Support Team by individuals with concerns. These issues are signposted but recorded and reported to the LINK Board at each meeting.

### Issues received at our Public Meeting

- Protocols for Deaf/Blind and People with Disabilities in Hospitals and in the community.
- Concerns in relation to the Discharge Process from Hospital
- Mixed Sex Wards
- Optical Assessments for Nursing Home Patients

- Legacy Issues from the Patient and Public Involvement Forums, which are :

**WIRRAL HEALTH FORUM (PPI)**  
**PPI FORUM FOR WIRRAL PRIMARY CARE TRUST**

Short-term issues - to monitor and update:

- Dentistry
- Audiology Services
- PCT's Listening Exercise on PCT's 5 year Commissioning Strategy

Medium-term issues - to develop:

- Input and influence in the Practice Based Commissioning Process In Wirral.

Longer-term issues - to campaign for:

- Impact of Practice Based Commissioning on the health and social care of the Wirral Patient population.
- GP Practice Development Proposals/Consultations
- Access to GP practices/appointments

**PPI FORUM FOR CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS**  
**FOUNDATION TRUST**

Short-term issues - to monitor and update:

- Overnight stay policy
- Communication
- Infection Control Survey

Medium-term issues - to develop:

- Relationship between the Trust and the public

Longer-term issues - to campaign for:

- Better outcomes for cancer patients and public health awareness.  
LINKs

**INDEPENDENT PPI FORUM FOR WIRRAL UNIVERSITY TEACHING  
HOSPITAL NHS FOUNDATION TRUST**

Short-term issues - to monitor and update:

- Monitor all changes proposed by the Trust ie. Extra toilet facilities on Ward 34.
- TVs on DME Wards
- Hand Hygiene Campaigns.

Medium-term issues - to develop:

- Relationship between Trust and the public

Longer-term issues - to campaign for:

- Improved and equitable older peoples services
- Effective cross boundary services for Cancer and Mental health.

**CESHIRE/WIRRAL PARTNERSHIP NHS FOUNDATION TRUST  
MENTAL HEALTH**

Short-term issues - to monitor and update:

- OSC referral on the CRHT staffing shortfall in Central Cheshire.
- SHA clarification of database comparability (see above).
- Implementation of equitable access to CRHT.

Medium-term issues - to develop:

- Effective cross-boundary mental health LINKs arrangements.
- Structures which optimise a balance between involving hard-to-reach groups and preserving expertise.
- The ability to make informed comparisons and conclusions from patient experiences.

Longer-term issues - to campaign for:

- Improved and more equitable access to primary care / intermediate care/liaison psychiatry.
- Improved and more equitable Older People's Services, especially the interaction between health and social care.
- Commissioners to fund best practice across the patch, ensuring equity of provision at a high standard.

## 9. Future activity

Where issues are received or highlighted, the LINK Board will develop a method of prioritisation and focus their activity to achieve a timely and positive impact.

The LINK should enter the Community by holding surgeries on sites within local areas. It is recognised that people feel more comfortable speaking in "their own patch" rather than attending meetings.

The LINK Board could Co-opt new members where necessary and invite the relevant Organisations for future meetings.

## 10. Requests for Information

Several requests for information were made to WUTHFT and DASS during 2008/09. These were responded to within the 20 day period and published within the LINK Newsletter Jan/Feb 09 edition.

## 11. Finance

Staffing & Management Cost	£78280.20
Premises & Running Cost	£16648.35
Development & Engagement Cost	£8231.71
Member Cost & Venues	£5403.52
Contingencies	£8140.00
	-----
	£116703.78
	=====

There is a considerable underspend during this financial year as the LINK contract was not signed until 17<sup>th</sup> July 2008. This meant that full support and development of the membership did not take place until after this date; although promotional work was begun by the LINK Support Team from 1<sup>st</sup> April 2008 funded by Voluntary & Community Action Wirral.

LINK Contact Details :

Wirral LINK  
c/o Voluntary and Community Action Wirral  
65 The Village  
Bebington  
Wirral  
CH63 7PL

Tel : 0151 645 4038

Fax : 0151 643 7271

Email : [wirralink@vcawirral.org.uk](mailto:wirralink@vcawirral.org.uk)

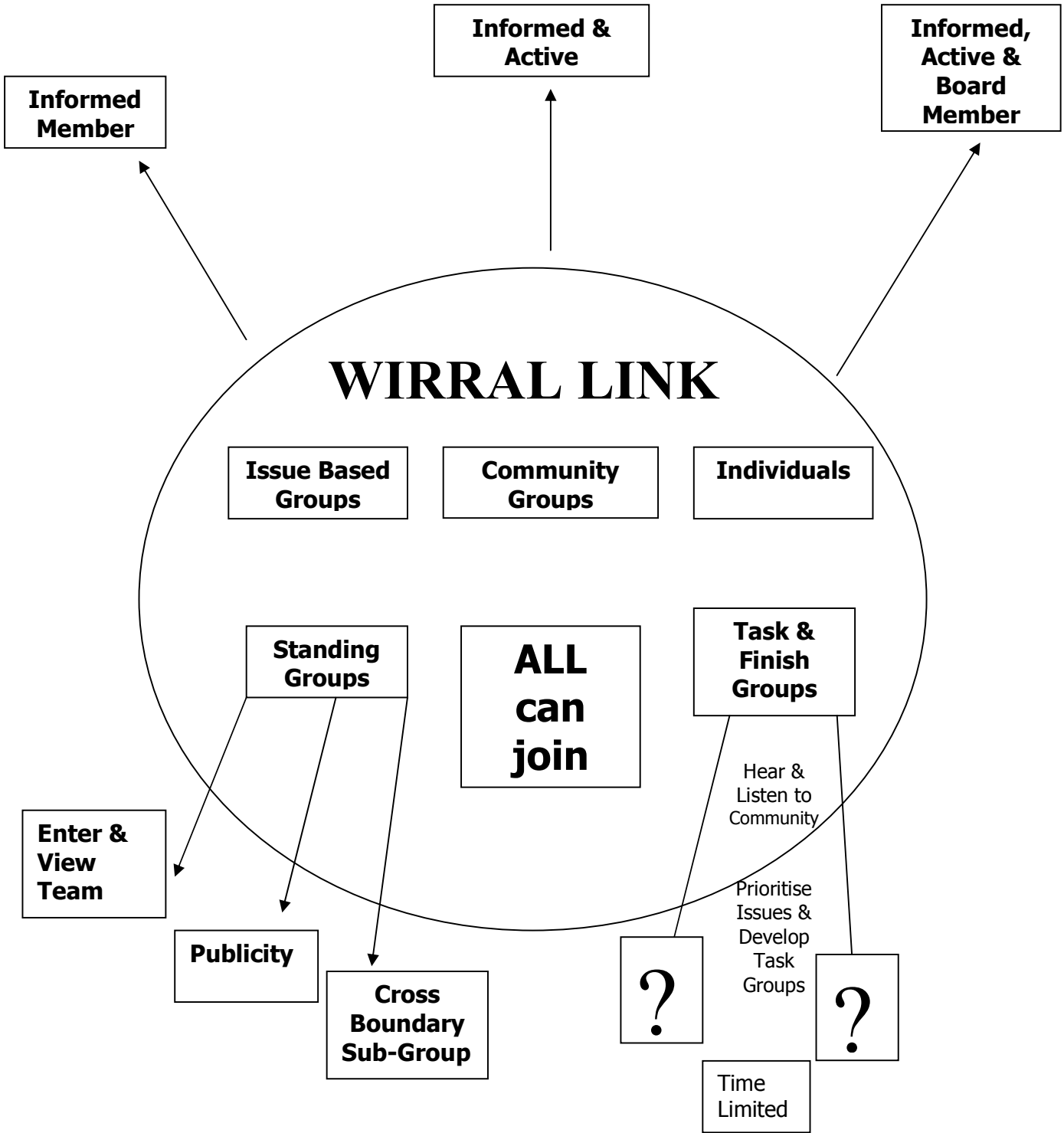
Web : [www.vcawirral.org.uk](http://www.vcawirral.org.uk)

Karen Prior and Lynda Denman  
LINK Support Team

During the year, Jake McGee resigned. Vicky Costello stood down in 2008 and Eleanor Cropper stood down for February and March 2009.

This report is available in different formats and languages. If you wish to have this report in a different format, or if you have any queries or comments on its content, then please contact the Wirral LINK Support Team who will be happy to assist.

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## **JARGON BUSTER**

**BRM** – Black and Racial Minorities

**CCO** – Clatterbridge Centre for Oncology

**CET** – Community Engagement Team

**CSCI** – Commission for Social Care Inspection

**CSIP** – Care Services Improvement Partnership

**CWP** – Cheshire & Wirral Partnership NHS Foundation Trust (Mental Health)

**DME** – Department of Medicine for the Elderly

**DOH** – Department of Health

**GMS** – General Medical Services

**GPs** – General Practitioners

**HCC** – Health Care Commission

**HIMP** – Health Improvement Modernisation Programme

**ICAS** – Independent Complaints Advocacy Service

**ISG** – Interim Steering Group

**JSNA** – Joint Strategic Needs Assessment

**LA** – Local Authority

**LAA** – Local Area Agreement

**LDP** – Local Delivery Plan

**LGBT** – Lesbian Gay Bisexual Transgender

**LINK** – Local Involvement Network

**LIT** – Local Implementation Team

**LSP** – Local Strategic Partnership

**NCI** – National Centre for Involvement

**NHS** – National Health Service

**NSF** – National Services Framework

**OSC** – Overview and Scrutiny Committee  
**PALs** – Patient Advice Liaison Service  
**PBC** – Practice Based Commissioning  
**PCT** – Primary Care Trust  
**PEC** – Professional Executive Committee (engine room of PCT)  
**PMS** – Personal Medical Services  
**PPIFs** – Patient and Public Involvement Forums  
**SHA** – Strategic Health Authority  
**VCAW** – Voluntary Community Action Wirral  
**WBC** – Wirral Borough Council  
**WUTHFT** – Wirral University Teaching Hospital NHS Foundation Trust

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:  
22<sup>nd</sup> JUNE 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

**PROGRESS REPORT ON ACTIONS TAKEN AS A HEALTH AND SOCIAL CARE ECONOMY TO IMPROVE THE PATIENT JOURNEY FOLLOWING ADMISSION TO HOSPITAL IN WIRRAL.**

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***Executive Summary***

*The committee is asked to note the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.*

*The committee is also asked to formally agree the enclosed Wirral Health and Social Care Action plan which is being implemented and performance monitored via the Wirral Discharge Planning and Review. These actions address the issues outlined in the Social Care and Health Overview and Scrutiny Committee Report of the 25<sup>th</sup> March 2009.*

**1 Background**

- 1.1 It has long been recognised that patients admitted to hospital in Wirral have longer lengths of stay for patients than the national average and that there have been many years of over reliance on acute hospital services by Primary and Community services with a pattern of under developed community services.
- 1.2 In order to address this, Wirral NHS in partnership with the Department of Adult Social Services has established, and continues to develop a range of services to prevent avoidable hospital admissions and reduce the length of time that people stay in hospital. These schemes have been discussed previously at the committee.
- 1.3 The economy wide action plan developed through the Wirral Discharge Planning & Review Group identified some key practices and issues which needed to be reviewed and challenged in order to significantly improve the experience of patients and improve the patient flow from assessment in Accident and Emergency or other assessment areas to their safe discharge from hospital.
- 1.4 The action plan covered issues identified in the following reports:
  1. The Older Peoples Service Review (Gott June 2008)
  2. The Wirral Older Peoples Parliament Hospital Discharge Survey (September 2008)
  3. The Days of Care Utilisation Review (November 2008)

4. The Overview and Scrutiny Committee Wirral Hospital Discharge Review Report
5. Feedback from the Wirral University Teaching Hospital Divisional business planning days

## **2 Progress on the Action Plan**

- 2.1 This report is intended to update the committee in regard to the progress being made across the economy in improving the patient experience from arrival at hospital to discharge and should be read alongside the Wirral Discharge Planning and Review Group action plan updated June 2009.

## **3 Progress in Wirral University Teaching Hospital NHS Trust (WUTH)**

- 3.1 Following the development of the economy wide action plan the Chief Executive of Wirral University Teaching Hospital agreed to the Director of Nursing & Midwifery establishing an internal senior group, (The Wirral University Teaching Hospital Patient Flow Improvement Group). This group would take responsibility for the delivery of the actions required to improve the patient journey and experience, and ensuring that the Wirral University Teaching Hospital Length of Stay are at the upper quartile of performance.
- 3.2 This group reports to the Wirral University Teaching Hospital Care Standards Executive Committee and the Wirral University Teaching Hospital National Service Framework for Older People Executive Group

## **4 Progress to date**

### **4.1 Assessment & Admission Process**

- Action Plan 2 (b) (ii)

The issue of improving the speed with which the diagnosis of patients is recorded on Patient Care Information System has been widely discussed across the Wirral University Teaching Hospital clinical community  
It will be audited in September 2009

- Action Plan 2(b) (iii)

A&E staff have worked with primary care to develop a primary care presence in Accident and Emergency.  
The current arrangement has been agreed by the lead commissioner for urgent care.

- Action Plan 2(d) (i)

Baseline information is available in a range of metrics so that we can compare data in September 2009 following a range of actions being taken to agree activity for 2009/2010.

Key staff have undergone training in the system change programme being adopted by Wirral University Teaching Hospital to improve service delivery and strive for excellence

Patient Flow has been identified as an area of priority for utilising this model of improvement.

- Action Plan 2(d)(v)

Funding for improvements from the Department of Health to eliminate mixed sex accommodation has been allocated to a capital programme (progress on the Wirral University Teaching Hospital internet site)

- Action Plan 2(e)(ii)

Changes have been made to Wirral University Teaching Hospital intranet information

Meetings have been scheduled with key individuals.

#### **Planned actions not achieved**

- Action Plan 2(e)(ii)

A system of raising staff awareness in regard to patients with communication problems being in place

This will be resolved by August 2009

## **4.2 Inpatient Issues**

- Action Plan 3(b)(ii)

Discharge checklists are being audited by Divisional Matrons and as part of the Nursing & Midwifery Audit

- Action Plan 3(g)(i)

A reporting and remedial action planning process has been established to actively manage patients with anticipated length of stay issues.

#### **Planned actions not fully achieved**

- Action Plan 3(c)(ii)

Due to pressures on acute beds the Patient Flow Practitioners have not been able to fully complete their core competency training.

A plan is in place to remedy this and the Patient Flow Manager is working with other agencies to ensure the competency training is completed by September 2009

- Action Plan 3(c)(iii)

The roll out of awareness training for staff in Wirral University Teaching Hospital has begun by the policy being circulated to all staff, Documented and discussed in the Wirral University Teaching Hospital Team Information Exchange Briefing sessions.

Discussed at Strategic Improvement Programme Board and Divisional Management Board Meetings

### **4.3 Specific Actions on the day of Discharge**

- Action Plan 4(a)(i)

There has been an increase in the use of the discharge lounge each month

- Action Plan 4(b)(i)

A baseline of the number of complaints relating to discharge has been identified.

Patient Advice and Liaison Officers and volunteers are now visiting all wards on a regular basis to discuss patient experience on an individual confidential basis.

A number of avenues are being explored to increase the response rate to the patient experience questionnaire.

- Action Plan 4(b)(ii)

Pick up points for relatives collecting patients have been identified and ward staff have been instructed to ensure that relatives are aware of the pick up point.

- Action Plan 4(c)(i)

A review of the medication ordering process has been undertaken. Following this actions have been put in place to ensure that there are minimum delays in the system. An action plan is being implemented and performance is being monitored  
(Report available on request)

#### **Planned actions not fully achieved**

- Action Plan 4(d)(ii)&(iii)

As per 3(c)(ii) *above*

Whilst there a number of actions which have not been fully completed as per the action plan, Wirral University Teaching Hospital is confident that by the time of the next report in September 2009.

We will be able to demonstrate that these actions are fully completed and that there has been an improvement in performance evidenced by the comparison of baseline data to quarter one data.

## **5 Progress in the Department of Adult Social Services**

- 5.1 The new locality structure in Adult Social Services has now been implemented, including the establishment of a revised hospital social work team and two Team Manager posts. A key task for the new team is to ensure that social care staff are working in a more integrated way with Patient Flow Practitioners and other relevant health staff. Work is continuing on reviewing and revising the links between the hospital social work team and the newly formed locality teams to ensure a smooth transition for individuals from hospital and the avoidance of inappropriate admissions to hospital.

- 5.2 A proposal for social care input into Primary Care Assessment Unit is being developed.
- 5.3 A review of the Emergency Duty Team is being undertaken. Proposals for a revised out of hours service will be shared by October 2009 for implementation by April 2010. The review will include all relevant stakeholders, including health staff and will include arrangements for people in hospital who require a service out of normal office hours.
- 5.4 The Department's Reablement Service (Home, Assessment and Reablement Team) has been significantly expanded to prevent avoidable admissions to hospital and to facilitate timely discharge for people back to their own homes.

## **6 Progress in Wirral NHS**

- 6.1 NHS Wirral provider services continue to develop robust services and pathways as outlined in Part I of the Action Plan to reduce inappropriate admissions which impact on throughput and discharge for those people who have appropriate admissions to acute services.

## **7 Progress from a commissioning perspective**

- 7.1 The Wirral Discharge Planning and Review Group continue to work holistically across the health and social care economy to reduce admissions, reduce length of stay and facilitate a robust and sustainable discharge process. Wirral Discharge Planning and Review Group reports to the Joint Commissioning Group for Older People on exceptions.

## **8 Financial Implications**

- 8.1 None arising from this report

## **9 Staffing Implications**

- 9.1 None arising from this report

## **10 Equal Opportunities Implications**

- 10.1 Working to improve equity and provision across Wirral

## **11 Community Safety Implications**

- 11.1 None arising from this report

## **12 Local Agenda 21 Implications**

- 12.1 None arising from this report

### **13 Planning Implications**

13.1 None arising from this report

### **14 Anti Poverty Implications**

14.1 None arising from this report

### **15 Social Inclusion Implications**

15.1 All plans are inclusive

### **16 Local Member Support Implications**

16.1 People who use services live in all wards of the borough

### **17 Health Implications**

17.1 Admissions (inappropriate) facilitate earlier discharge

### **18 Background Papers**

The Older Peoples Service Review (Gott June 2008)

The Wirral Older Peoples Parliament Hospital Discharge Survey (September 2008)

The Days of Care Utilisation Review (November 2008)

The Overview and Scrutiny Committee Wirral Hospital Discharge Review Report

Feedback from the Wirral University Teaching Hospital Divisional business planning days

### **19 Recommendations**

That

- (1) Committee is asked to note the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.
- (2) The committee is also asked to formally agree the enclosed Wirral Health and Social Care Action plan which is being implemented and performance monitored via the Wirral Discharge Planning and Review Group

**JOHN WEBB**

**Director of Adult Social Services**

Heather Rimmer

Interim Head of Integrated Commissioning

Tel no 651 3885

Date 10 June 2009



**UPDATED DRAFT WDP&RG ACTION PLAN 2009/10**

IDENTIFIED ISSUE/AREAS & RECOMMENDATIONS	ACTION REQUIRED	LEAD Commissioner	LEAD Provider	Performance Management Group / Reporting arrangements	Performance Metrics	Timescale
<p><b>1. PRE ADMISSION ISSUES</b></p> <p>a) Wirral has a higher than usual number of GP initiated referrals to hospital (3)                      52% of admissions inappropriate.(3)                      49% of bed days categorised as inappropriate (3)</p>	<p><b>Implement hospital admission avoidance schemes which operate 24 hours a day 7 days a week</b></p> <p>1.Integrated Care at Home, including a review existing community service provision to maximise increased care at home.</p> <p>3.Primary Care Assessment Unit,                      4.Single Point of Access</p> <p>5.Community Equipment Services review of service provision and proposed models of working considered</p>	<p><b>Alison Shead</b></p> <p><b>Sarah Quinn</b></p> <p><b>Tina Long</b></p>	<p><b>John South</b></p> <p><b>John South</b></p> <p><b>John South</b></p>	<p>Urgent Care Network/PCMB</p> <p>Urgent Care Network</p> <p>Integrated Community Equipment Services Board</p>	<p>Reduction in Emergency Admissions/                      Increase in the numbers of individuals being cared for in their usual care environment</p> <p>Inappropriate admissions will reduce from the current level of 52%</p> <p>Achievement of agreed delivery KPI's</p>	<p>Ongoing Quarterly Analysis of activity                      Contract arrangements</p> <p>Nov 09 Repeat of Days of Care Audit</p> <p>Ongoing Contract Reports by exception</p>

<p>b) Top ten reasons for inappropriate admission to hospital are related to non-specific clinical conditions (3) e.g. shortness of breath, abdominal pain, generally unwell</p> <p>c) inappropriate use of unplanned care services</p>	<p><b>Ensure pathways are in place in primary and community services which make maximum use of hospital admission avoidance schemes. &amp; monitor compliance with these pathways.</b></p> <ol style="list-style-type: none"> <li>1. Establish baseline of current pathways in existence</li> <li>2. Once gaps are understood agree an action plan to address</li> </ol>	<p><b>Sarah Quinn</b></p>	<p><b>John South &amp; John O'Malley</b></p>	<p>WDP&amp;RG Via Mod Teams</p>	<p>Report to WDP&amp;RG</p> <p>Action plan in place</p>	<p>June 09</p> <p>Aug 09</p>
	<p>Clarify access to social work assessments including out of hours provision</p>	<p><b>TBC</b></p>	<p><b>Anne Bailey</b></p>	<p>WDP&amp;RG</p>	<p>Information available and accessible to primary &amp; community care services</p>	<p>June 09</p>
	<p><b>Identify ways of supporting nursing and residential homes to prevent avoidable hospital admissions</b></p>	<p><b>Heather Rimmer</b></p>	<p><b>John South</b></p>	<p>WDP&amp;RG</p>	<p>Contract Reports by exception</p>	<p>Ongoing</p>
	<p>1 Clarify and publicise access routes for care homes to hospital admission avoidance schemes</p>	<p><b>Heather Rimmer</b></p>	<p><b>John South</b></p>	<p>WDP&amp;RG</p>	<p>Evidence of input to care home network</p>	<p>June 09</p>
	<p>2. Influence care home managers via the Nursing Home Network</p>	<p><b>Heather Rimmer</b></p>	<p><b>John South</b></p>	<p>WDP&amp;RG</p>	<p>Contract monitoring arrangements to include emergency admission data</p>	<p>April 10</p>
	<p>3. Review the contract monitoring arrangements with care homes in regard to RNCC</p>	<p><b>Heather Rimmer</b></p>	<p><b>N/A</b></p>	<p>WDP&amp;RG</p>		

<p>d) Inappropriate admissions to hospital at the end of life</p>	<p>To clarify the End of Life Strategy Initiatives which impact on patient discharge from hospital.</p> <p>To ensure that pain management protocols are an integral part of the strategy</p>	<p><b>Alison Shead/ Jane McAllum</b></p>	<p><b>John South</b></p>	<p>Cancer Modernisation Team</p>	<p>Reduction in nursing home admissions to hospital</p> <p>Patient choice &amp; experience and the application of policies and protocols is consistent the end of life strategy</p> <p>Patients who are at the end of their life will have explicit care plans and understanding of the options available to them</p>	<p>Report presented to WDP&amp;RG</p>
<p>e) Delays in the diagnostic testing process in the community (3)</p>	<p>Review the process and responsibilities for accessing, reporting, responding and clinical intervention when diagnostics are required.</p>	<p><b>TBC</b></p>	<p><b>John South</b></p>	<p>WDP&amp;RG</p>	<p>Reduced length of time between investigations being ordered and interventions being undertaken.</p>	<p>TBC</p>
<p>f) Inappropriate use of unplanned care services</p>	<p>Evaluate the impact of the 2008 Choosing Well Campaign.</p> <p>Implement the concept of social Marketing</p>	<p><b>Sarah Quinn</b></p> <p><b>Sarah Quinn</b></p>	<p><b>N/A</b></p> <p><b>N/A</b></p>	<p>Urgent Care Network</p> <p>Urgent Care Network</p>	<p>Patients will chose the most appropriate service to meet their needs.</p>	<p>June 09</p>



**WIRRAL UNIVERSITY TEACHING HOSPITAL, NHS FOUNDATION TRUST**  
**ACTION PLAN WDP & RG 2009/10 (Updated June 3<sup>rd</sup> 2009)**

IDENTIFIED ISSUE/AREAS AND RECOMMENDATIONS	ACTION REQUIRED	LEAD MANAGER (s) IN WUTH	PERFORMANCE MANAGEMENT GROUP REPORTING ARRANGEMENTS	PERFORMANCE METRICS & EVIDENCE	Timescale
<p><b>2. ASSESSMENT / ADMISSION PROCESS ISSUES</b></p> <p>(a) Little information available to patients at pre admission about their estimated length of stay when admitted for planned care</p> <p>(b) Top ten reasons for inappropriate admission to hospital are related to non-specific clinical conditions e.g. shortness of breath, abdominal pain, generally unwell</p>	<p>i) Ensure there is written discharge planning information at pre-op/procedure assessment</p>	<p>DLN's</p>	<p>WDP&amp;RG</p>	<p>Baseline Report from Patient feedback questionnaire &amp; Corporate Nursing Audit Results</p>	<p>August 2009 &amp; then Biannually</p>
	<p>ii) Information booklet given to pre operative patients prior to admission contains discharge information</p>	<p>DLN's</p>	<p>WDP&amp;RG</p>	<p>Corporate Nursing Audit Results</p>	
	<p>i) Clear clinical pathways beginning and ending at the patients usual care environment for specific clinical presentations will be developed, implemented and monitored</p>	<p>ADO's</p>	<p>WDP&amp;RG via Modernisation Teams</p>	<p>Pathways in place</p>	<p>March 2010</p>
	<p>ii) Improve patient documentation and coding process to reflect accurate reason for admission to assessment areas</p> <p><b>Actions Completed</b>            Issue Raised at DMB's            Issue raised at Directorate Meetings/Clinical meetings            Discussed at daily bed meetings</p>	<p>ADO's &amp; CHD's</p>	<p>WDP&amp;RG</p>	<p>Diagnosis on PCIS will be amended on the post take ward round and evidenced in the discharge summary &amp; on repeat audit</p>	<p>Sept 2009</p> <p>June 2009 COMPLETED</p>

	<p>iii) Consideration given to a Primary Care presence in A &amp; E</p> <p><b>Actions Completed</b>  A&amp;E facilitated a local induction programme for 3 GP's.  A&amp;E are happy to repeat if it results in GP's being present in the A&amp;E service  To date GP's have not attended to provide support to A&amp;E. apart from the 'care home GP'</p> <p>Care Home GP is now based in A&amp;E and has completed 3 audits in response to identified local issues. .Audits being presented to the Urgent Care Network</p> <p>i) Weekly Urgent Care MDT is meeting to discuss inappropriate A&amp;E attendances in respect of catheter/continence issues, falls and care home issues.</p>	ADO (MED)	Urgent Care Network	Appropriate Primary Care presence in A & E	<p>April 2009 COMPLETE</p> <p>June 2009 COMPLETED</p>
(c) Delays in the diagnostic testing process	<p>i) The WUTH Diagnostic Liaison Group to review the process and responsibilities for accessing, reporting, responding and clinical intervention when diagnostics are required</p>	ADO (Diagnostics)	WDP&RG	Reduced length of time between investigations being ordered and intervention.	March 2010

d) Patients staying in more than one ward	i) Review capacity issues within the system to reduce variations in discharges by day of the week	ADO's (Med & Surg)	Urgent Care Network	Reduced number of patient ward moves Reduction in cancelled operations Reduced number of outliers Reduction in LoS	Sept 2009    June 2009 COMPLETED
	<b>Actions Completed</b> Baseline Activity available 08/09 for number of patient ward moves cancelled operations number of outliers LoS  WEHS training for key staff				
	i) Reduce variations in elective activity and protect elective capacity	ADO's	WUTH	Elective activity plans agreed by speciality	April 2009 COMPLETED
	ii) Introduction of WUTH daily sitrep reporting	Patient Flow Manager	Urgent Care Network	Reports produced daily by exception	April; 2009 COMPLETED
	iii) Review WUTH escalation plan for managing peaks in service demand to dovetail into Economy escalation plan	DN/M	Urgent Care Network	Escalation plan reviewed	June 2009 COMPLETED
	iv) Explain to patients the rationale for admission to assessment areas and the reason for moving wards	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	August 2009 & then Biannually
v) Care Standards Executive project on single sex bays	DN/M		Project Report Available to WDP&RG	Sept 2009	
	<b>Actions Completed</b> Funding for improvements from				

	DOH secured and allocated to a capital plan Monthly update on Trust Internet site				
(e) Lack of staff awareness of available services to support patients with communication / language difficulties	<p>i) Appointment of WUTH Diversity &amp; Inclusivity Manager</p> <p>ii) Review practice and use of available services and identify gaps in provision</p> <p><b>Actions Taken</b> Changes made to intranet information Meetings scheduled with Disability Advisor about the education of ward staff re role of Disability Advisor role</p>	DN/M	WDP&RG		March 2009 COMPLETED
		D&I M	WDP&RG	Increase in access to specialist communication services	June 2009 COMPLETED
				System of raising staff awareness agreed	June 2009
					April 2009
<b>3. INPATIENT ISSUES</b>					
(a) Poor communication with usual caregivers	<p>i) Establish a system which ensures patients under the care of community matrons are flagged on the IT system on arrival at hospital.(1)</p> <p>ii) Improve communication with Primary Care</p> <p>iii) Input into LLP/ICO project team</p>	WHIS & NHS Wirral	Case Management Group	Patient identification flagging system on PCIS is in place	June 2009
		ADO's	WDP&RG	Audit discharge checklists	August 2009 & then Biannually
		ADO (Ops)	WDP&RG	Integrated Care Organisation Pilot Principles adopted	Sept 2009
(b) Poor communication with patients	i) Improve communication with patients	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	Sept 2009



(c) Lack of continuity of care (2&4)	ii) Ensure discharge planning information is communicated to patients on a daily basis	DLN's	WDP&RG	Audit completed discharge checklists within the new Nursing documentation	August 09
	i) Clinical management plans reviewed and updated daily	ADO's CHD's	WDP&RG	Audit Clinical management plans documented in the patients medical records and on discharge summary	Oct 2009
	ii) Ensure discharge planning process begins on admission to hospital.	Patient Flow Manager	WDP&RG	All Patient Flow Practitioners Complete Training programme & achieve competencies	June 09
	iii) Process shared with ALL WUTH staff	Patient Flow Manager	WDP&RG	Plan agreed for the roll out of awareness raising of discharge roles & responsibilities  Roll out implemented	June 09  Sept 09
	i) Review the referral process from WUTH to DASS	Patient Flow Manager & SSD	WDP&RG	The establishment and launch of locality services, with clear referral pathways and integrated working between health and social care teams.  Completion of a review of the EDT function.	June 09  Sept 09
(d) Lack of information or explanation in regard to what is happening or of what to expect on discharge (2,3&4)	ii) Ensure discharge information is communicated to patients and carers on a daily basis	DLN's	WDP&RG	Establishment of revised DASS hospital team.  Audit nursing documentation, Discharge checklists Nursing & Midwifery audit results	Sept 09  August 2009 & then biannually

<p>(e) Attitude of staff (2&amp;4)</p> <p>f) Lack of staff awareness of available services to support patients with communication /language difficulties (4)</p> <p>(g) Patients with a LoS in excess of 30 days</p> <p><b>4 SPECIFIC ISSUES RELATING TO THE DAY OF DISCHARGE</b></p> <p>(a) Patients not aware of or using the Discharge Lounge (2&amp;3)</p>	<p>i) Ward Managers performance manage staff on their ward and take action as required in respect of poor communication and attitude</p>	DLN's	WDP&RG	<p>Reduced number of complaints relating to poor communication and attitude</p> <p>Quarterly PALs/Complaints data</p>	<p>August 2009 &amp; then biannually</p> <p>August 2009 and then biannually</p>
	<p>i) Review ward practice and the use of available services and identify gaps in provision or access to specialist help and advice</p>	DLN's	WDPR&RG	<p>More appropriate referrals to Disability Advisor</p>	<p>August 2009</p>
	<p>i) Establish a reporting system to flag up patients and take remedial action to progress their journey</p> <p><b>Actions Completed</b></p> <p>Weekly vis wall item for exec team</p> <p>Weekly remedial actions monitored</p>	Patient Flow Manager	WDP&RG	<p>Reduction in LoS &amp; numbers of Patients in hospital more than 30 days</p>	<p>June 2009 COMPLETED</p>
	<p>i) Raise awareness of the use of the discharge lounge with ward managers</p> <p>ii) Agree ward targets for the use of the discharge lounge and timed discharges</p> <p>iii) Establish monitoring reports</p>	<p>Patient Flow Manager</p> <p>DLN's</p> <p>DLN's</p>	WDP&RG	<p>Increased use of the discharge lounge</p> <p>Targets set</p> <p>Targets achieved</p>	<p>May 2009 COMPLETED</p> <p>June 09</p> <p>Sept 09</p>

<p>(b) Poor information about leaving hospital e.g. access to wheelchairs for relatives to take patients to the car park and pick up points for relatives to park for short periods</p> <p>(c) Lengthy waiting times for medication</p> <p>(d) Lack of consistency and clarity in the application of the discharge process (1,2,3&amp;5)</p>	<p>i) Improve information given to relatives</p>	DLN's		Reduction in the number of incidents/complaints relating to discharge baseline identified	June 09
	<p>ii) identify pick up points for short stay parking at the hospital</p>	Patient Flow Manager		Identified pick up points for short stay parking	April 2009 COMPLETED
	<p>i) Review the ordering process for take home medication</p>	Lead Pharmacist	WDP&RG	Report available to WDP&RG re Improved supply of take of home medication	June 2009 COMPLETED
	<p>i) Disseminate the Discharge policy to ensure that all staff involved in the discharge process are aware of their duties and responsibilities</p>	Patient Flow Manager		Improved Audit results from policy KPIs (Baseline established)	June 09 COMPLETED
	<p>ii) All Patient Flow Practitioners Complete Training programme</p>	Patient Flow Manager	WDP&RG	Evidence of completed training programme	June 2009
	<p>iii) Plan for the roll out of awareness raising of discharge roles &amp; responsibilities</p>	Patient Flow Manager	WDP&RG	Plan in place	June 2009
	<p>iv) Roll out implemented</p>	Patient Flow Manager	WDP&RG	Evidence of rollout	Oct 2009
	<p>v) Consider the recommendations of the review of the Wirral economy wide discharge function by Price Waterhouse Cooper</p>	Lead Commissioner (SQ)	WDP&RG	Recommendations brought to WDP&RG	June 2009
	<p>vi) WUTH &amp; NHS Wirral agree the roles and responsibilities of</p>	ADO (MED) & D of PC (NHS	WDP&RG	Agreement in place	Aug 2009

<p>(e) Poor written information at the point of discharge to health and social care staff who will be providing continued care and support for the patient (4)</p> <p>(f) Delay in communication to the patients GP following hospital admission (2&amp;4)</p> <p><b>5. Post Discharge Issues</b></p> <p>(a) No routine follow up check in the community following discharge (4)</p>	<p>the Patient Flow team and the Integrated discharge team</p> <p>i) Review the content &amp; timeliness of the information required at discharge</p>	<p>Wirral )</p> <p>ADO's</p>	<p>WDP&amp;RG</p>	<p>Improved communication with health and social care colleagues</p> <p>Reduced number of complaints</p> <p>Nursing &amp; Midwifery audit result</p>	<p>Aug 2009</p>
	<p>i) Ensure patients and carers are aware of what is expected to happen following discharge from hospital and that this is documented on the discharge checklist given to the patient and the discharge summary sent to the GP</p>	<p>DLN's</p>	<p>WDP&amp;RG</p>	<p>Audit discharge checklists given to patients</p>	<p>Aug 2009</p>
	<p>ii) Develop a WUTH referral pathway to VCAW out of hospital service being commissioned by the PCT for patients who have no-one at home to prepare for their discharge from hospital</p>	<p>ADO (Ops) &amp; VCAW &amp; PCT</p>	<p>Joint Commissioning Group for Older People</p>	<p>Pathway in place</p> <p>Measure the uptake of the out of hospital service</p>	<p>April 2009 COMPLETED</p> <p>August 2009</p>
	<p>ii) Develop a community pathway as above</p> <p>ii) Explore the feasibility of a routine post discharge visit as part of the integrated care at home scheme for vulnerable patients not in receipt of care</p>	<p>NHS Wirral &amp; VCAW</p> <p>NHS Wirral PROVIDER SERVICE &amp; COMMISSIONERS</p>	<p>Joint Commissioning Group for Older People</p> <p>Case Management Group</p>	<p>Pathway in place</p> <p>Vulnerable patients are followed up automatically following discharge from hospital</p>	<p>April 2009</p> <p>Oct 2009</p>

b) Gap in guidance for specific patient groups	i) The Wirral Wide Discharge Policy needs to be reviewed to ensure that it supports the principle that people DO NOT routinely make life changing decisions about their long term care in an acute hospital setting	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	ii) Develop protocols which clarify roles and responsibilities for the care and follow up of patients discharged into intermediate and community settings	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	ii) Develop and implement guidance for people who are homeless or living in temporary or insecure accommodation (5)	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	iii) Develop a protocol to clarify the process for arranging transport options for patients	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009

**Key****DLN's Divisional Lead Nurses****ADO's Associate Directors of Operations (Surgery, Medicine, Diagnostics and Women & Children)****CHD's Clinical Heads of Division (Surgery, Medicine, Diagnostics and Womens & Children)****DN/M Director of Nursing & Midwifery****D&I M Diversity & Inclusivity Manager****WHIS Wirral Health Infomatics Service****ADO (Ops) Assistant Director of Operations****WDP&RG Wirral Discharge Planning & Review Group**

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE :  
22<sup>ND</sup> JUNE 2009

REPORT OF THE CHIEF EXECUTIVE OF NHS WIRRAL

## **PROCESS AND OUTCOMES OF THE “WARRENS” CONSULTATION**

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### ***Executive Summary***

*This paper informs members of the outcome of the consultation with regards the proposal to build a purpose built One Stop Primary Care Centre on the Warrens nursery site where there is currently some derelict brick buildings and green houses. The attached paper to Wirral PCT Board on 7 April 2009, provides full information about the consultation process and outcomes.*

### **1 Background**

- 1.1 The aim of the consultation was to seek the views of patients from West Wirral Group Practice and the residents living within 0.5 miles of the site regarding a proposal to develop One Stop Primary Care Centre on the site where the Warrens Nursery formerly operated.
- 1.2 One of the key objectives of this proposed development is to bring the practice, which is located across three sites, together onto one site with the improved efficiencies this would bring. None of the existing premises meet Disability access requirements and are no longer suitable for providing modern primary care services.

### **2 Summary of Consultation**

- 2.1 Consultation leaflets were sent by post to all over 16s registered with the practice, a total of 12105 patients. Consultation leaflets were also made available in all three practice sites and the Have Your Say office throughout the consultation period.
- 2.2 In addition 4574 consultation leaflets were delivered to all households and businesses within 0.5 miles of the Warrens site. Unfortunately some flats close to the site were not accessible so they were given a further opportunity to respond to the consultation.
- 2.3 It was recognised that some patients were also residents and would therefore receive the consultation document twice.

### **3 Public Meetings**

- 3.1 A specific public meeting was held for residents and three public meetings were held for the patients of the practice, to allow them to view the plans

and put forward their comments and concerns. The dates and times were advertised in the consultation leaflet sent to patients and residents, within the local media and at the three sites of the practice.

- 3.2 A total of 2725 responses from patients of the practice and a further 571 responses from residents were returned to the PCT.
- 3.3 2435 (89%) of the patients' responses either strongly agreed (64.8%) or agreed (24.6%) with the proposal and a further 460 (81%) of residents either strongly agreed (59.2%) or agreed (21.4%) with the proposal.
- 3.4 Wirral PCT Board met on 7 April 2009 and agreed to support the development of a One Stop Primary Care Centre on the site where the Warrens Nursery formerly operated for West Wirral Group Practice.

#### **4 Recommendations**

That:

- (1) Committee notes the consultation on the proposed development of a One Stop primary Care Centre on the site where the Warrens Nursery formerly operated for West Wirral Group Practice.
- (2) Committee makes its formal response to the proposals.

Kathy Doran  
Chief Executive NHS Wirral  
0151 651 0011  
Date 18.04.09



# NHS Wirral

## Process and Outcome of the “The Warrens” Consultation

### Introduction

1. The purpose of this paper is to report the outcome of the consultation with regard to the proposal and to recommend a way forward following consideration of the results of the consultation process.

### Background

2. The aim of the consultation was to seek the views of patients from West Wirral Group Practice and the residents living within 0.5 miles of the site regarding a proposal to develop One Stop Primary Care Centre on the site where the Warrens Nursery formerly operated. One of the key objectives of this proposed development is to bring the practice, which is located across three sites, together onto one site with the improved efficiencies this would bring.
3. The Rocky Lane site is a large detached house which provides services over three floors. There are two GP consulting rooms on the ground floor with the reception and cramped administration office. On the 1<sup>st</sup> floor there is a 3<sup>rd</sup> GP consulting room, a nurse treatment room and a very small office for the practice manager and finally on the lower floor there is a 2<sup>nd</sup> treatment room. The upper and lower floors are only accessible by stairs.
4. The Thingwall surgery has two GP consulting rooms on the ground floor and a treatment room on the 1<sup>st</sup> floor, only accessible by stairs. The reception area and waiting room are both small and dark with very little availability of natural light or ventilation. Access to these premises is via a very narrow pathway along the side of the building which is not wide enough to allow wheel chairs or prams.
5. The Irby premises are all on one floor and consist of two GP consulting rooms and a long, narrow treatment room. There is a reception and administration office. The practice clinical system server is based on this site.
6. None of the sites meet Disability Discrimination Act or Health and Safety requirements and have not been suitable for providing modern primary care services for many years. In the last few years, the practice has been forced to rationalise the services it provides due to the very poor accommodation available. For example, due to a number of incidents as a result of the volume of patients attending the Phlebotomy clinic at Rocky Lane, the service had to be relocated to Heswall Clinic.
7. All three sites have been assessed to identify what improvements could be made. The alterations that were possible have been undertaken (e.g. ramps). However, none of the sites can be made fully DDA or Health and Safety compliant.
8. There is no patient parking available at Irby or Thingwall. At both sites, patients have to park on the road or some distance away and walk to the premises. Rocky Lane has 3 spaces at the front which patients can use. They are frequently double parked and patients use the doctors parking which can result in sessions starting late, as the GPs have to park some distance away and walk to the site.
9. The clinical system server is based at Irby with a link between Irby and Thingwall and Irby and Rocky Lane. The data transfer speed is very fast but the volume is very large so when

multiple users are accessing the system from Thingwall or Rocky Lane, the system can be “slow”.

10. The new premises will be developed on the “Warrens” nursery site where there is currently some derelict brick buildings and green houses. The site was identified by Wirral Borough Council as surplus to requirements and the PCT has entered into a contract for the purchase of the land leasehold for 125 years. The agreement is explicitly for the provision of Primary Health Care facilities.
11. The site has good transport links but will require the entrance to be created via Arrowe Park Road with traffic light signalisation.
12. The development would provide sufficient accommodation to meet the needs of the practice. In addition, there would be much needed PCT accommodation to provide clinical space for visiting services as well as office space for the Community Nursing team. There would be sufficient car parking to serve a building housing all such services.

## **Patient and Residents Consultation**

### **Consultation Process**

13. The consultation had two main target groups, the patients of West Wirral Group Practice and the residents who live within half a 0.5 miles of “The Warrens”.
14. Both consultation processes ran concurrently and it was accepted that this would lead to a number of patients / residents receiving the consultation documents twice, as they would be in both groups.

### **Development of the Consultation Leaflet**

15. The practice and its Patient Focus Group lead the development and final content of the consultation leaflet, supported by the PCT Capital Projects Team, Communications and Engagement Directorate and Bebington and West Wirral Locality.

### **Distribution of Consultation Leaflets**

16. Patient consultation leaflets were sent by post to all over 16's registered with the practice, a total of 12105 patients. Consultation leaflets were also made available in PCT premises and all three practice sites throughout the consultation period.
17. The residents' leaflets were circulated to all homes and businesses within 0.5 miles of the site and to homes and business on roads which continued beyond the measure. They were also distributed to all concentrations of addresses on the border of the 0.5 mile measure. 4,574 leaflets were distributed by mailshot with satellite tracking to confirm delivery.
18. Following concerns raised by a resident living in a block of flats close to “The Warrens” site, it became evident that some residents had not received the consultation leaflet. When investigated, it was identified that the company undertaking the mailshot were unable to gain access to the flats, so were unable to deliver the leaflets.
19. In order to ensure a comprehensive consultation all the residents who lived in the flats were sent by post a leaflet and given the opportunity to respond. The period for their comments was extended to give them opportunity to consider the leaflet and comment.

### **Consultation Period**

- 20. The consultation period for the patient consultation ran for 12 weeks from 17 November 2008 to 9 February 2009.
- 21. The consultation period for residents ran for 4 weeks from 17 November 2008 to 17 December 2008. As described above for a small group of residents the consultation period was extended to give them opportunity to comment and this period ran from 23 January 2009 to 9 February 2009.

**Public Meetings**

- 22. A specific public meeting was held for residents and three public meetings were held for the patients of the practice, to allow them to view the plans and put forward their comments and concerns.
- 23. The dates and times were advertised in the consultation leaflet sent to patients and residents, within the local media and at the three sites of the practice.
- 24. The meetings provided the opportunity for people to discuss the proposal with representatives from the practice, building developers, architects and PCT representatives. Overall, the meetings were well attended by patients, with the earlier ones better attended than those towards the end of the period.

**Patient Responses to the Consultation Leaflet**

- 25. A total of 2725 patient responses were returned to the PCT from the patient consultation, which is a 22.5% response rate. This is the highest response to a premises development consultation the PCT has experienced.

The results of the responses are as follows:

<b>Strongly agree with proposal</b>	<b>Agree with proposal</b>	<b>Strongly disagree with proposal</b>	<b>Disagree with proposal</b>	<b>Total</b>
1766	669	173	117	2725
64.8%	24.6%	6.3%	4.3%	100%

- 26. This table demonstrated that the vast majority of respondents were in favour of the proposal with 89.4% indicating they strongly agreed or agreed to the proposal.
- 27. The majority who responded were 60+ years. It is evident from the responses from this group that they have actively participated with the consultation.

<b>Age band</b>	<b>% List size</b>	<b>% Responded</b>
Under 20	19%	1%
20 – 39	18%	10%
40- 59	28%	24%
60+	35%	65%

- 28. This very high response rate from the 60+ group is interesting as a number of concerns expressed during the public meetings were in relation to elderly patients being able to access the new site. It is evident that the concerns expressed were relevant but were not of such substance as to result in high numbers of respondents disagreeing with the proposal. The table overleaf presents the results of the patients’ responses by age.
- 29. This following table present the results from the returns where the respondent had indicated their age.

Age band	Strongly agree with proposal	Agree with proposal	Strongly disagree with proposal	Disagree with proposal	Total	%
Under 20	20	11	0	3	<b>34</b>	1.3%
20 – 40	194	41	12	8	<b>255</b>	9.8%
41- 60	405	151	40	23	<b>619</b>	23.7%
60+	1090	439	104	74	<b>1707</b>	65.3%
<b>Total</b>	<b>1709</b>	<b>642</b>	<b>156</b>	<b>108</b>	<b>2615</b>	
%	65.4%	24.6%	6%	4%		

### Residents Responses to the Consultation Leaflet

30. A total of 562 resident responses were returned to the PCT from the residents' consultation. The results of the responses are as follows:

Strongly agree with proposal	Agree with proposal	Strongly disagree with proposal	Disagree with proposal	Total
338	122	27	84	571
59.2%	21.4%	4.7%	14.7%	100%

31. This table demonstrated that the vast majority of residents who responded were in favour of the proposal with 80.6% indicating they strongly agreed or agreed to the proposal.
32. There were only 11 responses to the 2<sup>nd</sup> residents' consultation.

### Patient's Priorities

33. The consultation document asked respondents to score in order of priority, specific aspects of the proposal. The following table ranks the results of this:

	Results
Wider Range of Health Services	1 <sup>st</sup>
Improving Quality of Health	2 <sup>nd</sup>
Mobility and Access	3 <sup>rd</sup>
Car Parking	4 <sup>th</sup>
Public Transport	5 <sup>th</sup>
Retaining Greenery	6 <sup>th</sup>

34. It is clear that the two most important issues to patients are "wanting a wider range of health services" and "improving the quality of health care". The least important issue is for "retaining greenery around the proposed site".

### Feedback from all Responses

35. Of the 3287 responses received from both the patients' and residents' consultations, 2897 (88.1%) of the responses were supportive of the proposal to provide a One Stop Primary Health Care Centre for the patients of West Wirral Group Practice at "The Warrens".

## Conclusion

36. The PCT has undertaken a robust patient and local residents' consultation exercise and there is overwhelming evidence that the majority of patients who commented are strongly in support of the proposal.
37. In response to the concerns raised by patients in writing and during the consultation events, the PCT has assured them that:
  - concern regarding public transport routes will be raised with colleagues at Merseytravel and main bus operators in Wirral
  - patients will continue to receive the same excellent standard of care and service that they currently receive.

## Recommendations

38. The Board is asked to:
  - note the very positive outcome of the consultation being in support of the proposal
  - note the comments of respondents
  - support the development of a One Stop Primary Health Care centre at "The Warrens" for West Wirral Group Practice.

**Kathy Doran**  
Chief Executive

**Dr S Roohi**  
Medical Director, Bebington & West Wirral Locality

**Glenn Coleman**  
Head of Bebington & West Wirral Locality

**Tasmin Harvey**  
Project Manager, Capital Projects

26 March 2009

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## WIRRAL COUNCIL

### HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE - 22 JUNE 2009

#### REPORT OF THE COMMITTEE CHAIR - Cllr Ann Bridson

#### DEMENTIA SCRUTINY REVIEW - PROGRESS REPORT

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### EXECUTIVE SUMMARY

This report provides an update on progress for the Dementia Scrutiny Review.

#### 1. Background

1.1 The Hospital Discharge Scrutiny Review was held during 2008/9, with the final report being presented to the Social Care & Health Overview and Scrutiny Committee meeting held on 25<sup>th</sup> March 2009. During the evidence-gathering stage of the review, issues were raised with the panel members regarding support for people with dementia in hospital and in the community.

1.2 The Final report of the Hospital Discharge Scrutiny Review included the following section:

##### 6.7 Needs of Specialist Groups - Dementia patients

Evidence, particularly from the voluntary sector, has raised a number of issues relating to patients with dementia and their treatment in hospital. A representative of a third sector organisation commented that:

*"As a society, there is a need to look at creative alternatives to keep people at home. At present, people are being admitted into residential care earlier than they really need to".*

The discharge process for dementia patients is often longer than average. To many such patients, the environment is confusing and they do not understand why they are in hospital. However, the point was made to the Panel that the real issue is that there is often no adequate support available to keep the person with dementia in their own environment.

The Panel have suggested that further scrutiny, involving Cheshire and Wirral Partnership Trust, should take place into issues for patients with dementia. Some specific points that the Panel would like to consider further include:

- ensuring as short a stay in hospital as possible for a person with dementia.
- reducing the number of admissions of people with dementia, that is, try to treat them in their own home.
- speed up the Social Services processes for this client group.

With respect to the ability to assist patients with dementia from having to go into hospital, a professional from the third sector commented that for some patients, a 'virtual ward' approach would be more suitable:

*"Sometimes there is no alternative to a stay in hospital, for example, a broken leg. However, it can often be the case that people with dementia end up in hospital because a carer is no longer able to look after them, for example, because the carer is ill, stressed, and so on. The real issue is that there is no support available to keep the person with dementia in their own environment".*

- 1.3 During a discussion of the Committee Work programme at the Social Care & Health Overview and Scrutiny Committee meeting held on 25<sup>th</sup> March 2009, the Committee resolved that **'the Chair and Spokespersons arrange a meeting to discuss the idea of scrutinising the area of 'patients with dementia in general hospitals'.**

## **2. Scope of the Review**

- 2.1 Further to the committee meeting held on 25<sup>th</sup> March 2009, the Spokespersons have met to discuss a possible review. A draft scope document is attached (see Appendix 1) for consideration by the Committee. It is proposed that the Review Panel will consist of the three Spokespersons (Councillors Ann Bridson, Sheila Clarke, Denise Roberts).
- 2.2 The Panel is recommending that this scrutiny review focuses on the following issues:
- Management of patients with dementia in an acute hospital setting.
  - Impact of patients with dementia on other patients during a stay in hospital.
  - Are there alternative approaches which allow more patients with dementia to be cared for outside an acute hospital setting?
  - Is it possible to keep more people with dementia in their own home for as long as possible?

## **3. Evidence Gathering and the Report**

The panel proposes to use a number of methods to gather evidence, at all times recognising the importance of patient confidentiality in this piece of work.

### **3.1 Meetings with officers**

Meetings will be arranged for the panel members to discuss relevant issues with a number of key officers from each of:

- Wirral NHS
- Wirral University Hospital Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral Borough Council.

- 3.2 The Panel will seek to obtain the views of patients and carers through Carers Groups, the Older Peoples Parliament and advocacy groups such as Alzheimers Society and Age Concern.

- 3.3 Further written evidence will be gathered from recent Committee reports, relevant Department of Health reports and strategies as well as from other Councils.

- 3.4 It is planned that the final report for the Dementia Scrutiny Review will be available for the meeting of the Health & Well Being Overview and Scrutiny Committee on 10<sup>th</sup> November 2009.

## **RECOMMENDATIONS**

- (1) That the Committee approve the Scope for the Dementia Scrutiny Review, as detailed in Appendix 1.
- (2) That the Panel members, for the new municipal year, be confirmed as Councillors Ann Bridson, Sheila Clarke and Denise Roberts.

**Ann Bridson, Chair of Health & Well Being Overview and Scrutiny Committee 09/06/09)**



## Appendix 1 : Scope Document for the Dementia Scrutiny Review

Date: 8th June 2009

Review Title: The 'Care of People with Dementia in Hospital' Scrutiny Review

<p><b>Scrutiny Panel Chair:</b> Cllr Ann Bridson</p>	<p>Contact details: 0151 201 7310 mobile: 07759 587597</p>
<p><b>Scrutiny Support Officer:</b> Alan Veitch</p>	<p>Contact details: 0151 691 8564</p>
<p><b>Departmental Link Officer:</b> Jeanette Hughes, Department of Adult Social Services, Wirral Borough Council</p>	<p>Contact details: 0151 604 7226</p>
<p><b>Panel members:</b> Cllr Ann Bridson Cllr Denise Roberts Cllr Sheila Clarke</p>	<p>0151 201 7310 mobile: 07759 587597 0151 652 3309 0151 608 1154</p>
<p><b>Other Key Officer contacts:</b> Michael Monaghan, Wirral University Teaching Hospital</p>	
<p><b>1. Which of our strategic corporate objectives does this topic address?</b> 1.1 To Improve Health and Well-being for all, ensuring people who require support are full participants in mainstream society, in particular: - To Improve support for those with mental health problems - To Promote greater independence and choice</p>	
<p><b>2. What are the main issues?</b> 2.1 Management of patients with dementia in an acute hospital setting. 2.2 Impact of patients with dementia on other patients during a stay in hospital. 2.3 Are there alternative approaches which allow more patients with dementia to be cared for outside an acute hospital setting? 2.4 Is it possible to keep more people with dementia in their own home for as long as possible?</p>	
<p><b>3. The Committee's overall aim/objective in doing this work is:</b> 3.1 To improve care management in an acute hospital setting for both patients with dementia and for other patients. 3.2 To identify possible alternative approaches to hospital admission for people with dementia.</p>	

**4. The possible outputs/outcomes are:**

- 4.1 Improved services in a hospital setting for patients with dementia.
- 4.2 Better experience for general patients who have interaction with patients with dementia.
- 4.3 Identify possible alternatives to acute hospital admission.
- 4.4 Ensuring that assessment and discharge of patients with dementia is effective and in the shortest possible timescale.
- 4.5 Reducing the number of admissions of people with dementia.
- 4.6 Assisting people with dementia to maintain their life skills.
- 4.7 Ensuring that patients with dementia are safeguarded.

**5. What specific value can scrutiny add to this topic?**

To use the experiences of those who work closely with people with dementia (such as hospital managers, advocates, family / carers, charitable / voluntary organisations and the Older Peoples Parliament) in order to identify any changes which would lead to the outcomes listed in section 4 above.

**6. Who will the Committee try to influence as part of its work?**

- 6.1 Wirral University Teaching Hospital
- 6.2 Wirral NHS
- 6.3 Cheshire and Wirral Partnership NHS Foundation Trust
- 6.4 Department of Adult Social Services, Wirral Council
- 6.5 Appropriate Cabinet members, Wirral Council

**7. Duration of enquiry?**

Aim for the final report to be available before the Health and Well-being Scrutiny Committee due to be held on 10<sup>th</sup> November 2009

**8. What category does the review fall into?**

- |                              |                            |                        |                          |
|------------------------------|----------------------------|------------------------|--------------------------|
| Policy Review                | X <input type="checkbox"/> | Policy Development     | <input type="checkbox"/> |
| External Partnership         | X <input type="checkbox"/> | Performance Management | <input type="checkbox"/> |
| Holding Executive to Account | <input type="checkbox"/>   |                        |                          |

**9. Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?**

The review will be conducted by councillors with the support of existing officers. However, the panel are looking for advice from people with expertise on this topic.

<b>10. What information do we need?</b>	
<p><b>10.1 Secondary information (background information, existing reports, legislation, central government documents, etc).</b></p> <p>10.1.1 Recent Committee reports.</p> <p>10.1.2 Relevant evidence that arose during the Hospital Discharge Scrutiny review.</p> <p>10.1.3 Relevant Department of Health documents, including the National dementia Strategy.</p> <p>10.1.4 Reports from other councils into similar topics.</p>	<p><b>10.2 Primary/new evidence/information</b></p> <p>10.2.1 Experience of carers / family members.</p> <p>10.2.2 Experiences gathered from support groups, charitable / voluntary organisations and the Older Peoples Parliament.</p> <p>10.2.3 Interviews with key officers.</p> <p>10.2.4 Relevant statistics on admissions of patients with dementia.</p>

<p><b>10.3 Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc).</b></p> <p><b>Contacts may include:</b>  Carers and family members.  Carers Groups  Age Concern (including the Devonshire Centre)  Sue Newnes (Wirral Alheimers Society)  Other charitable / voluntary organisations  Ken McDermott and other representatives from the Older Peoples Parliament,</p> <p><b>Wirral NHS</b>  Tina Long (Director, Strategic Partnerships)  Debbie Mayer (Acting Deputy Director, Strategic Partnerships)  Jenny McGovern (Integrated Commissioning Manager)  Heather Rimmer (Interim Head of Integrated Commissioning and Mental Health)</p> <p><b>Wirral University Teaching Hospital</b>  Michael Monaghan (Director, Nursing and Midwifery)  Lesley Hutchinson (Patient Flow Manager)  Marie Jeffries (Lead nurse for Medical Directorate)  DME Consultants</p> <p><b>Cheshire and Wirral Partnership NHS Foundation Trust</b>  Peter Cubbon, Chief Executive  Avril Devaney, Director of Nursing, Therapies and Patient Partnership  Dr Andrew Ellis, national expert</p> <p><b>Department of Adult Social Services, Wirral Borough Council</b>  Jeanette Hughes, Team Manager  Pete Gosling, Principal Manager</p>	<p><b>10.4 What specific areas do we want them to cover when they give evidence?</b></p> <p>10.4.1 Current arrangements</p> <p>10.4.2 Areas for improvement</p> <p>10.4.3 Possible management of people with dementia outside the acute hospital setting.</p>
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**11. What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).**

11.1 Discussion with family / carers and support groups, etc..

11.2 Desk-top analysis

11.3 Interviews of staff

11.4 Possible written questionnaire aimed at family / carers (similar to that produced on Hospital Stays by the Older Peoples Parliament)

**12. In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).**

12.1 Family and carers

12.2 Relevant organisations, for example, Older Peoples Parliament, Age Concern and Carers groups

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