



Health and Well Being Overview and Scrutiny Committee

Date:	Tuesday, 8 September 2009
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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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 - 8)

To receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 22 June, 2009.

3. NORTH WEST AMBULANCE SERVICE

Dave Kitchen, Head of Service for NWAS (Cheshire and Merseyside) and Julie Treharne, Communications Lead (Cheshire and Merseyside) will give a presentation to the Committee.

4. HEALTH INEQUALITIES PLAN (Pages 9 - 12)

5. **TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE (Pages 13 - 110)**
6. **QUARTER ONE PERFORMANCE REPORT - APRIL TO JUNE 2009/2010 (Pages 111 - 120)**
7. **DIGNITY IN CARE (Pages 121 - 126)**
8. **REVIEW OF MEALS ON WHEELS CONTRACT (Pages 127 - 144)**
9. **PROPOSAL FOR THE MODERNISATION AND DEVELOPMENT OF PRIMARY CARE FACILITIES IN NHS WIRRAL: PUBLIC CONSULTATION - OUTCOME OF THE PROPOSAL TO RELOCATE GREENWAY ROAD SURGERY TO THE ST CATHERINE'S DEVELOPMENT (Pages 145 - 150)**
10. **COMMITTEE WORK PROGRAMME 2009/2010 (Pages 151 - 158)**
11. **CO-OPTED MEMBERSHIP**

The Committee will recall that at its meeting on 22 June views were sought as to whether it would wish to extend its co-opted membership. The Committee resolved that the matter be deferred until the next meeting.

12. **ANY OTHER BUSINESS APPROVED BY THE CHAIR**

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 22 June 2009

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	G Watt D Roberts S Clarke J Keeley S Mountney	I O Coates T Smith M Redfern C Teggin
<u>Co- Opted Members</u>		Sandra Wall (OPP)	Diane Hill (LINKs)

1 DECLARATIONS OF INTEREST

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 arrangements.

No such declarations were made.

2 MINUTES

Members were requested 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.

Resolved – That the minutes be received.

3 APPOINTMENT OF VICE-CHAIR

In accordance with minute 4 of Cabinet (16/5/09), the Committee was requested to appoint a Vice-Chair.

It was moved by the Chair and seconded by Councillor Redfern.

Resolved - That Councillor C Teggin be appointed Vice-Chair of this Committee for the current municipal year.

4 TERMS OF REFERENCE

The terms of reference were submitted for Members' information.

Resolved – That the terms of reference be noted.

5 COMMITTEE WORK PROGRAMME 2009/10

The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year, suggestions for additions to the programme (report 2), and a progress report on in-depth panel reviews. A letter had also been received from the North West Ambulance Service on possible areas for scrutiny.

Resolved – That the proposed additions to the work programme are agreed and that the North West Ambulance Service is invited to give a presentation to a future meeting comprising an overview of its strategic vision and implementation of the patient healthcare initiatives identified in its letter to this Committee.

6 CO-OPTED MEMBERSHIP

The views of the Committee were sought as to whether it would wish to extend its co-opted membership.

Resolved – That this matter be deferred until the next meeting.

7 TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE

The Director of Adult Social Services presented a report supplemented by a presentation which provided an overview of the work to date being carried out to transform Adult Social Services in Wirral.

The Director explained that Adult Social Services in Wirral was undergoing radical reform in line with direction given in the White Paper 'Our Health, Our Care, Our Say: a new direction for community services' for a service that delivers to outcomes, working with whole communities, and through integrated working arrangements. This is endorsed by the 'Concordat 'Putting People First' a government wide agreement with strong support from the Third sector. There were three key strands to the transformation programme; personalisation, localisation and integration, and the department had a three year plan for transformation focussing on these areas. The report and presentation highlighted work undertaken as part of the programme in 2008/09:-

(i) Personalisation – one part of which is the development of personal budgets to transform the way people who use services are assessed and how their care will be arranged and delivered. A pilot scheme was currently being undertaken.

(ii) Localisation – the department's access and assessment branch had now moved into local communities (localities) which were co-terminous with NHS Wirral. In Wallasey, Social Services and NHS Wirral staff were co-located and Birkenhead and Bebington and West Wirral would follow.

Work on localising services was also underway. The Council had made a number of significant decisions in the past twelve 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. In addition, two extra care housing schemes were being developed with the support of local residents and representatives of the Older People's Parliament.

(iii) Integration – was being piloted through Wirral Integrated Service Programme (WISP) 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.

The Director reported that the department would be focussing on six transformation projects which were set out in its Business Plan 2009/10:

- 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'

Progress against performance indicators and key projects would be provided through regular performance monitoring reports. There was evidence of improved performance demonstrated by:

- the increase in carers receiving assessments, services and information
- the increase in people supported to live independently through social services
- the improved budgetary situation

The Director responded to questions from members regarding:

- preparatory work for the co-location of District Teams in the Birkenhead, Bebington and West Wirral areas and the link with the Strategic Asset Review
- the reorganisation of the access and assessment branch
- the scale of the personalising budgets project
- integration of health and social care services
- improved access to information to service users

Resolved -

(1) That the Committee support the direction of travel for Adult Social Services, as detailed in the Director's report, and note progress being made.

(2) That arrangements be made for a training session for members covering the transformational change agenda.

8 ANNUAL PERFORMANCE REPORT 2008/09

The Director of Adult Social Services submitted a report introducing the Annual Performance Report for the Department of Adult Social Services, (DASS), which would provide an overview of progress against performance indicators and key

projects in 2008/09 for which the department was accountable. The finalised report would be available on the internet – web library - by the end of June.

Resolved – That the report be noted.

9 VALUING PEOPLE NOW IMPLEMENTATION

The Director of Adult Social Services presented a report which provided an overview of 'Valuing People Now - A Three Year Strategy for People with Learning Disabilities' setting out the government's vision to improve services for people with a learning disability. This report detailed how Wirral would implement this vision in partnership with people with a learning disability their carers and families and a wide variety of other key stakeholders. This vision would be translated into a local Learning Disability strategy which would be reported to Cabinet and NHS Wirral Board in September 2009

The strategy would 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, and it identified 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

The Learning Disability Partnership Board would deliver the strategy. It was currently jointly chaired by NHS Wirral Director of Strategic Partnerships and a person with a Learning Disability. In addition, there would 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

Work was being undertaken with consultation groups such as the Enabling Fulfilling Lives Group, Carers Committee and Transitions Strategy Group to elect members who would represent people with Learning Disabilities and their carers onto the

Board, and they would develop the agenda for the Partnership Board, led by the work of the sub groups.

The Director responded to questions from members regarding:

- joint working arrangements with NHS Wirral
- development of opportunities for people with learning difficulties and support to assist them in making make the transition from school into further education and employment
- the timetable for developing a fully representative Board to deliver the strategy

Resolved – That the 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.

10 LINKS ANNUAL REPORT

Diane Hill, Chair of Wirral LINK, gave a presentation on the progress of Local Involvement Networks (LINKs) in Wirral, which was the new mechanism for involving patients, the public, people who use Social Care Services , Carers and interested groups and organisations in improving health and social care. The presentation outlined the objectives of Wirral LINK, the role of the Interim Steering Group in drafting the governance framework, the composition of the elected Board, the range of activities which were currently being undertaken and the future work plan.

Resolved – That this Committee congratulate Wirral LINK on its achievements in developing the local involvement network and look forward to working with them in the best interests of patients and service users.

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

Further to minute 76 (Social Care and Health - 25/3/09) the Director of Adult Social services presented a report outlining the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge. The committee was asked to formally agree the Wirral Health and Social Care Action Plan which was being implemented and performance monitored via the Wirral Discharge Planning and Review.

The Director responded to questions from members regarding:

- monitoring of the Action Plan and the importance of quarterly performance monitoring reports;
- actions to avoid delays in the medication ordering process;
- actions to improve communications between professional staff to ensure a smooth transition for individual from hospital

Resolved - That the Committee:

(1) note the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.

(2) formally agree the Wirral Health and Social Care Action plan which is being implemented and performance monitored via the Wirral Discharge Planning and Review Group.

12 PROCESS AND OUTCOMES OF THE 'WARRENS' CONSULTATION

K Doran, Chief Executive of NHS Wirral, presented a paper which informed 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 was currently some derelict brick buildings and green houses. The paper to NHS Wirral Board on 7 April 2009, provided full information about the consultation process and outcomes.

It was moved by the Chair and seconded by Councillor Redfern that:

“(1) Committee notes the consultation on the proposed development of the proposed development of a One Stop Primary Care Centre for the West Wirral Group Practice on the site where the Warrens Nursery formerly operated.

(2) Committee welcomes the positive outcome of the consultation process and the public meetings. It is noted that some 90% of patients who responded were in favour of the new Care Centre. The Committee also notes that patients recognised that their two highest priorities are “wanting a wider range of health services” and “improving the quality of health care.”

It was moved as an amendment by Councillor Watt and seconded by Councillor Mountney that:

“ (1) Committee notes the reported desire of doctors and some patients for improved primary care facilities in the Pensby and Thingwall areas but believes that the former Warrens Nursery site is not the ideal location and that there is continuing local opposition to the plan.

(2) Committee therefore recommends that this scheme is not implemented and that other sites are investigated.”

The amendment was put and lost (4:6)

The motion was put and carried (6:4)

Resolved (6:4) – That

(1) Committee notes the consultation on the proposed development of the proposed development of a One Stop Primary Care Centre for the West Wirral Group Practice on the site where the Warrens Nursery formerly operated.

(2) Committee welcomes the positive outcome of the consultation process and the public meetings. It is noted that some 90% of patients who responded were in favour of the new Care Centre. The Committee also notes that patients recognised that their two highest priorities are “wanting a wider range of health services” and “improving the quality of health care.

13 DEMENTIA SCRUTINY REVIEW - PROGRESS REPORT

Further to minute 81 (25/3/09) the Chair reported that a meeting had been held with the spokespersons to discuss the proposed review of 'patients with dementia in general hospitals'. It was proposed that the Review Panel would consist of the three Spokespersons (Councillors Ann Bridson, Sheila Clarke, and Denise Roberts). A draft scope document was attached (Appendix 1) and it was recommended that this scrutiny review focus 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?

Resolved –

(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.

14 ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

K Doran, Chief Executive of NHS Wirral, reported upon the present position regarding cases of swine flu H1N1. She reported that there were 43 cases of swine flu in the North West region who had suffered relatively mild symptoms and were recovering well at home.

Resolved – That the report be noted.

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE:
8 SEPTEMBER 2009

REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH, WIRRAL

HEALTH INEQUALITIES PLAN

Executive Summary

The Wirral Health Inequalities Plan (The Plan) has been approved by Cabinet, Wirral Strategic Partnership and NHS Wirral Professional Executive Committee. It was first drafted at the end of March, following a National Support Team for Health Inequalities visit to Wirral in January 2009. From October, quarterly monitoring reports will be produced. In the interim, a presentation has been prepared for the Committee to demonstrate the interim progress that has been made to date (April - August 2009).

1 Background

- 1.1 Wirral has well documented inequalities, between affluent and more deprived areas of Wirral and between some specific population groups. An overarching measure of inequality is the difference in life expectancy between Wirral and the rest of England. This is reflected in a national indicator to reduce this gap by 10% by 2010. An additional local indicator has been set by NHS Wirral, to reduce the difference in all age all cause mortality (deaths) between the whole of Wirral and the most deprived areas by 2013.
- 1.2 Supported by a Healthy Communities Peer Review by I&DeA (April 2008) and the Department of Health National Support Team for Health Inequalities (January 2009) evidence of the high impact activities required to achieve reduced health inequalities was produced. This was collated together into a Health Inequalities Plan (March 2009). The Plan was endorsed by Cabinet and the Local Strategic Partnership (LSP) Executive in July 2009 and is now being implemented and monitored. Quarterly monitoring reports will be produced for the Health and Well-being Partnership Co-ordination Group, the group with lead governance responsibility, from October 2009.

2 Interim progress

- 2.1 A presentation has been prepared for the Health and Well-being Overview and Scrutiny Committee on the progress that has been made on implementing the Health Inequalities Plan between April and August 2009. This is shown under the headings of each of the five Strategic Objectives. This includes progress on implementing actions that will impact on health inequalities in the short (2011), medium (2013) and long term (2025).

3 Financial Implications

There are no financial implications identified within this report or within the presentation.

4 Staffing Implications

There are no staffing implications identified within this report or within the presentation. However, the presentation does recognise the work of staff in partner agencies to implement the plan.

5 Equal Opportunities Implications

The Plan aims to reduce inequalities by tackling the issues and barriers that lead to some people experiencing poorer health and well-being outcomes.

6 Community Safety Implications

There are no community safety implications identified within this report or within the presentation. However, the presentation does recognise good progress made by the Community Safety Partnership to reduce road traffic incidents that contribute to reduced life expectancy.

7 Local Agenda 21 Implications

There are no Local Agenda 21 implications identified within this report or within the presentation.

8 Planning Implications

There are no planning implications identified within this report or within the presentation.

9 Anti Poverty Implications

The presentation outlines early progress that is being made to support people that are on incapacity benefit or at risk of losing employment.

10 Social Inclusion Implications

The presentation outlines early progress that has been made to engage communities and individuals and support them to improve their own health.

11 Local Member Support Implications

The presentation demonstrates that The Plan prioritises service improvements and support for people with poor health and well-being. This

is leading to improvements being targeted to groups and geographical areas rather than equally applied throughout Wirral.

12 Health Implications

This presentation demonstrates that early progress is being made against all the five Strategic Objectives that will lead to improved health and well-being and reduced health inequalities.

13 Background Papers

The Health Inequalities Plan has previously been circulated.

14 Recommendations

The presentation will outline the progress that is being made to deliver the Strategic Objectives in The Plan. It is recommended that:

- (1) The Committee note the progress that has been made since April 2009 to implement The Plan
- (2) The Committee ask for further reports to be made available once the formal quarterly reports are produced from October 2009.

Marie Armitage
Joint Director of Public Health, Wirral

Sue Drew
Deputy Joint Director of Public Health, Wirral
Tel 0151 651 3914
Date 18 August 2009

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE:
8 SEPTEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

TRANSFORMING ADULT SOCIAL SERVICES – AN OVERVIEW AND UPDATE

Executive Summary

This report provides an update of the transformation of Adult Social Services in Wirral specifically focussing on Options for Change – Towards a Strategy for Care Services. This report provides details on the Communication and Consultation activity following the Cabinet decision on 23 July 2009.

1 Background

1.1 The report 'Options for Change – Towards a Strategy for Care Services' was presented to Cabinet on 23 July 2009. The report and its appendices are attached as Appendix 1.

1.2 The following resolutions were agreed:

- (1) "That a full and comprehensive consultation process on the conclusions and options contained within the Options for Change document be undertaken, in accordance with the rationale set out in the report now submitted.
- (2) That in order to ensure that everyone has a full understanding of the issues involved, Cabinet asks that a seminar for Elected Members be arranged to promote an understanding of self directed support, personal budgets and their impact on future demand for support services.

Cabinet recognises, in addition, that the government grant to cover the costs of the transition to personal budgets is due to cease in 2011 and that it is important to have made as much progress as possible while the grant is still available. Cabinet therefore asks the Director of Adult Social Services to provide the Cabinet with a report on the progress being made towards the use of personal budgets, including any lessons learnt from initial pilot schemes, the numbers already on personal budgets, the number of individuals still to be moved onto personal budgets and the anticipated timescale for full implementation, with any transitional arrangements either in place, or needing to be put in place."

1.3 A seminar for Members has been arranged for 28th October 2009 to provide information on progress being made on the personalisation agenda, including a move to providing personal budgets to individuals.

2 Communication to date

- 2.1 All staff in the Department of Adult Social Services received a personal letter from the Director informing them that the report was being presented to Cabinet.
- 2.2 6 Briefing Sessions, across localities, were arranged for staff, with the intention of ensuring that staff were appropriately informed to enable them to both contribute meaningfully to the Consultation, and to respond to people who use services and carers in an informed manner. All staff in the Direct Locality Support Services Branch received a letter inviting them to the briefing sessions.
- 2.3 An Advocacy Briefing has been arranged for 28 September 2009.
- 2.4 A Stakeholders' Briefing has been arranged for 10 September 2009.
- 2.5 Further Briefings will be considered if requested.
- 2.6 An Easyread version of the report has been produced and is available on the Intranet and in paper format.
- 2.7 Envelopes have been sent to each unit to collect questions from staff. These, together with questions from the briefing sessions, will be collated and circulated in a 'Frequently Asked Questions' communication.
- 2.8 Posters have been produced and circulated throughout the Department, Partner Organisations and other parts of the Council, alerting people to the consultation and providing contact numbers and email addresses for access to the documents.
- 2.9 Work is underway to ensure robust engagement with minority communities

3. Consultation

- 3.1 The preferred method of response to the consultation is to use the template, attached as Appendix 3 to the report to Cabinet, either on paper or electronically. This is to ensure that all contributions are captured, and to facilitate meaningful organisation of the information.
- 3.2 A number of focus groups will be organised for some people who use services who might otherwise be disadvantaged by the preferred consultation response method. There will be involvement from advocacy groups in this.

4. Communication with Trade Unions

- 4.1 Meetings are being held with the Trade Unions and Corporate colleagues on a monthly basis with Departmental meetings on alternate fortnights.

5. Financial Implications

5.1 There are no implications arising out of this report.

6. Staffing Implications

6.1 There are no implications arising out of this report.

7. Equal Opportunities Implications

7.1 The Equality Impact Assessment process has been embedded into the full consultation process. The final Impact Assessment will be published when the strategy is revised in light of the consultation.

8. Community Safety Implications

8.1 There are no implications arising out of this report.

9. Local Agenda 21 Implications

9.1 There are no implications arising out of this report.

10. Planning Implications

10.1 There are no implications arising out of this report.

11. Anti Poverty Implications

11.1 There are no implications arising out of this report.

12. Social Inclusion Implications

12.1 There are no implications arising out of this report.

13. Local Member Support Implications

13.1 Consultation will involve people who live in all Wirral wards.

14. Health Implications

14.1 There are no implications arising out of this report.

15. Background Papers

15.1 'Options for Change – Towards a Strategy for Care Services' – Cabinet Report 23 July 2009.

16. Recommendations

That:

- (1) The Health and Well Being Overview & Scrutiny Committee note the contents of this report, and comment on the Communication and Consultation process to date.
- (2) Members note the date of the Personalisation Seminar on personalisation on the 28th October 2009.

JOHN WEBB
Director of Adult Social Services
Jenny Ricketts
Direct Locality Support Services Manager
ext no 666 3624

Date 19 August 2009

WIRRAL COUNCIL

CABINET – 23rd July 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

OPTIONS FOR CHANGE – TOWARDS A STRATEGY FOR CARE SERVICES

Executive Summary

This report presents the outcome and conclusions of the Design and Viability Project which was requested by Cabinet on the 10th December 2008. Cabinet is now asked to approve a full and comprehensive consultation process commencing on the 10th August 2009 and concluding on the 30th October 2009.

This involves a key decision which was first identified in the Forward Plan dated April 2009.

1 Background

- 1.1 On 6th November 2008, Cabinet received a report which identified the need to review the in-house services provided by the Care Service Branch. This review was carried out by the Department of Adult Social Services (DASS), to ensure the progression of the transformation of Adult Social Services.
- 1.2 The Cabinet report was informed by an initial options appraisal which identified three organisational forms that could deliver sustainable efficiency, and support the development of a diverse and contestable market.
- 1.3 The need to change the in-house services is linked to the increased choice and control which people who require support from Adult Social Services will have following the move towards self-directed support and personal budgets.
- 1.4 Personal budgets holders will be able to make their own decisions about which services they want, whether they hold their budget directly or ask the Council to manage services on their behalf. The introduction of personal budgets will provide a significant driver behind ensuring that services can adapt and be flexible in a world of individually commissioned care packages.
- 1.5 The Cabinet decision was 'called in' by the Social Care, Health and Inclusion Overview and Scrutiny Committee (4th December 2008). On 10th December 2008, Cabinet requested that a project be established which would provide a more detailed analysis of any service changes and a rationale supporting the outsourcing proposals.

1.6 On the 14th January 2009 the DASS Transformation Programme Board approved the Project Initiation Document & Business Case which included the project objectives outlined below:

- Consider the design and shape of the identified functions and services within Care Services in line with the needs of the population and national policy drivers, i.e personalisation, localisation and integration and local priorities i.e Strategic Asset Review, Supporting People Strategy, and the Corporate Transport Review.
- Identify equivalent costs of specific care service functions compared to external provision, both local and national
- Identify, where appropriate, options/models for outsourcing services.
- Identify potential opportunities for efficiency improvements
- Recommend re-design issues within current care/support pathways across all user groups
- Recommend re-design within back office processes i.e finance, procurement, contracting, quality assurance etc.
- Identify models of good practice and innovation within equivalent service national and locally
- Identify work force and other HR issues – TUPE/EVR
- Develop a commissioning plan which recognises demand/capacity issues, market analysis, and develops a procurement strategy which is sensitive to the need to develop local services which are flexible in addressing the requirements of people who wish to self direct their support.
- Recommend the development of approaches to strategies and plans where gaps are identified.

2 Project Methodology

2.1 The Care Services Project adopted the Prince2 Project Management Methodology. Five workpackages were commissioned to provide consultation and research data which informed the Care Services Strategy (Appendix 1). Two further workpackages were commissioned in response to issues raised during the course of the project.

2.2 Details of the work carried out are available in Section 1.3 – 1.3.8 of the attached consultation report. However, in summary:

- Over 745 people using care services were involved in interviews with staff to identify their needs, aspirations, risks, and support requirements, with a further 358 current assessment/care plans informing future service need.
- 91 members of staff were trained in conducting the engagement interviews, support planning and personalisation with 41 members of staff receiving accreditation in personalised practice.
- 20 members of staff were involved in mapping the referral pathways into and within care services.
- 79 members of staff were involved in staff consultation
- Over 80 people using services and their carers took part in focus groups, this included young people moving into transition.

- 100 people attended the Neighbourhood Centres consultation. Delegates comprising staff from social services and health, carers, 49% of delegates were people currently using care services.

2.3 In addition to the consultation data gathered, information was compiled in relation to demographic trends, with projections of overall future service need. This was compared against national and local policy direction to understand the likely demand and capacity of this service and the external market of social care in Wirral (Section 2 & 3 of the Consultation Paper).

2.4 Using the 'True Cost of Services Toolkit' developed by the Care Services Efficiency Delivery Team (Department of Health), each service function was scrutinised to establish value for money, using activity, quality and performance data. The same measures were used to compare the cost of external service provision. Cost comparisons are available in section 3 of the Consultation Paper attached.

3. Consultation

3.1 The range of options and conclusions contained within the Care Service Strategy Consultation Paper have been fully informed by the research consultation carried out as part of this project. Members are now asked to approve a formal consultation process on the proposals and conclusions contained within this Paper. Recommendations will then be made which take account, not only, if the evidence set out in the Paper but the responses gathered during consultation.

3.2 It is proposed that this consultation take place between 10th August 2009 – 30th October 2009. Staff, people who use services, carers and other stakeholders will have access to the full version of the Consultation Paper, a summary version template, as well as 'easy read' and other accessible versions of the plan. Section 1.2, in Appendix 1 sets out the process of consultation.

4. Conclusions within the Consultation Paper

4.1 All services have been scrutinised with five key questions in mind.

- i) Does the service meet individual need and deliver the outcomes for people currently using/or likely to use the service in the future?
- ii) Does the service design fit with national and local commissioning guidance?
- iii) Does the service offer 'value for money' compared to other providers in the market?
- iv) What is the nature of the market in which the service currently operates and would externalising the service provide greater diversity, increased choice and control for personal budget holders, whilst minimising the risk to the Council?
- v) Are there opportunities for efficiencies improvement?

- 4.2 The evidence the research work to date suggests that to maintain services in their current design or form is not a viable option in the context of personalisation and personal budgets.
- 4.3 The Consultation Paper identifies that within the each service area (excluding day services), the current unit costs are higher than in the independent sector, even when compared with the highest quality banding. This may mean that individuals choose to use their personal budget to commission services outside the Council control leaving in-house services vulnerable and increasingly expensive.
- 4.4 Retaining the existing services within Wirral Council, including all the current unit costs, would effectively result in a situation where the council would be paying for personal budgets whilst at the same time paying for in-house services. In this context the Council could experience double running costs and an unsustainable set of services.
- 4.5 The Cabinet report of the 6th November 2008 outlined three organisational forms as potential options within the initial feasibility study, proposing at that time that 'outsourcing' the elements of service through 'open tender' might achieve the flexibility and efficiency required, particularly in the context of personal budgets.
- 4.6 Further options for externalising services have been considered as part of this project. As identified in Section 3 of the Consultation Paper (para 3.1 – 3.2) the Department of Adult Social Services is suggesting that the development of a Local Authority Trading Company may offer an appropriate option to consider with regard to personal budgets, and would encourage a diverse market, whilst still providing the assurance required by stakeholders. However, this proposal would have to be subject to consultation and a more detailed business case.
- 4.7 During the consultation, officers will provide full details of the nature of Local Authority Trading Companies, however further work needs to be carried out to develop a more detailed business case in line with government guidance¹.
- 4.8 Appendix 3 of the consultation paper provides a response template which will be available to all stakeholders.

5. Financial Implications

- 5.1 The recommendation of this report is to consult on the attached Consultation Paper and therefore there are no immediate implications, beyond any costs associated with the consultation and business case development for the LATC. Those costs will be quantified and referred to the Strategic Change Board for consideration, if the recommendation is approved.

¹ General Power for Local Authorities to Trade in Function Related Activities Through a Company: Guidance on the Power in the Local Government Act 2003, ODPM 2004.
<http://www.communities.gov.uk/publications/localgovernment/generalpower>

6. Staffing Implications

- 6.1 The strategy to be consulted upon has significant staffing implications. These will be analysed in detail and reported to members along with the outcome of consultations.

7.0 Equal Opportunities Implications

- 7.1 The Equality Impact Assessment process has been embedded into the full consultation process. The final Impact assessment will be published when the strategy is revised in light of the consultation.

8. Community Safety Implications

- 8.1 There are no implications arising out of this report.

9. Local Agenda 21 Implications

- 9.1 There are no implications arising out of this report.

10. Planning Implications

- 10.1 There are no implications arising out of this report.

11. Anti Poverty Implications

- 11.1 There are no implications arising out of this report.

12. Social Inclusion Implications

- 12.1 There are no implications arising out of this report.

13. Local Member Support Implications

- 13.1 Consultation will involve people who live in all Wirral wards.

14. Background Papers

- 14.1 *'Progress Towards the Transformation of Adult Social Service: 6th November 2008*
- 14.2 *'Progress Towards the Transformation of Adult Social Services – Outsourcing Care Services, Fee Levels for Residential and Nursing Homes and a New Contract for Supported Living Services.*

15 Recommendations

That Cabinet

- (1) Approve that a full and comprehensive consultation process on the conclusions and options contained in the report should take place.

JOHN WEBB
Director of Adult Social Services

Jennifer McGovern
Integrated Commissioning Manager
ext no 666 3652
Date: 15.7.09

**OPTIONS FOR CHANGE
TOWARDS A STRATEGY FOR CARE SERVICES**

2009 - 2012

CONSULTATION PAPER



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Preface from Councillor Moira McLaughlin, Cabinet Member for Adult Social Services



This is a critical time in the journey we are on in transforming Adult Social Services to meet the challenge of Personalisation. One of the most important parts of this challenge is to address the future of those services that we deliver through our own staff and buildings. In order to help us understand better what all the issues are, we asked, some six months ago, for Officers to carry out a detailed and systematic analysis of each of our directly provided services, reflecting the views of users of those services, as well as analysing such things as costs, the “market” and the wider policy frameworks.

I welcome the work that has been done and which is set out in this consultation paper. The paper analyses in great detail the issues around each of the services, as well as describing the demographic and policy contexts. However, we now need a wider conversation, involving people who use services themselves, carers, our staff who deliver these services and their representatives before we will be in a position to make very important decisions which are critical to vital services provided to our community. It really matters that we get this right and I want to hear as wide a range of views as possible. I therefore urge you to engage with this consultation, put forward your own thoughts and views and together make sure that we have the strongest possible basis for the decisions that lie ahead.

Executive Summary

Background

On 6th November 2008, Cabinet received a report which identified the need to review the in-house services provided by the Care Service Branch. This review was carried out by the Department of Adult Social Services (DASS), to ensure the progression of the transformation of Adult Social Services.

The Cabinet report was informed by an initial options appraisal which identified three organisational forms that could deliver sustainable efficiency, and support the development of a diverse and contestable market.

The need to change the in-house services is linked to the increased choice and control which people who require support from Adult Social Services will have following the move towards self-directed support and personal budgets.

Personal budgets holders will be able to make their own decisions about which services they want, whether they hold their budget directly or ask the Council to manage services on their behalf. The introduction of personal budgets will provide a significant driver behind ensuring that services can adapt and be flexible in a world of individually commissioned care packages.

The Cabinet decision was 'called in' by the Social Care, Health and Inclusion Overview and Scrutiny Committee (4th December 2008). On 10th December 2008, Cabinet requested that a project be established which would provide a more detailed analysis of any service changes and a rationale supporting the outsourcing proposals.

On the 14th January 2009 the DASS Transformation Programme Board approved the Project Initiation Document & Business Case which included the project objectives outlined below:

- Consider the design and shape of the identified functions and services within Care Services in line with the needs of the population and national policy drivers, i.e personalisation, localisation and integration and local priorities i.e Strategic Asset Review, Supporting People Strategy, and the Corporate Transport Review.
- Identify equivalent costs of specific care service functions compared to external provision, both local and national
- Identify, where appropriate, options/models for outsourcing services.
- Identify potential opportunities for efficiency improvements
- Recommend re-design issues within current care/support pathways across all user groups
- Recommend re-design within back office processes i.e finance, procurement, contracting, quality assurance etc.
- Identify models of good practice and innovation within equivalent service national and locally
- Identify work force and other HR issues – TUPE/EVR
- Develop a commissioning plan which recognises demand/capacity issues, market analysis, and develops a procurement strategy which is sensitive to the need to develop local services which are flexible in addressing the requirements of people who wish to self direct their support.

- Recommend the development of approaches to strategies and plans where gaps are identified.

Project Methodology

The Care Services Project adopted the Prince2 Project Management Methodology. Five workpackages were commissioned to provide consultation and research data which informed the Care Services Strategy. Two further workpackages were commissioned in response to issues raised during the course of the project.

Details of the work carried out are available in Section 1.3 – 1.3.8 of the report attached. However, in summary:

- Over 745 people using care services were involved in interviews with staff to identify their needs, aspirations, risks, and support requirements, with a further 358 current assessment/care plans informing future service need.
- 91 members of staff were trained in conducting the engagement interviews, support planning and personalisation with 41 members of staff receiving accreditation in personalised practice.
- 20 members of staff were involved in mapping the referral pathways into and within care services.
- 79 members of staff were involved in staff consultation
- Over 80 people using services and their carers took part in focus groups, this included young people moving into transition.
- 100 people attended the Neighbourhood Centres consultation. Delegates comprising staff from social services and health, carers, 49% of delegates were people currently using care services.

In addition to the consultation data gathered, information was compiled in relation to demographic trends, with projections of overall future service need. This was compared against national and local policy direction to understand the likely demand and capacity of this service and the external market of social care in Wirral (Section 2 & 3 – Care Services Strategy).

Using the 'True Cost of Services Toolkit' developed by the Care Services Efficiency Delivery Team (Department of Health), each service function was scrutinised to establish value for money, using activity, quality and performance data. The same measures were used to compare the cost of external service provision. Cost comparisons are available in section 3 of the Care Services Strategy attached.

Consultation

The range of options and conclusions contained within this document, have been fully informed by the research consultation carried out as part of this project. Cabinet members will now be asked to approve a formal consultation process on the proposals and options contained within this report.

It is proposed that this consultation take place between 10th August 2009 – 30th October 2009. Staff, people who use services, carers and other stakeholders will have access to the full version of the Care Services Strategy, a summary version template, as well as 'easy read' and other accessible versions of the plan.

Conclusions and suggested options for consultation

All services have been scrutinised with five key questions in mind.

- i) Does the service meet individual need and deliver the outcomes for people currently using/or likely to use the service in the future?
- ii) Does the service design fit with national and local commissioning guidance?
- iii) Does the service offer 'value for money' compared to other providers in the market?
- iv) What is the nature of the market in which the service currently operates and would externalising the service provide greater diversity, increased choice and control for personal budget holders, whilst minimising the risk to the Council?
- v) Are there opportunities for efficiencies improvement?

The evidence the research work to date suggests that to maintain services in their current design or form is not a viable option in the context of personalisation and personal budgets.

The work carried out in the project identifies that within each service area (excluding day services), the current unit costs are higher than in the independent sector, even when compared with the highest quality banding. This may mean that individuals choose to use their personal budget to commission services outside the Council control leaving in-house services vulnerable and increasingly expensive.

Retaining the existing services within Wirral Council, including all the current unit costs, would effectively result in a situation where the council would be paying for personal budgets whilst at the same time paying for in-house services. In this context the Council could experience double running costs and an unsustainable set of services.

The Cabinet report of the 6th November 2008 outlined three organisational forms as potential options within the initial feasibility study, proposing at that time that 'outsourcing' the elements of service through 'open tender' might achieve the flexibility and efficiency required, particularly in the context of personal budgets

Further options for externalising services have been considered as part of this project. As identified in Section 3 Care Service Strategy (para 3.1 – 3.2) the Department of Adult Social Services is proposing that the development a Local Authority Trading Company has the potential to be well suited to personal budgets, to encourage a diverse market, whilst still providing the assurance required by stakeholders. However, this proposal would have to be subject to consultation and a more detailed business case.

During the consultation, officers will provide full details of the nature of Local Authority Trading Companies, however further work needs to be carried out to develop a more detailed business case in line with government guidance¹.

¹ General Power for Local Authorities to Trade in Function Related Activities Through a Company: Guidance on the Power in the Local Government Act 2003, ODPM 2004.

Conclusions

Section 3 of the report sets out the following suggestions regarding service models

Transport (3.4)

1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.
2. In addition DASS supports the development of single Corporate Transport Unit
And/or:
3. That the Transport Service is included in the proposal to develop a Local Authority Trading Company.
4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted

Supported Living (3.5)

The Supported Living Service to move towards a 'floating support service', with a focus on community support and less reliance on traditional day centre attendance. This realignment of service to be supported by individual's choice of day time support exercised through personal budgets. A suggested staffing structure is set out.

Through a single manager the structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368 hours) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home on daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

1. That the realignment of the service is implemented
2. Following implementation of realignment the service should consider two options in relation to the future organisational models:
 - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
 - b) To become part of any newly formed Local Authority Trading Company

Intermediate Care/Respite (3.6)

In the event of NHS Wirral commissioning future intermediate care beds within dual registered care home provision within each of the three localities in Wirral, consideration should be given to the impact on both Poulton House and Pensall House with intermediate care commissioned within the new locality provision. Respite provision could be commissioned from the external market. It is suggested that Poulton House could be, following a feasibility study, be the site for the development of a dementia centre. It is further

suggested that respite for people with learning disabilities might be relocated to Pensall House.

Mapleholme (3.7)

It is suggested that the respite service (Mapleholme – Beckwith Street, Birkenhead) be moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities.

The 'take a break' scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme should now be extended to all, using Mapleholme.

Meadowcroft (3.8)

The unit cost of independent residential care is significantly below the in-house costs. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. It is therefore proposed to decommission Meadowcroft and commission respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. The suggested way forward is:

1. Decommission Meadowcroft and re-commission respite/residential provision from the external market
2. Day care to be sourced from the independent sector or a new Dementia Centre

Residential Care (3.10)

It is proposed that the current residents of Girtrell Court and Sylvandale are offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the 'group living' arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including 'general needs', social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent of the outcome of individual housing needs assessments, consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from 'general needs' housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues would need to be considered:

1. The extent to which current properties need to be used as capital input from the Council. All arrangements would need to be line with the Council's disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery, in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification of facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will chose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies would be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant would be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs.

Dementia Care (3.11)

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

Day Services (3.12)

Day Services – Enabling

Learning Disabilities/Physical and Sensory – Community Bridge Building Service

A Community Bridge Building Service to be set up comprising a Manager and 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team to operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team to have a capacity of up to 100 cases. This to be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

Community Mental Health Recovery Service

This service will have a single management structure although like the learning disabilities community bridge building service, it will operate into the three localities. Working Life service will be amalgamated into this service.

Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more

extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve the similar outcomes.

In this context therefore the conclusions are that consideration should be given to the potential of the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the Strategic Asset Review. The effectiveness and efficiency of the Local Authority Trading Company, if established, to be carefully monitored over the initial three-year evaluation period.

Implementation governance arrangements would need to be determined should approval to proceed be granted by Cabinet. In these circumstances the current relationship between commissioner and provider will no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case will need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option will be carried out.

It may be that other elements of service could be added to a LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have 'expressed interest' in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of a LATC. The former route will require Cabinet to agree to the two main commitments within 'Right To Request', a) that staff exercising their 'Right to Request' retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

SECTION 1 PROJECT BACKGROUND

1.1 Introduction

A Cabinet Report (6/11/08) set out as a priority the need to review services provided within the Care Service Branch of the Department of Adult Social Services (DASS), to ensure the transformation of Adult Social Services and deliver value for money.

An initial options appraisal informed the Cabinet report, identifying three organisational forms that could deliver an efficient service, promote and establish a diverse market and deliver a service equipped to respond to personalisation and personal budgets.

The Cabinet decision was 'called in' by Social Care, Health and Inclusion Overview and Scrutiny Committee (4.12.08) and at Cabinet on 10.12.08, a further report requested that a project be established which would outline details of the outsourcing proposals to be submitted to Cabinet.

On the 14th January 2009 the DASS Transformation Programme Board approved the Project Initiation Document & Business Case which included the project objectives outlined below:

- Consider the design and shape of the identified functions and services within Care Services in line with the needs of the population and national policy drivers, i.e personalisation, localisation and integration and local priorities i.e Strategic Asset Review, Supporting People Strategy, and the Corporate Transport Review.
- Identify equivalent costs of specific care service functions compared to external provision both local and national
- Identify, where appropriate options/models for outsourcing services.
- Identify potential opportunities for efficiency improvements
- Recommend re-design issues within current care/support pathways across all user groups
- Recommend re-design within back office processes i.e finance, procurement, contracting, quality assurance etc.
- Identify models of good practice and innovation within equivalent service national and locally
- Identify work force and other HR issues (Transfer of Undertakings (Protection of Employment) Regulations 1981 and Early Voluntary Retirement)
- Develop a commissioning plan which recognises demand/capacity issues, market analysis, and develops a procurement strategy which is sensitive to the need to develop local services which are flexible addressing the requirements of people who wish to self direct their support.
- Recommend the development of approaches to strategies and plans where gaps are identified.

1.2 Consultation

This consultation document has arrived at conclusions reflecting project objectives above – and therefore the service models (section 3), and is based on the evidence gathered during the project. The document sets out the main challenges currently facing the Care Services Branch.

In Section 1 & 2 this consultation document asks only for any other data which people or organisations may

have which would be helpful to know and may shape the conclusions further.

In Section 3 a revised service model is recommended in each service area. The text sets out some of the rationale for arriving at the recommendation. However, in order to aid readability, we have not presented a full review of the evidence base. The reader is either signposted to the relevant literature, or can access the more detailed reports produced by each workpackage as part of the evidence gathering process.

Equality Impact Assessments have been carried out on relevant workpackages eg. Engagement process methodology. However, this consultation will conduct a full Equality Impact Assessment which will be available with the final Strategy.

This document contains questions on which we are seeking comments from people using services, carers, staff, trade unions, commissioners and those providing services.

The research consultation took place during the project January 2009 and May 2009 and involved the evidence gathering from:

- 745 engagement interviews
- 358 further assessment of need
- 20 members of staff involved mapping referral pathways
- 79 members of staff involved in 'Staff Think Tank' meetings
- 80 people took part in focus group meetings
- 100 people took part in the Neighbourhood Centres conference
- Commissioners, providers and operational managers were interviewed from Wirral Council, NHS Wirral and Cheshire and Partnership Trust

The consultation will begin on 10th August 2009 and will be concluded in October 2009.

Details of how to respond are available in Appendix 1 & 2 of this document. An easy access version is available on www.wirral.gov.uk/socialcareandhealth 'Downloads'.

The service models presented within the document **will not** result in a reduction of the level of service for any people currently using services and will continue to meet assessed need.

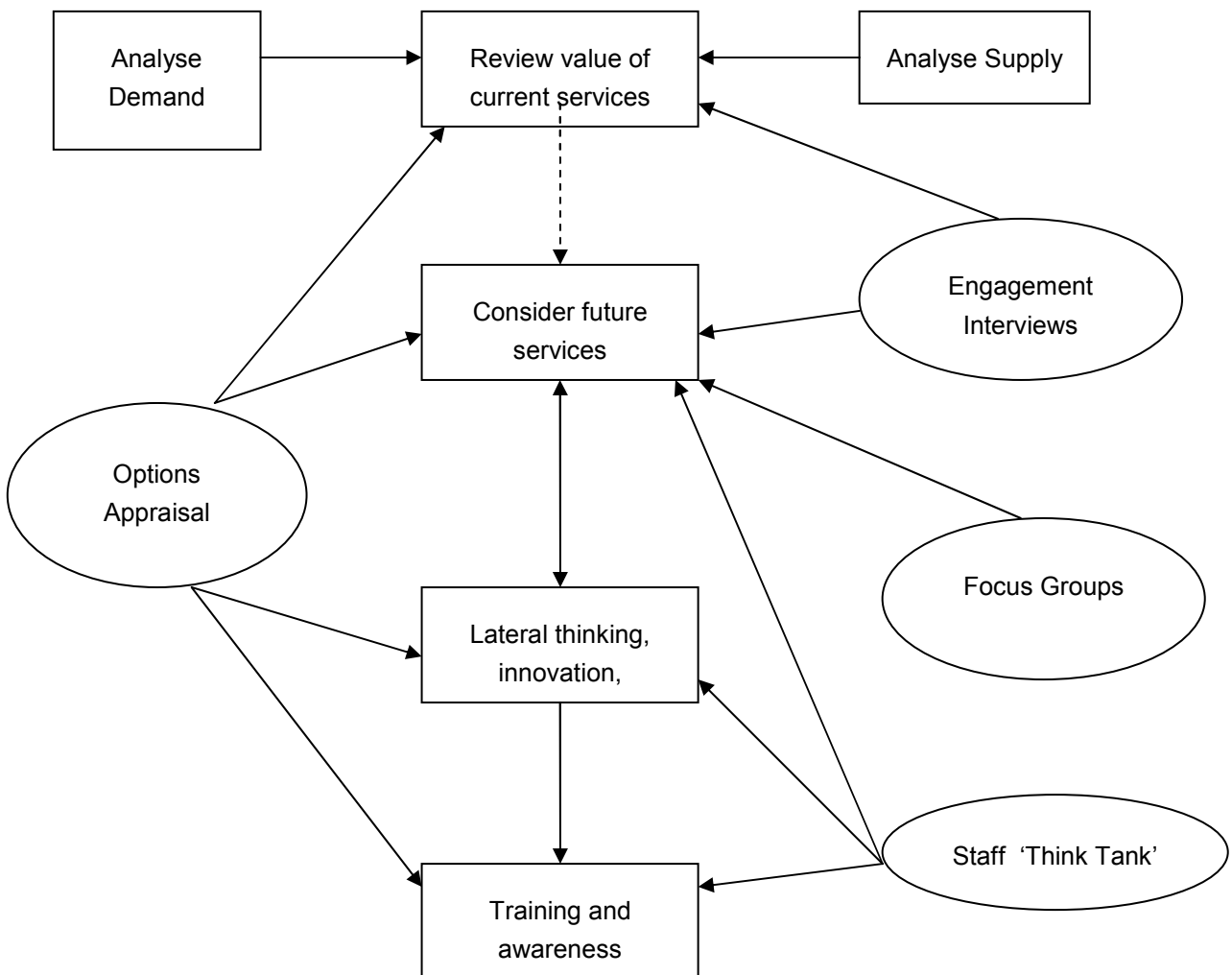
1.3 Project Methodology

The Care Services Project adopted the Prince 2 Project Management Methodology. This structured methodology driven by the project's business case, provided the Department of Adult Social Services with the organisational justification, commitment and rationale for the deliverables/outcome. The business case has been regularly reviewed during the project to ensure the business objectives continued to be met during the lifecycle of the project.

The methodology provided DASS, as well as the managers of the project, with the ability to manage business and project risks more effectively

Figure 1, sets out the project framework delivered through work packages, which were used to gather consultation and research data to inform the options to be consulted on in Section 2 of this report.

Figure 1



1.4 Work packages

Each work package was tasked with delivering against specific objectives, and deliverables (specialist products).

1.4.1 Engagement

Specialist Products – Engagement Methodology, Engagement Report.

Objective

The overall goal of the Engagement Work Package was to ensure that all people using services and their representatives were involved in individual assessments/interviews to establish their needs, risks and preferred outcomes for support. This information would be used to develop and refine the shape and design of Care Service provision. Carers also had an opportunity to complete a carers assessment to identify their specific needs.

Deliverable

745 people using services were involved in the engagement interviews. Research and qualitative data gathered through this process has contributed to the proposals outlined in Section 3. These interviews did not extend to people using Pensall House, Poulton House for intermediate care as people using this service receive an ongoing assessment of their needs as part of this service. An individual care plan is designed following this time limited intervention. For the respite function within these establishments and Meadowcroft recent health and social care assessments were available and SWIFT performance data was up to date for analysis.

Staff trained in the engagement process also provided information about personal budgets.

All documentation completed, is being returned to the establishments, and will provide a rich source of information for staff to plan future support.

Ninety one staff received training in personalisation, administering the engagement process and conducting the support planning. Forty one members of staff reached the required competencies for personalised practice and will receive notification of their accreditation during July and August 2009. Those staff not achieving the accreditation standard will receive a statement outlining areas of improvement and will be supported to develop the competencies through supervision and key issues.

1.4.2 Commissioning

Specialist products: Focus Group Methodology and Report, Key Facts Report, Engagement Interview Analysis

Objective

The overall goal of this work package was to establish the commissioning intentions for services currently delivered by the in-house care services branch through analysis of quantitative and qualitative data national and local data.

Deliverable

This work package conducted a demand and capacity forecast, developed a framework and analysis of focus group activity, conducted the full analysis of the engagement interview data and supported the development of the Care Services Strategy document and associated action plan.

10 focus groups were held with carers, people using services, and younger people in transition. These sessions were facilitated by staff and co-facilitated by people with disabilities (See research data).

1.4.3 Pathways

Specialist Products: Interim Pathways Report

Objective

The key objective of this work package was to identify and map all current referral pathways into services provided by the Care Services Branch. The process maps were used to identify specific points for capturing data in relation to performance, finance and the interface with care management.

Deliverable

Three workshops were held and grouped as follows:

- Older People/Physical and Sensory Disabilities
- Mental Health
- Learning Disabilities

The workshops involved over 20 staff from Access and Assessment, Care Services and Finance and Performance Branch.

All process maps were produced to Business Process Modelling Notation (BPMN) standards.

Follow-up meetings were held with staff from Finance and Performance Branch, Service Managers – Learning Disabilities, Mental Health, Physical and Sensory Disabilities.

1.4.4 Finance

Specialist products: Cost Comparison matrix for each service function utilising the 'True Cost of Services Toolkit' developed by the Care Services Efficiency Delivery Team (CSED – Department of Health)

Objective

The overall goal of this work package was to demonstrate value for money and equivalent costs of specific care services functions compared with current external providers for each service function.

Deliverable

Within each service function staff and managers were involved in identifying the appropriate measures of service activity, quality and performance to capture the nature of services provided. The toolkit helped identify any retained cost which should be excluded from the unit cost to ensure an accurate comparison was made with the external sector. The service functions assessed included transport, supported living, residential care and day services. Data was captured for analysis within a service, activity/responsibility/cost matrix for both internal and external providers.

1.4.5 Asset Management

Specialist product: Conditions survey, Establishment briefs

Objective

This work package was to ensure that the options arising out of the project matched with the aspirations of the Strategic Asset Review through the identification of alternative Council assets, or those subject to community asset transfer.

Deliverable

Comprehensive documented information on assets that are currently in use by care services. List potential options/assets either owned by the Council or others, suitable for future service delivery.

1.4.6 Additional project work packages

Two project issues were raised during the course of the project, these issues led to the commissioning of two further work packages.

1.4.7 Social Enterprise

Specialist product: A guide to 'right to request' Care Services, Care Services Enterprise Network.

Objective

This work package was developed in response to the staff consultation 'Think Tank'. Its objective was to provide staff who had expressed an interest in developing their area of work into a Social Enterprise with a full understanding of what a Social Enterprise was and their rights under the organisational model 'Right to Request' identified as part of the November Cabinet report.

Deliverable

A guide to 'Right to Request' Care Services was developed. Thirty staff were involved in the Care Services Enterprise Network four of these staff groups expressed an interest in the developing Social Enterprises from their service area.

1.4.8 Neighbourhood Centres Conference

Specialist Product: Consultation Conference with associated feedback report

Objective

To hold a consultation conference to inform the design brief of the 12 Neighbourhood Centres.

Deliverable

100 delegates attended the conference held on the 7th May 2009, the conference was attended by staff, carers and people using Care Services. Indeed 49% of the audience was made up of people using services and/or carers.

Consultation Questions

This section describes how the information and evidence was gathered to provide an evidence base to shape the conclusions.

1. Were these the right workpackages to gather information about the service, individual needs, goals and support requirements?
2. Is there any other information or data you or your organisation can provide which will help us to plan these services better?
3. Are there any other suggestions you would like to make with regard to this section.

SECTION 2: NATIONAL AND LOCAL INFORMATION

2.1 OVERVIEW

This section describes the national and local information that has been used to shape the proposals for future organisational forms and service models set out in Section 3, including:

- Wirral services in the context of national policy directions and regional information on spending patterns for adult services (**Part 1**)
- Information on current in-house clients collected through the engagement work package within the Design & Viability project (**Part 2**)
- Information on demographic trends and projections of overall service needs within Wirral (**Part 3**)

It also identifies current gaps in information which will be needed in future:

- To support future strategic commissioning of these services, including the proposed longer term transformation of service models described in section 3.
- To support effective contract management processes for these services
- To improve information for assessment and care planning for existing and new clients
- To support current and future in-house providers of these services to develop robust business processes

PART 1: WIRRAL SERVICES IN THE NATIONAL/ REGIONAL CONTEXT

The project has assessed the current service delivered in Wirral against two kinds of national/ regional comparators:

- Service policy for adult social care, to identify the direction of travel for local authorities responsible for strategic commissioning of these services
- Efficiency data for adult social care, identifying 'average' patterns of spend and individual authorities differing significantly from this

THE POLICY CONTEXT

2.2 KEY CONCEPTS

Current national policy, expressed through a wide variety of guidance across the health and social care sector, maps out a clear direction of travel for agencies responsible for commissioning adult care services.

At its simplest, this can be encapsulated in a small number of key concepts:

- Personalisation
- User engagement
- Integration
- Diversity of provision and market development
- Performance management

Together, these form a challenging agenda for commissioners, in terms of securing the provision of new types of service, and also in changing their own practice to achieve desired outcomes for people who use services through effective contracts with providers.

The following sections describe the main policy directions for each of these concepts, and how far they are currently reflected in the in-house services forming the subject of this project, and in other related work by the Council. The sections also refer to information gathered from people who use services in the course of the Design & Viability project, through focus groups and engagement interviews.

2.3 PERSONALISATION

Increasing personalisation and choice has been a key theme in national policy for several years², and now encompasses areas such as:

- Mainstreaming person-centred planning for users of all care services³
- Personalised packages of care and support, rather than matching users to large scale, institutional services such as day centres or employment schemes
- Supporting people who use services in their own homes for longer, with individualised support
- Supporting and encouraging direct payments to users to buy their own social care⁴
- Personal budgets for people to enable them to plan and purchase their care, with support as necessary
- Support to enable self-funders to plan their care in the same way as those receiving personal budgets

2.3.1 Current in-house services in Wirral

Currently, Wirral Council's in-house services are, in the main, not designed to deliver personalised support. Supported living services are organised around particular buildings, and do not 'follow a person' if he or she moves to a different location. Most day services are organised along traditional lines with group activity sessions based in a large day centre, with limited scope for users to access a tailor-made programme of activities. Consequently, transport services are also organised around set venues and timetables: a flexible and people responsive service is not needed to enable clients to access services as currently provided.

The Council is developing its strategy for increasing and supporting personalisation for people who use services through a series of actions including the expansion of direct payments, personal budget pilots and so on. In-house service providers have not yet developed a strategy that takes into account the potential impact of this shift towards personalisation on their future business.

2.3.2 Clients' views

Personalisation and choice was a difficult concept for many of the people who participated in the focus groups. However, people were able to envisage what they would like to do if they had more control over their budget, and this included both changes in the pattern of their everyday care and additional services (short

² Putting People First (Department of Health, December 2007)

³ Transforming social care (LAC (DH) (2008) 1, January 2008)

⁴ Working Together – public services on your side (HMG, March 2009)

breaks and holidays, education, or housing were all mentioned). Many people identified the need for effective support to facilitate choice, both in identifying options and in ensuring financial probity.

2.4 USER ENGAGEMENT

The drive for personalisation is to increase control people have over the services they access, but will not necessarily empower users to shape how and in what form services are commissioned at the strategic level. Increasing user engagement in all stages of commissioning from planning to performance management and review is a further strand of policy which has resulted in a number of developments from patient involvement in the governance of NHS Foundation Trusts to the growth of older people's forums influencing local service plans⁵.

2.4.1 Current in-house services in Wirral

The Design & Viability Project included an engagement work package, designed to gather information from people using in-house services and carers, from basic demographic and service use data to more subtle information on their preferences and future aspirations. Achieving this with 'hard to reach' people including those with high levels of need, and who are often at risk of being marginalised from traditional forms of engagement, has required a creative, multi-strand approach including both quantitative and qualitative methods.

Output from this work package has been used to develop the proposals for future service commissioning in this report. It provides a broad-brush assessment of current clients, but should be seen as only the starting point for an ongoing strategy of information management for both commissioners and providers, to address existing gaps in information.

The challenge for Wirral Council now is to embed this approach to user engagement in the long term, so that clients are meaningfully engaged as current in house services are redeveloped and become more diverse.

2.4.2 Clients' views

Meaningful engagement (ie a two-way dialogue with visible results that can be related back to that dialogue) is appreciated by, and seen as essential by, clients including both those used to contributing through regular forums and those who have traditionally not participated in user-led groups for whatever reason.

2.5 Integrated Commissioning

Integration is seen as a key to improved commissioning of health and social care, and agencies are encouraged to develop new ways of working to achieve more coherent plans, co-ordinated service development and improved performance management⁶. (This is expected to take account of other policies on commissioning, such as the introduction of practice based commissioning of NHS services).

⁵ Our Health, our Care, Our Say (Department of Health, January 2006)

⁶ Commissioning framework for health and well-being (*Department of Health, March 2007*)

2.5.1 Service delivery

Recent policy emphasises the importance of delivering integrated care wherever possible, to reduce duplication, improve efficiency and ensure a more joined-up service experience for people.

However, there is no single model for how integration should be achieved and in different contexts integration is seen as being:

- Between mainstream services and client-specific services (eg delivering day services for people with learning disabilities in venues accessed by the general public)
- Between health and social care (eg intermediate care and rehabilitation for older people leaving hospital)
- Between health, social care and other public services (eg one stop shops for information and signposting)

2.5.2 Current in-house services in Wirral

There has been significant development in the **strategic commissioning** functions of Wirral Council and NHS Wirral, notably the establishment of an integrated commissioning team from April 2009.

At locality level, integrated teams are being established, including GPs, Locality Heads, Principal Managers and Integrated Commissioning Managers to take forward local commissioning, and service development.

Currently, **provision** of Council in-house services is generally not integrated with other services, although there are examples (such as intermediate care) where there is joint working across health and social care.

2.5.3 Clients' views

This project has not specifically sought people' views about integration: however, national work on user experience consistently highlights the importance of effective integration delivering seamless services on the ground, and of appropriate information sharing to minimise the risk of duplication (multiple assessments, form filling) and to avoid people 'falling through the cracks' between services.

2.6 Diversity of provision and market development

Since the earliest policy shifts towards outsourcing and the 'purchaser-provider split' of the 1980s, there has been a steady move across health and social care policy towards the development of a mixed economy of care, with public sector agencies commissioning services from an increasing range of provider organisations from the voluntary, independent and private sectors in addition to, or as an alternative to, public sector providers including the in house divisions of local authorities.

One current policy focus is on the continued development a diverse market of social care.

'Where there is personalisation there must be diversity of provision to support choice. Where there is choice and a mixed economy of provision it is important to obtain efficient practice. (CSIP 2007)

2.6.1 Current in-house services in Wirral

Currently, some areas (such as day services) are significantly dominated by the in-house provider and thus there is no local market in place to provide an existing basis for achieving increased diversity. In other areas, such as supported living and residential care, the current in-house services form only a small part of the total commissioned service. The extent to which current in-house services can or should be delivered by existing external providers will depend on a number of factors including the range and diversity of client needs, quality and/or capacity of existing providers, and the attractiveness of the service to existing providers (given potential TUPE costs and/or existing market rates). These are described in the market analyses for each service in section 3 of this report.

DASS and Chief Officers Management Team are supporting guidelines for encouraging the formation of new social enterprises formed by Council staff wishing to provide services outside the traditional, in house model. A small number of potential enterprises have been identified from within current day services. Work is ongoing to explore the potential for these to become fully-fledged social enterprises, alongside the development of other organisational forms such as a local authority trading company.

2.6.2 Clients' views

Many current people using in-house services have a high degree of identification with that service. The concept of change is a difficult one and the Council is seen as a trusted source of support and advice in a potentially confusing world where providers may not be well known to people.

2.7 Performance management

The policy shifts towards the separation of commissioning and provision, and supply-side diversity, highlight the importance of effective systems of performance management in ensuring effective delivery. Commissioners themselves, and the outcomes they achieve at local level, are increasingly tightly performance managed through central assessments and inspections: the recent merger of health and social care inspectorates will undoubtedly increase the assessment focus on integration.

2.7.1 Current in-house services in Wirral

In Wirral, contracts and performance management for in-house services have not developed to the same extent as those with external providers. This has led to deficits in the information available about outcomes for those using these services, or the value for money achieved by in house providers relative to others. There has been no regular system of dialogue between commissioner and provider colleagues to review performance, set objectives and drive future service development.

2.7.2 Clients' views

Not surprisingly, people who use services have not tended to comment on performance management per se, although since user experience is a key element of effective performance management, the importance of good engagement to users should be seen as relevant here as well.

2.8 EFFICIENCY DATA

Data produced in May 2009 by DH (North West) identify authorities' pattern of spending on adult social care for 2007/08 compared to regional and national patterns

This covers all spending, and not just that on in-house provision, but does provide some additional evidence on the extent to which areas are relying on particular service models for the delivery of care and support.

For Wirral, the data shows:

- **Overall spend on social care** below the regional average
- Within this, **spend on each client group** (older people, physical disability, mental health, learning disability) also below the regional average
- Significantly **higher spend on residential and nursing care** as a proportion of the total than the regional average
- Relatively **high proportions of the population in council supported residential and nursing care**, especially those aged 18-65, compared to the regional average
- Consequently, spend on domiciliary care below regional average for all 4 client groups
- Spend on assessment and care management significantly below regional average
- Relatively low proportion of older people receive social services funded intermediate care⁷

In the context of this project, this data should be interpreted with caution (given the gaps in information on current clients as outlined in Part 2 below), and is changing over the last twelve months as a result of the transformation agenda and targeted work programmes to modernise services and practice.

Wirral's relatively high spend on residential services in the context of spending almost 10% less on social care overall as a proportion of total spend than the national average (30% compared to 33%) equates to low levels of investment in community services and is consistent with a relatively traditional and institutionally focused model of service delivery for in-house services.

The proposals set out in this document are aimed at delivering significant change in this service model over time, and are therefore likely to achieve significant changes in the pattern of spending and to align this more closely with patterns expected as the outcome of current policy and as part of the wider transformation in DASS.

PART 2: IN-HOUSE SERVICES: CURRENT CUSTOMERS

2.9 DATA SOURCES

The original objectives of the Design & Viability project included the production of a detailed analysis of future demand based on existing information about people who use in-house services.

⁷; *Better Outcomes and Better Value: efficiency in adult social care and health: data booklet May 2009 (DH Northwest)*

This was not wholly achievable, given the paucity of information collected to date in central data systems about this group of clients.

The engagement programme, which had originally been established to provide information about clients' future aspirations and preferred outcomes, was expanded in scope to enable the collection of some basic data about current clients including:

- Demographic data
- History of service use
- Carer information
- Dates of most recent assessment and care package review

Results from this expanded programme are set out below.

It should be noted, therefore, that this provides only a top level indication of the scale and level of clients' current needs. Information systems for commissioners and providers have been identified as a key priority within the action plan for implementation of the proposals in this report, as set out in Section 5 below.

It should also be noted that this project did not set out to identify the overall needs of particular client groups but rather the needs of those currently in receipt of local authority in-house provided care. The commissioning strategy for these services described in this document requires co-ordination with overall commissioning across all sectors, and this will include comparison of need and data analysis for all clients.

2.10 CURRENT CLIENTS: TOP LEVEL PROFILE

2.10.1 Overview

768 individuals were identified by managers as current users of one or more DASS in-house services. (Note that this excludes older people using in-house services based for short term intermediate or respite care, as discussed in section 1 above)

Of these, usable data was recorded for 617 people during face to face interviews as part of the engagement work package.

2.10.2 Client groups

The profile of the 617 respondents by client group is shown below. Note: The LD group includes those who have a learning disability plus another form of disability or mental health support need.

Table 1

Responses	Sex		Grand Total
	Female	Male	
LD	179	230	409
MH	63	103	166
PSD	22	20	42
Grand Total	264	353	617

Assuming the 617 clients interviewed are roughly typical of the whole client profile, this would mean the 745 current users would consist of:

- 494 people with a learning disability
- 200 people with a mental health needs
- 51 people with a physical or sensory disability

The table below shows the proportions of current customers in each group

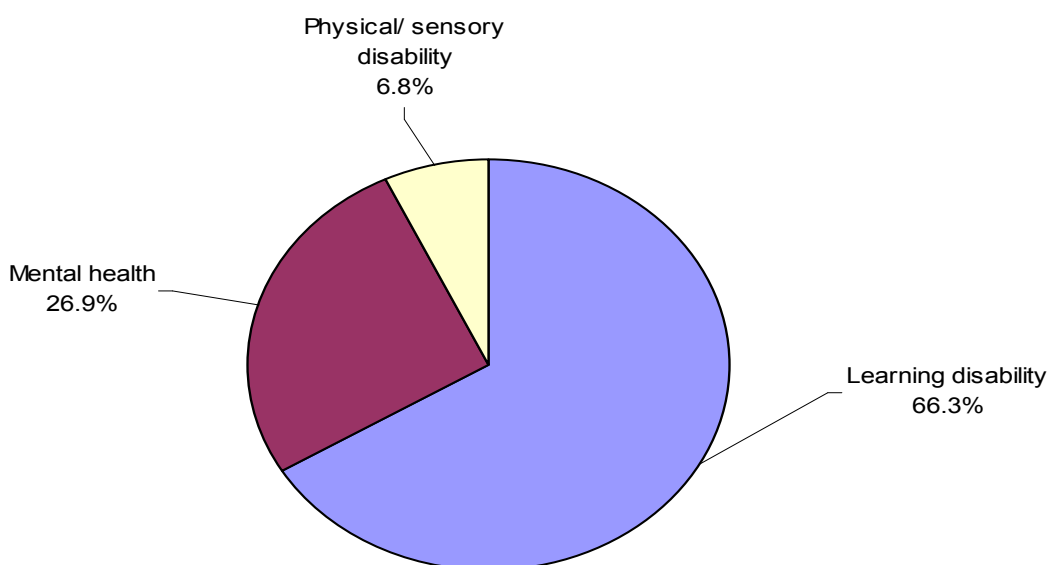
Table 2

Responses	Client group			
Age group	LD	MH	PSD	Grand Total
18-24	7.4%	1.8%	17.1%	6.6%
25-34	17.8%	12.3%	9.8%	15.8%
35-44	28.5%	23.3%	17.1%	26.3%
45-54	25.2%	35.6%	22.0%	27.8%
55-64	15.1%	22.7%	24.4%	17.8%
65-74	4.7%	4.3%	9.8%	4.9%
Over 75	1.2%	0.0%	0.0%	0.8%
Grand Total	100.0%	100.0%	100.0%	100.0%

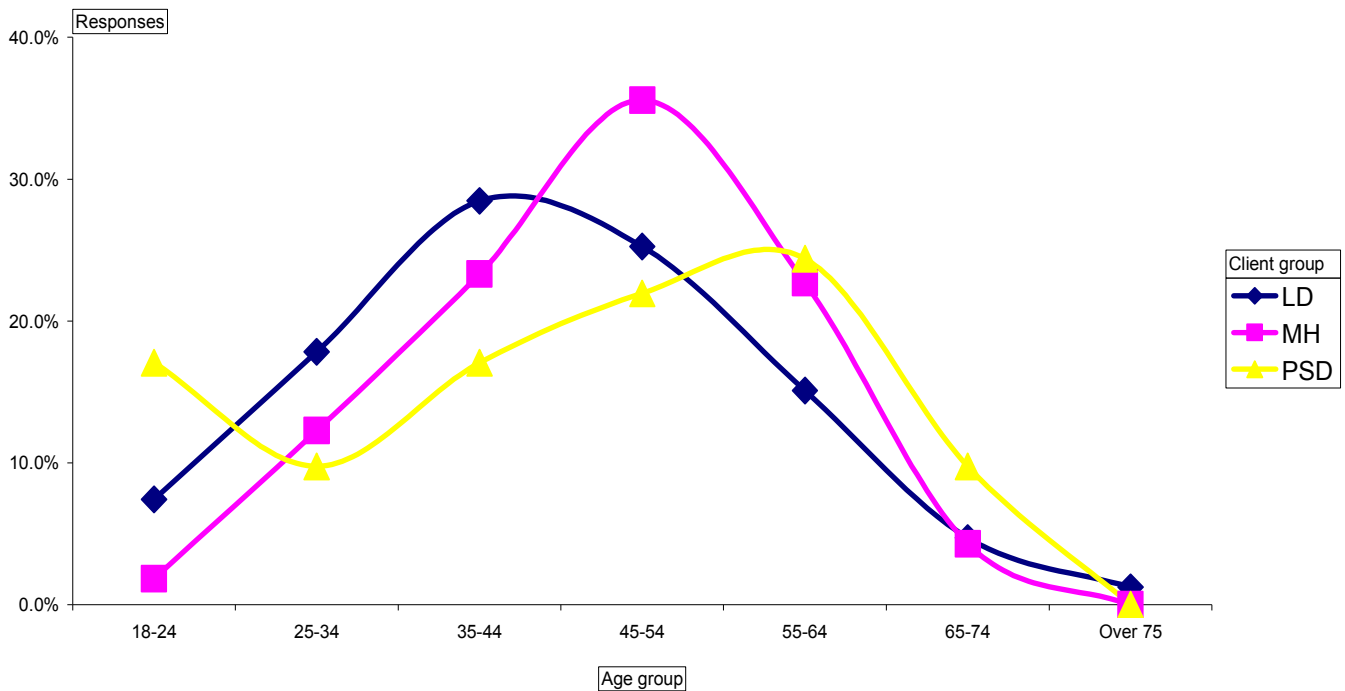
2.10.3 Age profile

The breakdown of the 617 respondents by age and client group is shown below.

DASS in house service users by client group



The smoothed age profile of each group is shown below.



The profile for LD clients is younger than for MH clients (the number of PSD clients is too small to give a realistic profile). However, it is known that people with a learning disability are likely to develop long term health needs at an earlier age than other sectors of the population, so a younger profile for this group should not be interpreted as a lower level of need in general.

2.10.4 Assessment and care plans

As part of the engagement process, interviewers were asked to record the date of the client's original written assessment for services and the date of the most recent care plan review.

As the figures below show, assessment dates were not recorded for the majority of clients. This is likely to be for a variety of reasons, including:

- The date was available but not recorded by the interviewer
- The date was known, but not made available to the interviewer
- The date was unknown
- No written assessment exists for the client

Table 3

		Group			
Date of assessment		LD	MH	PSD	Total
None, or not recorded	Respondents	321	107	39	467
	% of client group	78.5%	64.5%	92.9%	75.7%
Before 2006	Respondents	2			2
	% of client group	0.5%	0.0%	0.0%	0.3%
2006	Respondents	1			1
	% of client group	0.2%	0.0%	0.0%	0.2%
2007	Respondents	4	4	1	9
	% of client group	1.0%	2.4%	2.4%	1.5%
2008	Respondents	39	30	2	71
	% of client group	9.5%	18.1%	4.8%	11.5%
2009	Respondents	42	25		67
	% of client group	10.3%	15.1%	0.0%	10.9%
Total Respondents		409	166	42	617
Total % of client group		100.0%	100.0%	100.0%	100.0%

A date for the most recent care plan review was recorded for 17 of the 150 people for whom an assessment date was recorded. All of these reviews had taken place in 2008 or 2009. This information reflects the historic nature of the many placements and supports provided in segregated centres and the custom of reviewing and revising care plans directly through the Care Services Branch.

2.10.5 Carers information

The engagement process included collection of information on carers for each client. 255 people (41.4% of the total) were recorded as having a friend or family member as their principal carer. Of these, 225 (88.2%) were living with that person.

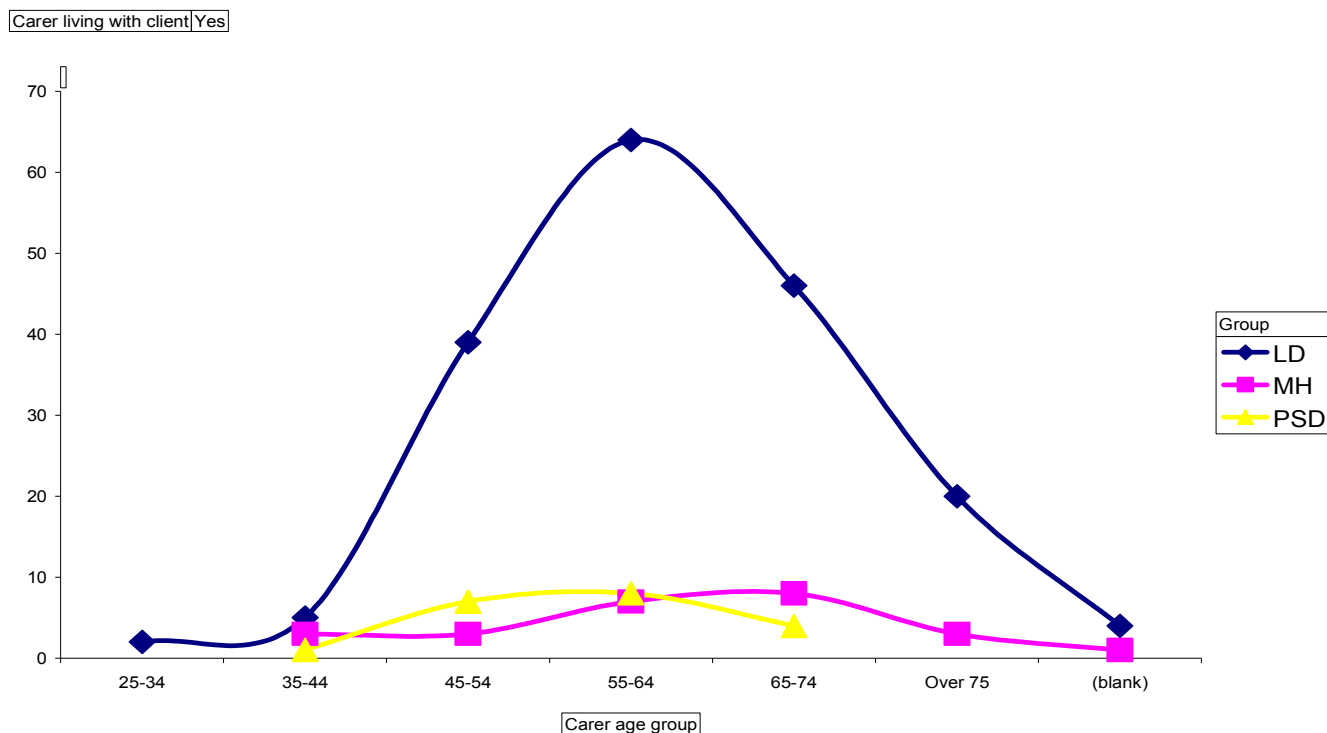
The age profile of carers living with a client, by client group, is shown below.

Table 4

		Group			
Carer age group		LD	MH	PSD	Grand Total
25-34		2			2
35-44		5	3	1	9
45-54		39	3	7	49
55-64		64	7	8	79
65-74		46	8	4	58
Over 75		20	3		23
(blank)		4	1		5
Grand Total		180	25	20	225

71% of these carers are aged 55 or over

The chart below shows the smoothed age profile for carers of each client group



2.10.6 Support need

The engagement process was not a formal assessment of need, but did include questions, similar to those which will form part of the Resource Allocation System (RAS) for personal budgets, on the level of support required by clients across a number of dimensions including:

- Personal care
- Daily living
- Eating and drinking
- Access to community facilities
- Maintaining safety for self and others
- Minimising harm to self and others
- Parenting (where applicable)

These were then combined into a single measure **for indicative purposes only** of the potential level of support needed by each client:

High: requiring intensive/ frequent support across most dimensions

Medium: requiring intensive/ frequent support in at least one dimension, or low level/ infrequent support across most dimensions

Low: requiring low level/ infrequent support across one or two dimensions only

The table below shows the overall support need for each client group. (Note: it is recognised that the current RAS is being revised to reflect more cognitive support required for people with mental health needs, and this may lead to inappropriately low levels of need identified for people in the MH group).

Looking only at clients identified through the Supported Living service, only 9 fitted into the Low group using this indicator, as opposed to 16 identified as unlikely to fit the FACS criteria for ongoing support; this apparent inconsistency requires further analysis.

Table 5

Overall support need		Client group			
		LD	MH	PSD	Total
High	Respondents	144	11	10	165
	% of client group	35.2%	6.6%	23.8%	26.7%
Medium	Respondents	238	73	28	339
	% of client group	58.2%	44.0%	66.7%	54.9%
Low	Respondents	27	82	4	113
	% of client group	6.6%	49.4%	9.5%	18.3%
Total Respondents		409	166	42	617
Total % of client group		100.0%	100.0%	100.0%	100.0%

PART 3: INDICATORS OF FUTURE NEED

2.11 KEY DEMOGRAPHIC PROJECTIONS

This section includes analysis of the main demographic changes likely to have an impact on the future demand for adult care services, and therefore on the environment within which current in-house services will operate in future.

More work is required to identify the implications of these demographic trends on the specific demand for in-house services, as part of the development of future commissioning strategy.

2.11.1 Age structure

The Wirral population is ageing and in the next 10-15 years there will be significant increases in the total number of older people in the borough as shown in the projections below. By 2025, nearly a quarter of the total Wirral population will be aged 65 or over.

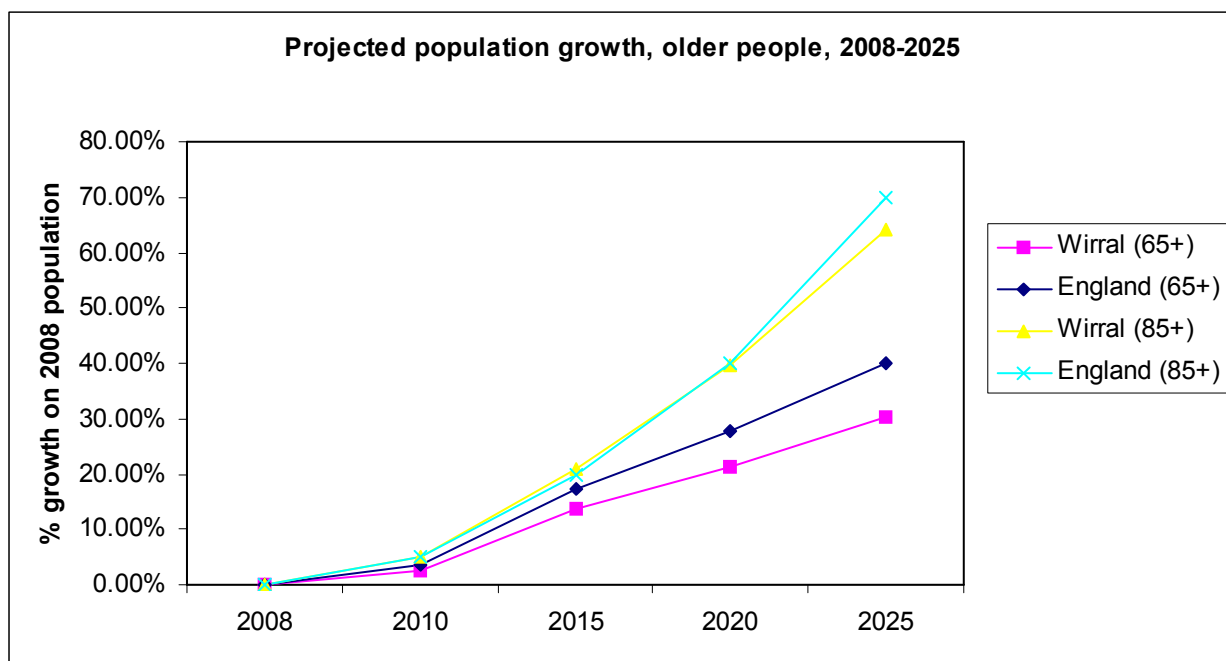
Compared to today's older population, there will be significantly greater numbers in future, especially in the very old (likely to be those with the greatest level of need). Compared to 2008, there will be 21% more over-85s by 2015 and 64% more by 2025.

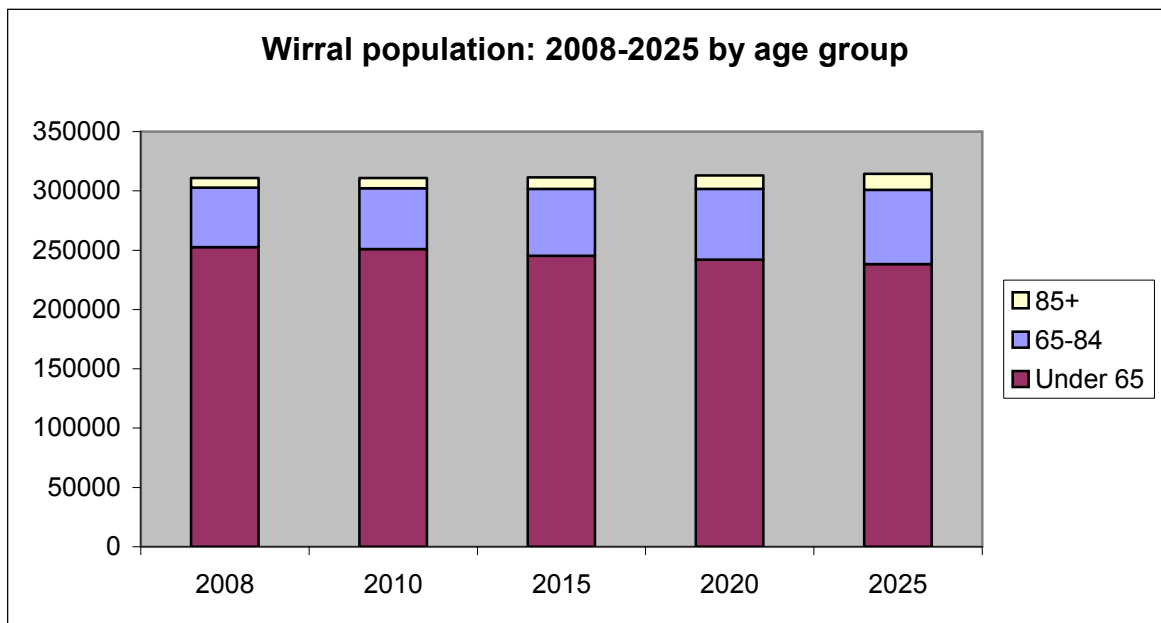
Table 6: projected population of older people in Wirral, 2008-2025, plus some England comparators

	2008	2010	2015	2020	2025
Total population	310,800	310,800	311,400	312,900	314,300
Population aged 65 and over	58,300	59,800	66,200	70,800	76,000
Population aged 85 and over	8,100	8,500	9,800	11,300	13,300
Population aged 65 and over, %	18.76%	19.24%	21.26%	22.63%	24.18%
<i>England</i>	<i>16.08%</i>	<i>16.41%</i>	<i>17.88%</i>	<i>18.74%</i>	<i>19.87%</i>
Population aged 85 and over, %	2.61%	2.73%	3.15%	3.61%	4.23%
<i>England</i>	<i>2.19%</i>	<i>2.26%</i>	<i>2.49%</i>	<i>2.80%</i>	<i>3.28%</i>
Population growth on 2008					
Population aged 65 and over	...	2.57%	13.55%	21.44%	30.36%
<i>England</i>	<i>...</i>	<i>3.68%</i>	<i>17.33%</i>	<i>27.58%</i>	<i>39.95%</i>
Population aged 85 and over	...	4.94%	20.99%	39.51%	64.20%
<i>England</i>	<i>...</i>	<i>5.12%</i>	<i>19.97%</i>	<i>40.01%</i>	<i>69.94%</i>

Source : POPPI (adapted)

Note that Wirral currently has a higher older population than the England average, and that the gap will widen in future, despite the slower growth in the actual numbers in older age groups in the Wirral population: this is accounted for by relatively smaller projected increase in the Wirral population than in England as a whole.





2.11.2 Learning disability

There are several potential starting points for estimating the rise in the numbers of people with a learning disability in Wirral:

- Using national estimates of the prevalence of learning disabilities in the general population, Wirral would be expected to have around 5,200 people with any learning disability, of whom 1,250 would have a severe disability requiring specialist learning disability services (ie health and/or social care services targeted specifically at people with a learning disability) (source: JSNA)
- Work in 2004/05, based on and projected from those actually known to services locally, indicated that there may be approximately 2,100 Wirral residents with a severe learning disability, suggesting a relatively high prevalence in the borough as a whole (source: LD joint commissioning strategy, 2006/09).
- There are currently just over 1,600 people with a learning disability using specialist services in Wirral in 2007 (source: PCT). If the projected prevalence of 2,100 is accurate, this suggests a significant proportion of people with a potential need for specialist LD services who are not currently known to agencies.
- Only 1,160 people are identified as having a learning disability on GP registers (source: JSNA).
- The engagement process identified 409 people with a learning disability currently accessing in house services (projected to 494 to take account of non-respondents within the total client base)

Future projections are that the numbers of people with a learning disability will rise, and that the rise will be particularly marked in older age groups.

Over the period 2001- 2021 it is predicted that nationally there will be a:

- 16% increase in people with severe learning disabilities;
- 22% increase in people with mild to moderate learning disabilities.

- This increase in numbers is significant in older people:
- 62% increase in people with moderate learning disabilities aged 60-79 by 2021
- 95% increase in those over 80.

Applying a rough estimate of change in the next 10 years to the current number of approximately 1,600 people using specialist services in Wirral gives an additional **70-80 people using specialist learning disability services** by 2019 compared to 2008, of whom:

- 50-60 fewer are aged 15-24
- 15-20 more are aged 25-54
- 80-90 more are aged 55-74
- 25-30 more are aged 75+

(This assumes no change in the mix of disabilities using specialist services, and also that the current age profile of clients is representative of the prevalence in the population as a whole).

2.11.3 Mental health

Working age

The declining proportion of people in working age groups in Wirral over the next few years means that, assuming no change in eligibility criteria, there is a projected decrease in the number of working age adults receiving support to live at home, or in a care home, and thus most likely to be accessing other care and support services, as shown below

Older people with dementia

The overall increase in the numbers of older people in Wirral shown in section 1 above will also lead to significant increases in the number of people with dementia.

Table 7: projected population in Wirral with mental health problems, 2008-2025

	2008	2010	2015	2020	2025
People aged 18-64 with mental health problems helped to live at home	683	681	661	645	629
People aged 18-64 with mental health problems in residential and nursing care during the year, purchased or provided by the CSSR	160	160	155	151	148
Total population aged 65 and over predicted to have dementia	4,266	4,408	4,819	5,343	6,053

Source: POPPI/ PANSI

2.11.4 Physical and sensory disability

As with working age people with mental health needs, the numbers of working age people with significant physical or sensory disabilities is likely to show a small decrease in the next 10-15 years. This will be outweighed by the numbers in older age groups with physical and/or sensory disabilities and requiring help with daily living.

Table 8: projected population in Wirral with physical or sensory disabilities, 2006-2025

	2008	2010	2015	2020	2025
People aged 18-64 with a physical or sensory disability helped to live at home	886	883	857	836	816
People aged 18-64 with a physical or sensory disability in residential and nursing care during the year, purchased or provided by the CSSR	130	130	126	123	120
Total population aged 18-64 predicted to have a serious visual impairment	120	120	116	113	111
Total population aged 65 and over unable to manage at least one mobility activity on their own	9,304	9,536	10,384	11,264	12,640
People aged 65 to 74 predicted to have a moderate or severe visual impairment	1,641	1,686	1,926	2,005	1,960
People aged over 75 predicted to have a moderate or severe visual impairment	3,596	3,683	3,943	4,340	5,084

Source: POPPI/PANSI

Consultation Questions
<p>This section describes national and local information that has been used to shape the conclusions.</p> <ol style="list-style-type: none"> 1. Has the current policy direction at a local and national level been fully understood and reflected in this section? 2. Does this section make a fair assessment of the current position of in-house services against the national and local policy? 3. Does the data collected provide a sufficient profile of Wirral's population in terms of ethnicity, disability, age, gender, religion and sexual orientation? 4. Are there any other sets of information that should be taken into account?

SECTION 3 ORGANISATIONAL FORM AND SERVICE MODELS

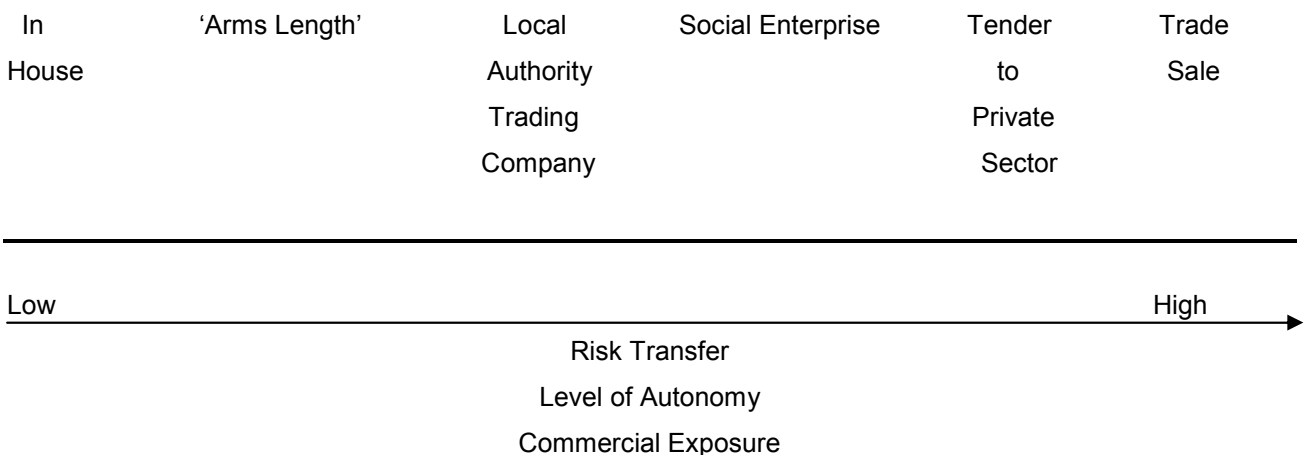
In distilling the project objectives, two key activities have been the focus of the work. The first has been to design the future shape of the services. The second has been to assess its viability/sustainability in the context of personal budgets and the need for choice and diversity in the market.

Personal budgets holders will be able to make their own decisions about which services they want, whether they hold their budget directly or the Council manages the budget on their behalf. If individuals choose to use their Personal Budget to commission services outside the Council control this leaves in-house services vulnerable and increasingly expensive. Indeed the ability to adapt and flex in the world of individually commissioned care is the significant driver behind considering these organisational forms. Retaining the existing services within Wirral Council, including all the current unit costs, would effectively result in a situation where the Council would be paying for personal budgets whilst at the same time paying for directly provided services. This could lead to double running costs and an unsustainable set of services.

3.1 Organisational Form

The Cabinet Report outlined three organisational forms as potential options within the initial feasibility study. These were ‘Arms Length, ‘Right to Request’ Social Enterprise, Tender to Private Sector. The project has identified a fuller range of options. In understanding these, and the markets in which care service operate, this report proposes that where services continue to be commissioned, consideration is given to transferring them to a Local Authority Trading Company (LATC). This organisational form is potentially well suited to accommodate personal budgets, encouraging diversity in the market and enabling the services to work more closely with the voluntary and community sector, whilst still providing the assurance required by stakeholders. A full and comprehensive business must be prepared and presented before any Cabinet the decision to trade could be made.⁸

Figure 2 represents the overall types of models of service which could be available as options:



⁸ General Power for Local Authorities to Trade in Function Related Activities Through a Company – Guidance on the Power in the Local Government Act 2003: ODPM 2004

3.2 Local Authority Trading Company

3.2.1 Benefits/Opportunities

In considering the options for the future of the services, there are a number of potential benefits and opportunities of transferring services to a Local Authority Trading Company⁹

- These services remain intact, but are able to trade and compete with other market competitors
- It encourages a 'mixed economy' of supply that enables local authority clients to make the best use of the market place to obtain the most appropriate service solution.
- It has the potential to introduce new providers into the market for local authority services which serves to increase competition and contestability
- It provides the opportunity for efficient and effective local authorities to exploit their knowledge, skills and expertise
- It has the potential of supporting relationships between local government and voluntary and community sectors.
- These service can generate additional business through trading with non Adult Care clients, eg private individuals
- These services maintain the vital function of being the 'provider of last resort' in cases of emergency or market failure, and will allow the Council to satisfy its statutory duty;
- Other considered options to transfer to the market, such as open tender, and social enterprise are still available options in the future.
- Supports the development of Adult Social Services becoming a commissioning-led organisation which strategically develops markets to support individuals. It will help achieve it and relocating directly provided services but retaining Strategic and Operational Commissioning functions. This will remove any conflicts of interest commissioners might encounter or be perceived to incur by companies in the market.

Wirral Council is able to establish a Local Authority Trading Company (LATC) through its powers under section 95 of the Local Government Act 2003.

The 2003 Act allows Local Authorities to establish commercial arms as separate Companies under the Companies Act, as long as at least 51% of the shareholding of the LATC remains with the Council. It means staff TUPE to the new company, where this applies, and all the standard conventions and arrangements associated with this are upheld.

The Act makes a number of stipulations regarding the power to trade:

- It does not override the statutory service obligations of a local authority;
- It does not supersede other trading powers a local authority may have;

⁹ Local Authority Trading: Research Report, Department for Communities and Local Government :London (2007)

- The power can only be exercised through a company;
- The Secretary of State has the right to impose conditions on the exercise of trading power and can remove statutory barriers to the exercise of the trading power.
- The power to trade is granted only to local authorities with a CPA Rating of 'excellent', 'good', or 'fair';
- That a local authority is permitted to trade in anything that it is authorised to do under its ordinary functions;
- A local authority must recover the costs of any accommodation, goods, services, staff or any other thing that it supplies to a company to exploit the power to trade;
- That a business case must be prepared before the power to trade is exercised and in the case the Council, approved by Cabinet.

The legal implications of the proposals are linked to the potential risks of the market being unable or unwilling to sustain the businesses required to enable Wirral Council to fulfil its statutory duties. There are also potential risks in relation to quality control and protection of customers. Thus it is imperative that there is full consideration of the risks and their implications, as well as the potential investment costs of developing such an organisation.

3.3 Service Models

The Care Service Branch is currently responsible for 7 specific service functions, delivered through a variety of different management, staffing and accommodation arrangement. Appendix 3 sets these out with associated details of workforce, budget and unit costs (prior to redesign).

These models have been informed by national and local commissioning guidance, commissioning data (Section 2), qualitative data provided through the Engagement process, focus groups, staff consultation. Reports on each of these consultations are held in separate appendices.

The proposals below would have significant staffing and financial implications, including any costs related to protection of salary, redundancy/voluntary severance. Every effort would be made to redeploy staff in the first instance, where possible.

Recruitment, redeployment and where appropriate redundancy/voluntary severance arrangements will be in line with Corporate Policy, having followed appropriate consultation with the Trade Unions involved. Before any decision is made each individual proposal will be considered in detail before approval is requested/given to ensure that the post can be deleted, used as 'bumped redundancy' to allow another employee to remain in employment or whether the employee can be redeployed.

3.4 Transport

The Cabinet report (6.11.09) identified efficiencies to be achieved within this service as follows:

2009/10 - £180,000

2010/11 - £180,000

The report outlined that efficiency may be achieved through open tender, with the potential of further efficiency being achieved through the reduction in the use of transport as a result of personal budgets.

Following the application of the 'True Cost for Service Toolkit', the unit cost for service showed little differential between the independent sector when based on activity, performance and considering the nature of services.

Unit Cost

DASS	-	£5.14 (<i>Revised</i>)
Independent Sector	-	£4.29

These unit costs considered against the current market factors, the corporate transport review, TUPE implications, the outcome of the Equality Impact Assessment and the commitment to implement personal budgets leads to the following conclusions:

Conclusions

Views are invited on the desirability of the following:

1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.
2. In addition DASS supports the development of single Corporate Transport Unit and/or:
3. That the Transport Service to include in any proposal to develop a Local Authority Trading Company.
4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted.

Any alternative views from stakeholders or partners should be considered.

Consultation Questions

1. Are the conclusions for the Transport Service the right ones?
2. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered?

3.5 Supported Living

Supported Living or housing with support are terms which mean that a person has their own home and support is put in place to help them live independently. This could mean that they are supported for a few hours a week, everyday, overnight or 24 hours a day. The support should be carefully planned to meet their needs to live independently.

The staffing structure supporting the current arrangements has been broadly based on a more 'traditional' model, as a result of history (developing from the re-provision of residential care) rather than specifically designed around individual need.

Whilst some of the properties have taken up the use of assistive technology, this has not been applied across all. The technology has been shown to be extremely successful across all client groups demonstrating better outcomes for people by promoting independence, contributing to the process of assessment and supporting, efficient use of resources.

83 tenants within supported living had an engagement interview involving assessment and support planning. This process identified 16 people as ineligible for services i.e not falling with the Fair Access to Care Criteria¹⁰. The Department however, is contracted to provide Supporting People Services, i.e low level housing support and will continue to do so for the length of time the contract is in place.

The service is currently known as an 'accommodation based service' with a static staff group associated with each house/area. The majority of people within each house attend day services, with some having a day at home known as a 'rehab' day.

Staff consultation highlighted some of the inflexibility within the support arrangements reflecting that it would be more helpful if staff could target their interventions more appropriately across housing arrangements; this issue was exacerbated at time of sickness and leave.

Financial Analysis

The Cabinet Report (6.11.08) identified efficiencies to be achieved within this service as follows:

2009/10 - £347,000
2010/11 - £347,000

The report outlined that efficiency may be achieved through a two stage tender process.

Following the application of the 'True Cost for Service Toolkit', the unit cost for service showed the following differential between in-house services and those currently commissioned externally.

Unit Cost

DASS	-	£29.08
Independent sector	-	£13.18

To calculate a unit cost per hour that is comparable to the independent sector, it has been necessary to identify the time spent by staff in face-to-face contact with the clients. This information was not previously available and so has been estimated by the Supported Living managers and been checked by the Service Manager to ensure it is within expected support levels the clients are receiving. The gross costs of the service have also been calculated, by excluding any recharge and notional costs following best practise as outlined by CSED (as these costs would still be incurred by the Council regardless of the outcome of the review). The costs of Night Care Assistants has also been excluded from the gross costs, as this service is not included in the independent sector charging policy that is being used in the comparison. The gross cost is divided by 52 weeks and then further divided by the number of face-to-face hours being provided per week to calculate the unit cost per hour for Supported Living.

¹⁰ Fair Access to Care – Guidance on eligibility criteria for adult social care
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653

Market Analysis

There are 42 accredited independent sectors providers of which 29 are currently contracted to provide services for DASS. The Department has recently made interim arrangements with the contracted providers and is in the process of developing a new contract with the option to re-tender later in the current financial year. Until the final arrangements and outcome are known it would be inappropriate to consider placing new business into the market whilst it is in transition.

Conclusions

Views are invited on the desirability of:

1. The Supported Living Service moving towards a 'floating support service', with a focus on community support and less reliance on traditional day centre attendance. This realignment of service will be supported by individuals choice of day time support exercised through personal budgets. A suggested structure is set out in figure 2.

Through a single manager the suggested structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home in daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

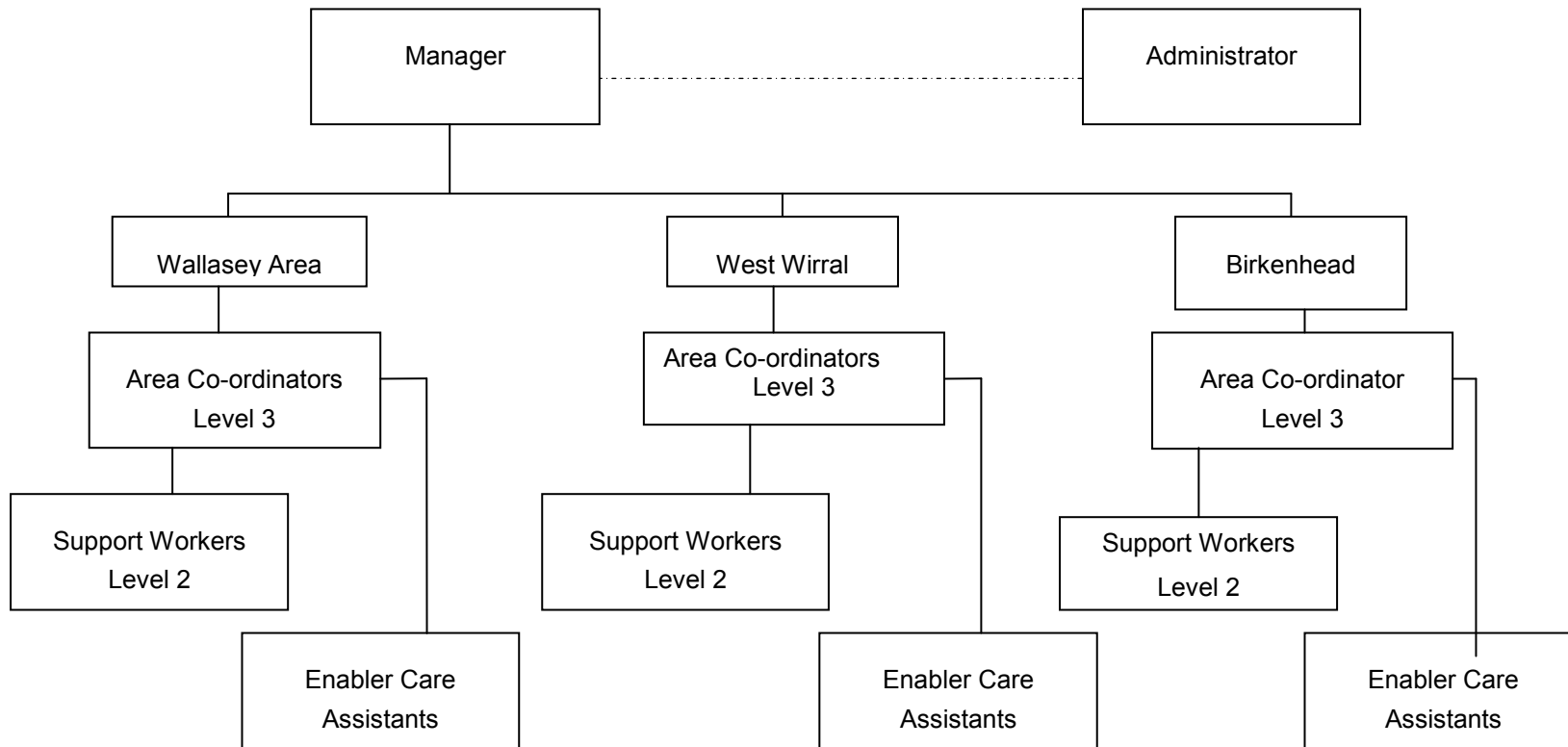
2. That following implementation of realignment the service should consider two options in relation to the future organisational models
 - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
 - b) To become part of the newly formed Local Authority Trading Company

Other views regarding the future of the service should be considered.

Consultation Questions

1. Is the conclusion with regard to the Supported Living Service the right one?
2. Are there any other options which would help to ensure that people could receive a more personal service, whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other ideas or suggestions you would like to be considered with regard to this service?

Figure 2.



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- Level 3 Co-ordinators will work between 8.00am-11.00pm
- Baseline of 1 enabler in each unit between 7.30am-10.30pm (will be some variance dependent on specific needs, occupancy etc) with the exception of Thomas Court and Balls Road, which will have 4 hours per day support
- Sleep-ins arrangements to remain
- On-call system to be developed for management cover as currently exists in residential services
- Co-ordinators and enablers to work flexibly across units within areas
- Enablers to work flexibly within hours, according to varying requirements of service (i.e. remove rigid rota system and introduce flexible working within “bands” e.g. 7.30am-2.00pm; 1.30pm-8.00pm; 7.30pm-10.30pm)

3.6 Intermediate Care/Respite

Poulton and Pensall

Residential intermediate care and respite care is currently provided at Pensall House and Poulton House. The future commissioning intentions for Intermediate Care are due to be reported to Cabinet. That report will recommend the commissioning of a total of 32 dual registered beds from the external care market. These beds would be distributed amongst the 3 localities according to need. The beds would be 'managed' by Community Matrons from each locality in association within 'virtual ward' protocols with the numbers of beds increasing and decreasing over time in response to service development and changing need.

This proposal, if approved would imply that intermediate care provision within these two establishments should be decommissioned (37 beds). The rationalisation of respite provision (25 beds) would then need to be considered, in the context of the market for residential care.

The existing building at Poulton House has a limited life – as previously reported to Cabinet. With investment, however, this site may offer an opportunity, particularly within the context of the nearby development of the former Somerville Campus of being the location of a Dementia Centre for Wirral.

Market Analysis

In the past three years the capacity within the residential care market has continued to increase with occupancy levels in 2007 at 92% reducing to 80% in for the first quarter of 2009. This represents 212 vacancies in the 65+ residential care market, suggesting that there is ample capacity to accommodate respite provision now and into the future. These figures take account of 96 interim bed placements over the winter period which indicates that the market is willing and able to accommodate short-term placements at current costs.

In addition, over the next two years, there will be an additional 119 extra care units available for older people. This is a preferred option for many older people who wish to remain living independently but who require up to 24 hours support.

At present respite provision is commissioned from only Pensall and Poulton, commissioning respite care across the Wirral will encourage a wide choice of facility.

Financial Analysis

Under the proposal decided above, Intermediate Care would be commissioned by NHS Wirral and DASS jointly. The re-commissioning of external locality provision residential and nursing provision may take place during 2010. The average unit cost for residential intermediate care is set out below, there is no local residential intermediate care comparator.

Unit cost

Pensall Hse	-	£645 p.w
Poulton Hse	-	£523 p.w

Respite Care is commissioned from both in-house and external residential providers. The unit cost of Pensall and Poulton respite is the same as above, the independent sector equivalent costs rated at the highest banding i.e band 3 are highlighted below:

Independent Sector - £416.29

Conclusions

If a proposal for NHS Wirral to jointly commission 32 dual registered intermediate care beds is approved there are significant implications for Poulton House and Pensall House. In this context views are sought on the desirability of:

1. Decommissioning Poulton House and Pensall House, supporting the development of locality based dual registered intermediate care beds.
2. Commissioning all further respite provision for older people from the external residential care market.
3. Undertaking a feasibility study to establish if the site of Poulton House would be appropriate for the development of a dementia resource centre.
4. Relocating respite for people with learning disabilities to Pensall House.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Are the proposals to commission intermediate care from within locality based dual registered provision the right ones?
2. Have you any concerns if Pensall and Poulton House no longer provide respite and intermediate Care? If so, what are they?
3. In light of the new National and Local Dementia Strategies (see Section 3.8) what do you think the advantages may be of having a dementia centre within the Wallasey locality?
4. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
5. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
6. Are there any other ideas or suggestions you would like to be considered with respect to this service?

3.7 Mapleholme

Mapleholme offers 24 hour respite and 20 day care places for people with learning disabilities. In 2008 the 'take a break' scheme was implemented which involved issuing vouchers according to assessed need. This does not alter the assessed entitlement but provides increased flexibility on when to take breaks eg. midweek breaks; breaks at short notice; extended or shorter breaks around individual preference and need.

The scheme offers carers the opportunity to enjoy events and activities at short notice and to take advantage of mid week offers from holiday companies. It also offers the flexibility to access Mapleholme on any day of the week and to extend the stay beyond the usual two weeks. Most importantly it aims to deliver a service when carers are ready for a much needed break, offering flexibility in the timing.

Forty people using the service accessed the voucher scheme. Whilst carers have reflected on the benefit and support Mapleholme offers, some individuals using the service indicated that Mapleholme would not be their choice of respite care. This suggests that this group of people may wish to take up alternative respite care through the use of their personal budget.

Market Analysis

There are currently 200 residential care beds in the market for people with learning disabilities; of those 6 are vacant, and considering past trends and demographic data, capacity is unlikely to change over the foreseeable future. The engagement and consultation process however, suggests that individuals may well consider traditional forms of respite break, particularly with the greater choice and control that personal budgets will offer.

Financial Analysis

The gross unit cost of Mapleholme is £1,241 p.w. The cost of residential care for people with learning disabilities is negotiated on an individual basis between the provider and the care manager, the average unit cost being £837.10 per week.

Conclusions

1. That views be sought on the desirability of the respite service (Mapleholme –Beckwith Street, Birkenhead) being moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities. (This suggestion is dependant on a change of use of Pensall House – as discussed above).
2. The 'take a break' scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme could now be extended to all using Mapleholme.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

3.8 Meadowcroft

Meadowcroft offers respite and day care with 5 permanent places being occupied at present for older people with dementia.

Market Analysis

In the past three years the capacity within the residential care market i.e residential home registered to accommodate 'EMI' needs has averaged 83% or 43 vacant beds. Even in the area of nursing 'EMI' there has been a steady reduction in the number of placements. The day service has never achieved full capacity averaging 12 people per day significantly reducing at the weekend.

Financial Analysis

Unit comparison:

Meadowcroft	-	£629.00
Independent Sector	-	£444.99

Conclusions

1. The unit cost of independent residential care is significantly below the in-house costs. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. In this context views are sought on the desirability of decommissioning Meadowcroft and commissioning respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. Day care to be sourced from the independent sector or are new Dementia Centre.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other views or suggestions you would like to be considered with regard to this service?

3.9 Fernleigh

Fernleigh offers 8 planned respite beds and 4 crisis beds for people with mental health needs. The facility has the physical capacity to accommodate 19 people, however the staff complement transferred from the original resource Rosewarne can only support a total of 12 people.

Analysis of the bed usage suggests occupancy levels of 100%, however closer analysis shows that 4 of the planned respite beds have been accommodating people for some considerable time, with a housing need rather than a need for respite.

Whilst the use of crisis and planned beds remains consistent during the week, the use of planned beds increases at the weekend. A number of hypothesis have been put forward, one is that this reflects the lack of availability of seven day support, however the increase is not reflected in the crisis beds usage.

This is an extremely expensive resource with a current unit cost of in excess of £1,286. There is no market comparator as the need for this service is predominately available to meet health needs i.e admission avoidance.

Conclusions

There has been some discussion with commissioners about the further utilisation of this resource to support the reduction of hospital admissions, however at this point there are no firm plans for this to take place. Should this be identified at a later date, the investment in this resource should be funded by the NHS Wirral.

Indeed at this present time the resource is funded by DASS. In the first instance discussion should take place to agree the future funding arrangement of this resource with a significant contribution being sought from NHS Wirral.

Views on the service are invited.

3.10 Residential Care

This section includes all provision whose predominant service function is residential care. However, proposals and conclusions put forward in this section will take account of other provision which may be available within the accommodation eg. respite, day care.

Girtrell Court is a respite and residential home for adults aged 18 upwards with a permanent or substantial physical disability. All but one of the current residents also has a learning disability. This is a purpose built, single storey home with 20 rooms, a communal lounge and dining area set in large grounds.

Sylvandale is a residential home for adults over the age over 18 with a learning disability. The home is a purpose built home with 23 rooms. It is divided into 4 smaller houses and a self contained flat each comprising lounge and dining area.

Manor Road is a residential home for adults' aged 18 with a learning disability. It is an adapted mid terraced 2 storey house with provision for 4 people. The home comprises communal lounge and dining areas with a secluded garden to the rear.

Valuing People Now¹¹ asserts that: *' Too few people with learning disabilities have a choice as to where they live or with whom, and too few have homes of their own, with rights as tenants or owners, compared to the general adult population'*

This view was supported by staff working within the residential sector. They felt that the residents they supported would significantly benefit if people were enabled to move out of residential care and into supported living situations within the community.

Financial Analysis

The average unit cost of the residential establishments above is:

DASS	-	£1,070
Independent Sector	-	£837

Market Analysis

There are currently 200 residential care beds in the market for people with learning disabilities of those 6 are vacant, and considering past trends and demographic data, capacity is unlikely to change over the foreseeable future. In the context of Valuing People Now, and personalisation it is not suggested that it would be right to outsource the service in its current form. The conclusion outlined below indicates re-modelling to supported living would be a more suitable option.

¹¹ Valuing People Now: A new three year strategy for people with learning disabilities
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081014

Conclusion

The current residents of Girtrell Court and Sylvandale should be offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the 'group living' arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including 'general needs', social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent on the outcome of individual housing needs assessments, consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from 'general needs' housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues will need to be considered:

1. The extent to which current properties will need to be used as capital input from the Council. All arrangements would need to be in line with the Council's disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery, in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification of facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will choose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies would be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant would be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs. To sum up – views are sought on the desirability that this Authority should:

1. Identify and confirm housing/support needs for all residents in the above properties
2. Commence discussion with Registered Social Landlords through the Department of Regeneration

to identify potential options/accommodation to meet individual needs. This will be co-ordinated thorough the Core Strategy Development Group

- 3 Reassess the staffing complement during the transition period to ensure that suitable numbers of staff with the required skills and competencies are transferred to the new supported living services.
4. Following implementation of realignment the support service should consider two options in relation to the future organisational models.
 - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
 - b) To become part of the newly formed Local Authority Trading Company

Any other views from stakeholders and partners regarding this service should be invited.

Consultation Questions

1. Are these conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other views or suggestions you would like to be considered with respect to this service.

3.11 Dementia Care

Following recent publication of the National Dementia Strategy¹², and Wirral's local strategy for Older People with Mental Health Needs there is clear evidence that there will be a 28% rise in people with dementia by 2020. The local strategy, supported by a high-level analysis of the dementia pathway, is informing the commissioning intentions and service developments for NHS Wirral and DASS. The local strategy makes a number of recommendations:

1. The development of a central multidisciplinary older person's resource to act as the focal point for dementia information and support.
2. A focus on preventive services supported by public and professional awareness
3. Support for carers
4. Access to support services early in the disease
5. Access to information and advice

¹² National Dementia Strategy:

http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/DH_083362

DASS, and other partners are in discussion about the feasibility of establishing dementia resources either based in localities or within a central Wirral wide resource. Both options could meet the commissioning intentions of the local strategy providing a range services within a centre point, this could possibly include:

- Advice and information, (provided by a voluntary organisations)
- A carer's café, and carers support services.
- A flexible care service to work with people and their carers at an early stage of being diagnosed with dementia.
- It could house the multi disciplinary older person's resource/team
- A community based assessment, diagnostic and treatment service.
- Specialist staff including psychiatrists, psychologists, social workers and other therapists providing a range of support services in the local community.
- It could provide an enhanced day care service for older people with complex needs.

The Poulton House site, Girtrell Court or the current Mapleholme site (Beckwith Street) , if vacated, could provide ample space to develop this new service, or these services could be offered within the newly developing Neighbourhood Centres.

These could offer an open door service to all people with dementia and their carers.

One suggestion is to offer one or other site as the Council contribution under the agreed Asset Disposal policy. A full feasibility study is required involving partners including the voluntary and community sector, staff and representatives of the Older People's Parliament to develop the design brief and identify further investment/redesign issues.

Conclusion

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

Consultation Questions

1. Is this conclusion the right one?
2. Do you have any concerns about this conclusion, and what could we do to address them?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered in respect of this conclusion?

3.12 Day Services

Day Services represents one third of the overall care services budget, £6,963,800. The services are predominately building based, providing services to over 600 people with a range of mental health needs, learning disabilities and physical and sensory disabilities.

The service offers a combination of activities which take place within the segregated facilities of day centres, or within community bases and mainstream services. These include brokerage, community support, recreational activities, adult learning, occupational and training support as well as substantial links with health services, colleges and other services.

A key aspect of learning disabilities day services, which was evident through the carer consultation and the engagement interviews, was the extent to which these services provided significant respite for carers and social networks for people using them. Many carers have invested time and energy in maintaining centres through fund raising, volunteering, and other activities. The involvement of carers must not be lost in any service redesign.

The services' ability to offer a more personalised service is severely restricted by the current transport arrangements. Consultation with both staff and people using service identified not only the lack of flexibility but also that many people may be able to travel independently if they could access services closer to the locality they lived in (386 people using Council transport travel over 3 miles to access a service).

Care management reflects historical patterns of practice within the DASS with these interventions focused around major change and support issues. This has meant 25% received some inputs with the remaining exclusively of Care Services, often over an extended period of time and for some people who have used services running into decades. In addition there was evidence of institutional practices, no consistent evidence of any performance measurement framework to assess the effectiveness of the services. There is limited activity data, no service specifications or service agreements with commissioners.

Prior to this project work, the Reform Unit had conducted analysis using a toolkit developed by the National Development Team. The toolkit known as the 'inclusion traffic light system' classifies day service provision under three colours. Red services are those that are provided within a segregated building i.e day centres, amber for services that are again only for people from a particular client group, but they meet in a building used by the general public (community centre) or green i.e. people pursue their own interests, using services and facilities that everyone uses.

Mental health day services demonstrated the highest degree of community activities i.e the highest number of activities taking place in 'ordinary' facilities i.e community centres, or 'shoulder to shoulder' with the general public.

Within learning disabilities services, all centres demonstrated a variety of levels of community activity; however a significant proportion of the client's time was spent inside a segregated day centre.

The Support Planning element of the engagement process identified many and varied interests, covering the whole spectrum of activities from recreational, through to training and development for employment.

Groups of staff and individuals have clearly made significant inroads into the development of less centre based services; however this report's role is not to assess the relative merits of individual projects, or staff member's contributions, or the extent to which this service should have achieved greater community involvement. It is to suggest how we may develop a service in which people have greater personal choice, whilst increasing skills, and access to mainstream services.

The asset management work package provided the project with a link into the Strategic Asset Review, specifically the development of the Neighbourhood Centres, Community Asset Transfer, and the Community Audit. Each of these components provides a crucial route for the relocation of, and access to alternative resources embedded in local communities.

People using day services have now, through the Neighbourhood Centre Conference, been fully involved in developing the design brief of those centres to ensure that not only are they physically adapted to meet the needs of people with disabilities, but also that staff on site are fully trained to support people with disabilities.

The Community Audit is now complete and will offer the day service alternative community based facilities to extend activities into facilities used by the general public.

Day Services in their current form have been following an informal strategy of encouraging current centre bases to develop into 'People's Centres' that are accessible other members of the community. This strategy must be reconsidered in light of the Strategic Asset Review, the Community Audit and the Community Asset Transfer to avoid duplication of resource provision, but more fundamentally to avoid people with disabilities being 'overlooked' as part of the major redesign of Council provision.

Social Enterprise

Staff consultation provided this project with the greatest insight to the challenges this service faces if it is to respond to the personalisation. Most staff identified with pride, the work that had taken place to develop projects which were often referred to as 'Social Enterprises'. Whilst there was no formal measurement of effectiveness in terms of outcomes, people using those services reflected in the engagement interviews the contribution these made to their wellbeing and the greater control and participation they had.

The staff consultations considered the 'blocks and barriers' to service development and time and again, staff identified the constraints that exist within a large bureaucratic organisation to personalised service development.

The original Cabinet report had identified an organisational form 'Right to Request' Social Enterprise. 'Right to request' is part of the bigger vision for the future of the NHS set out in *High Quality Care For All: NHS Next Stage Review Final Report* (June 2008). It recognises that staff should be given the opportunity to innovate and redesign services in flexible new ways, through independent organisations, with the aim of improving outcomes and delivering services that are responsive to the needs of communities and the people they serve.

The concept was 'passported' into the original options appraisal presented at Cabinet in November 2008 and drawing on the development of this concept in the NHS. The project identified a number of potential Social Enterprises already existing across day services. These projects created and led through the enthusiasm of staff and people who use services are limited in the extent to which they can innovate and finance themselves as a result of bureaucratic, financial, and structural impediments.

Through a forum created as part of the project the 'Care Services Enterprise Network', over 25 staff and managers and staff from the majority of centres explored the concept of Social Enterprise, and how they might develop their projects into a fully fledged Social Enterprise. Five services have now 'expressed an interest' in working towards developing a Social Enterprise.

- Dale Farm & Royden Park
- Star Design
- Highcroft
- Masque Theatre
- Central Park

At this point there is no formal commitment from either party i.e the staff or the Council establish businesses under a formal contractual relationship, a significant support is required from the Department to assist these projects to develop their business case in the first instance.

Refocusing Day Service – Beyond Buildings

The key principles of commissioning day services should be:

- Promoting recovery and enablement approach
- Focus on community participation
- Reducing isolation
- Maximise choice and self determination.

Learning Disabilities & Physical and Sensory Disabilities Services

It is suggested that a Community Bridge Building Team should be developed, based on a personalised, and enabling philosophy, supporting people to access and maintain contact with mainstream community resources, and facilities. The process begins with team members gathering information and exploring all the options available in the local community from the large established facilities to informal community activities available in the area. This process would benefit from the recent Community Audit, conducted by the Corporate Policy Unit and will link with the Community Development Officers within DASS. The Team would explore options in the following life domains:

- Sport and leisure
- Arts
- Education

- Employment
- Volunteering
- Faith and spirituality

The Community Bridge Building Team would note how welcoming/friendly and accessible the environment is, what types of people access places, general age range and gender mix, and the support with 'travel training'.

The team should be centrally managed but have members within each of the three localities. They would use their local knowledge to support people to look at the different activities/opportunities available for people to access in their local communities, exploring with individuals what interests they already have or what dreams, goals or aspirations they have.

A Community Bridge Building Team would also be promoting peer support to access identified places. The aim of this service would be to assist people to build links with their local communities and facilitate opportunities for social inclusion and reducing social isolation and stigma.

This service could be commissioned from the external market, be part of the Local Authority Trading Company, or be located within Access and Assessment or Transition.

The conclusion of this report is that the service should be based closest to the access points for learning disabilities services i.e all people coming into day services, external or internal be referred to this service before access to a day service is considered. The team should focus its initial work with people currently in day services.

Refocusing Mental Health Services

The Community Recovery Team operates out of Union Street, Beaconsfield and Prenton Centre. The service is jointly provided by DASS and Cheshire and Wirral Mental Health Partnership Trust. The current configuration is loosely in line with the location of Community Mental Health Team (CMHT) bases, with one centre in Wallasey, one in Tranmere and one in Prenton.

In addition to these there is also an employment project based at Star Design. Exploring the 'enablement'/recovery philosophy within these services suggests, that these services adopt the 'Community Bridge Building' model above, and have a closer realign with CMHT's. Original proposals for a realignment of this service suggest that the staff be distributed amongst the current CMHT. This report does not suggest such a radical step, rather that the service becomes a single team working out of the three localities with a clear specification.

For consistency of approach the team should have a single management team, and access to the services would be via the CMHT's. The expertise of the employment project would be encompassed by the team, however Star Design, whose staff team have already asked to be considered to 'Right to Request' Social

Enterprise should remain with day services moving into a LATC (if this were established) and/or into fully Social Enterprise status.

This would mean that two of the three buildings Union Street and Prenton Centre could be released for realisation of capital. Beaconsfield would remain a central hub: it is recognised that some of the current activities taking place will need suitable locations identified. Work will continue with Asset Management to identify community centre locations or other sites.

Market Analysis

DASS commissions with 20 organisations for day service provision, contracts exist with grant funded organisations eg. Age Concern, Hoylake Cottage Hospital. However, the remainder of the day service market grant funded or purchased on a spot purchase basis has not undergone any robust commissioning process for many years. There has been no tendering process for some years, no assessment of value for money, or effectiveness of service provision against outcomes and no contracts in place.

There are 15 independent sector providers in Wirral commissioned to provide service for Wirral people of those 11 are provided outside the borough. This has implications for the cost of transport.

DASS day service provision represents largest provider of day services in the Wirral. Like the independent sector it lacks commissioning framework and assessment of the effectiveness of service. However, it has an ideal opportunity to drive the market of day services and respond to the personalisation agenda.

Financial Analysis

CSED provided the methodology for assessing the cost of day services. This methodology used costs based on ½ day sessions, and developing a weighting system by segmenting the user base into FACs eligibly and client categories. Appendix 2 presents the individual DASS centres costs, which represent an average. There is only one independent sector average as day service in this sector is commissioned on a spot purchase basis. DASS figures presented show the average ½ day cost for people with medium needs and high level needs:

Unit Cost: (1/2 day session)

DASS

£21.60 - Medium level need

£23.60 - High level need

Independent Sector

£59.83

Conclusions

That views be sought on the following suggestions:

Day Services – Enabling

Learning Disabilities/Physical and Sensory – Community Bridge Building Service

A Community Bridge Building Service should be set up comprising a Manager, 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team would operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team would have a capacity of up to 100 cases. This would be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

Community Mental Health Recovery Service

This service to have a single management structure although like the learning disabilities community bridge building services it would operate in the three localities. Working Life service to be amalgamated into this service.

Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve similar outcomes.

In this context therefore the conclusions are: that consideration be given to the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the Strategic Asset Review.

Implementation governance arrangements would need to be determined in the event of approval to proceed being granted by Cabinet. In these circumstances the current relationship between commissioner and provider would no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case would need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option.

It may be that other elements of service could be added to the LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have 'expressed interest' in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of the LATC. The former route would require Cabinet to agree to the two main commitments within 'Right To Request', a) that staff exercising their 'Right to Request' retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Do you think that some day services should have the opportunity to develop into Social Enterprises?
2. Is the conclusion about the developing a Community Bridge Building Service for people with Learning Disabilities and Physical and Sensory Disabilities the right one?
3. Is the conclusion about refocusing Mental Health Services the right one?
4. What are your views about the Local Authority exploring the option of developing a Local Trading Company in the first instance to support the development of day services but other care services if it appropriate?
5. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
6. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
7. Are there any other views or suggestions you would like to be considered with respect to these services?

SECTION 4 FUTURE COMMISSIONING STRATEGY

This section sets out the strategy for the future commissioning of adult care services currently provided in house by DASS.

DASS is committed to being a commissioning-led organisation and as such it will take the lead role in managing the process of transformation and setting the direction of travel for all current and potential future providers.

In considering future commissioning of current in-house services, it should be noted that these services represent only a small proportion of the total care provision commissioned by the Council: the majority of this care is already provided by the independent sector. The commissioning strategy for in-house services will therefore affect, and be affected by, the wider commissioning of care and support across the market, including all sectors of provision. It should not be developed in isolation, and the strategy outlined in this section of the report will need to be tested and refined against the overall development of social care commissioning in Wirral, including key developments such as the establishment of an integrated commissioning team working across health and social care

4.1 THE STRATEGIC VISION FOR IN-HOUSE SERVICES

As the detailed analysis in section 3 of this report show, each of the services currently provided in-house by DASS Care Services may be transformed over the next 3 years through a combination of:

- Modernisation of current service models to deliver improved outcomes, efficiency and value for money and to equip them to operate in the new world of personalisation and client choice
- Implementation of new service models

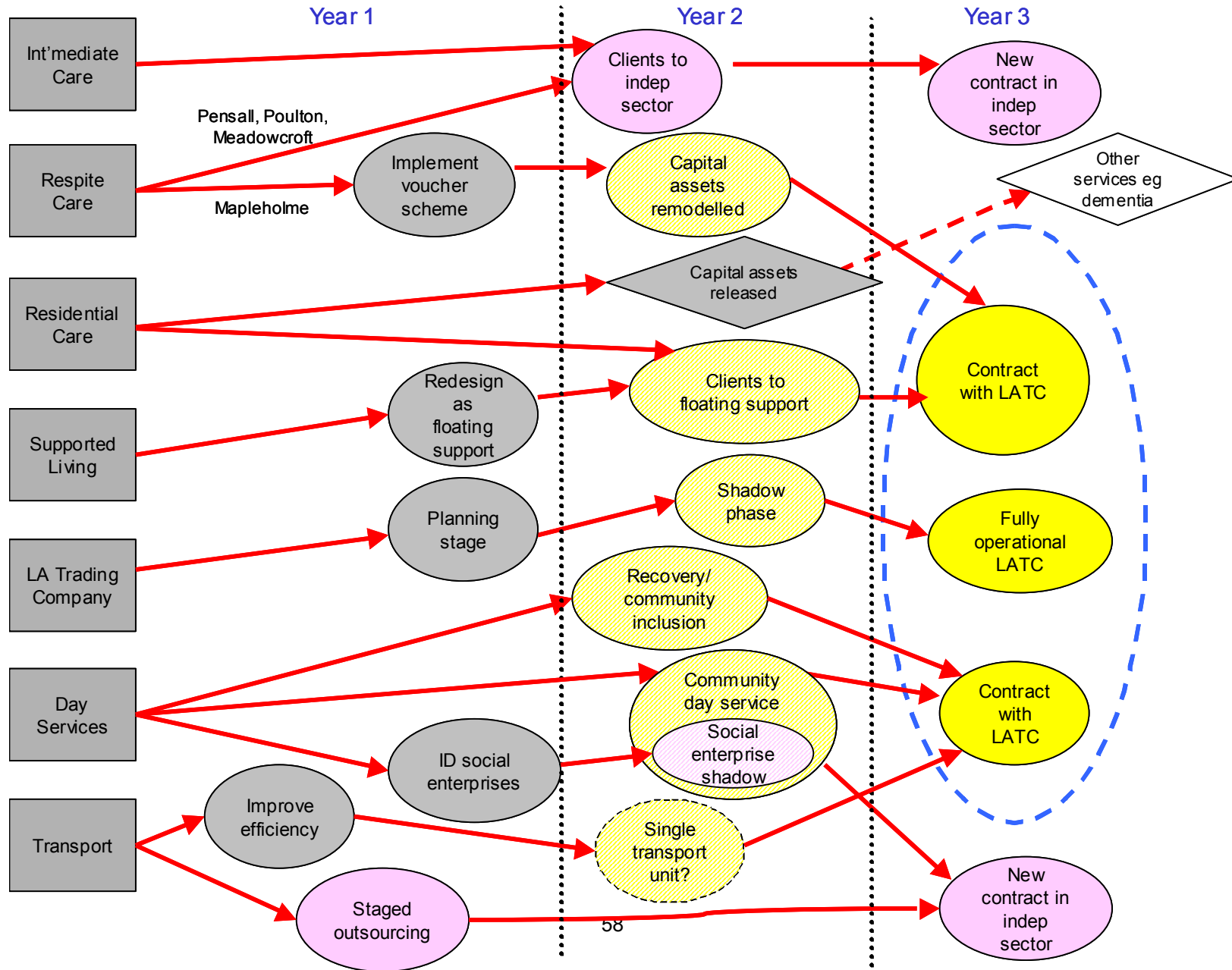
It is envisaged that, by 2012, a range of organisations will be being commissioned to deliver these services, potentially including:

- A local authority trading company
- Existing independent/ voluntary/ third sector providers
- New independent/ voluntary/ third sector providers
- Social enterprises formed from existing in-house services

Together, the suggestions in section 3 form a new vision for these services and the process of transformation is illustrated on the following page.

Achieving this vision is clearly a major strategic objective for commissioners in the next 3 years. However, the development of a commissioning-led business relationship between commissioners and providers is an essential pre-requisite for successful transformation. The four strategic objectives set out in section 4.2 encompass both the establishment of this new relationship and the transformation of services to a new and sustainable model for the longer term.

The strategic vision for current DASS in-house care services



4.2 STRATEGIC COMMISSIONING OBJECTIVES

The following four strategic commissioning objectives are proposed for the next 3 years (to the end of the financial year 2011/12):

4.2.1 ESTABLISHING THE BASELINE FOR CHANGE

- Establish an effective commissioning information system for in-house services
- Develop service contracts for all in-house services using an outcome-based framework
- Establish a robust performance management system for in-house service providers leading transformational change
- Develop and implement a transformation plan for in-house services to achieve the strategic vision

The first 3 strategic objectives all focus on establishing effective commissioning practice with the current in-house provider, to provide the essential building blocks for the transformation of these services to deliver the strategic vision

4.2.3 Developing information for commissioning

Wirral's in-house care services have to date been developed and delivered on the basis of historic custom and practice, without underpinning structures of business processes, business planning, or contract management.

This means, for example, that:

- There is no information routinely collected on users of individual services (numbers, demographic profile, entry and exit dates)
- There is no information routinely collected on numbers or sources of referrals to services
- There is no information routinely collected on available capacity within each service
- There is no information routinely collected on activity levels within each service (hours of client contact,)
- There is no routinely collected information on service costs that can be used to evaluate value for money or to compare services with those delivered by external providers
- There are no service level agreements in place and thus no objectives are agreed between commissioners and providers in terms of levels of activity, outputs or outcomes for clients
- Commissioners do not routinely assess performance of in-house services except for indicators required for national reporting

Good quality data and information management (to turn data into "intelligent information") is an essential prerequisite for future commissioning, since without it commissioners have no basis on which to judge the effectiveness or efficiency of services or to use as a basis for service reviews.

Note: It is also essential for provider services themselves, in order to equip them to operate in an increasingly diverse market offering clients the opportunity to hold personal budgets and to make choices about the services they use: this is discussed further in section 5 below.

The development of effective information for commissioning current in-house services will need to be co-ordinated with existing work with external providers to ensure a level playing field for all sectors and a consistency of approach (especially as in-house provider services move to a more arms-length relationship with the commissioner eg through the proposed development of a Local Authority Trading Company).

Effective information management will require dedicated commissioning management and IT resources, co-ordinated with other commissioning support systems to avoid fragmentation of commissioning decision-making.

4.2.4 Contract development

As a precursor to the development of a new contractual relationship between DASS as commissioner and DASS as service provider (through an LATC or other organisational form) there is a need to establish robust service agreements for current in-house services in place.

Historically, in-house contract development has often been the responsibility of the provider function. This is no longer an option: current policy, the increasing diversity of the market and DASS's own explicit commitment all give commissioners the lead role in service specification, procurement, contract management and performance management.

The basis of new contracts will be CSED's outcome-based framework¹³, measuring the impact of the service on people who use it and using various types of evidence to evaluate outcomes:

- Activity: the inputs and outputs of the service
- Results; the impact of the service on the client
- Experience: the perceptions of clients about the service

Clearly, achievement of this objective is dependent on availability of good quality data (as described in objective 1 above) and on information management capacity within the commissioning function.

4.2.5 Performance management

Establishing robust service contracts with in-house providers will be supported by ongoing performance management arrangements to review progress against the agreed objectives and to agree on action to remedy any under-performance at early stages.

Effective performance management will require input from existing commissioning functions including contract management and corporate performance, alongside commissioning leads. Existing resources will be reviewed to identify available capacity, and it is likely that additional investment will be required.

¹³ Putting People First: Commissioning and Contracting for Outcomes (Care Services Efficiency Delivery, DH April 2009)

4.2.6 Transforming the Service Model

The Design & Viability Project has identified the new vision for in-house services outlined in section 3 above as a potentially achievable model for the future.

To achieve this in the next 3 years will require a major programme of change management, with strong leadership and top-level commitment.

The major tasks within this programme will include :

- Using improved information to test the current proposed options for value for money, strategic fit and sustainability
- Developing and leading an ongoing programme of engagement with people who use services, providers and stakeholders to shape the proposals
- Developing detailed, fully costed business cases for the major changes proposed
- Developing and leading a programme of formal consultation with people who use services, staff, and other stakeholders on proposed changes
- Working with current in-house provider colleagues on detailed action plans for service change
- Developing a governance strategy and implementation plan for the proposed changes (especially the development of a Local Authority Trading Company)
- Developing and managing a programme of internal and external communications throughout the period of service change
- Working with in-house provider management to identify and manage the human resources impact of the service transformation
- Working with in-house provider management to develop a capital assets plan for the transformation
- Developing a long term market management and development strategy

This is not an exclusive list and will evolve in the course of developing a full project plan.

4.2.7 Resource Requirements

Achieving the strategic commissioning objectives will require significant investment both in project management capacity over the course of the transformation programme and in long term commissioning capacity.

At this stage, detailed costings have yet to be finalised.

Resource requirements for the first 3 strategic objectives should also be seen in the context of DASS's overall commissioning function. Where resources are already in place for commissioning from external providers, these should be rolled out to over in-house providers. Any resulting capacity or skills gaps, or capital requirements (eg improved IT) will need to be planned across the whole commissioning function.

Where resources will benefit both commissioning and provider functions (eg in developing improved information on clients) the costs should be shared appropriately across both functions.

4.2.8 Strategic Risks

A full risk analysis will be developed as part of a full project plan, but the major strategic risks include:

- Continuing poor quality information on in-house services means commissioning decisions are taken on the basis of little or no evidence of their appropriateness
- Establishing and managing contracts with in house providers may stretch current management capacity
- There may be gaps in available skills within the commissioning function
- Failure to release the level resources required to fund project management for service transformation
- Failure to gain commitment from provider services to achieve the required outcomes
- Failure to communicate effectively with clients and other stakeholders about the service transformation
- Failure to co-ordinate action on transforming commissioning of in-house services with other commissioning development (eg integrated commissioning arrangements with NHS Wirral)
- Insufficient skills and experience of those responsible for delivering the project adversely affect the timetable or the outputs

SECTION 5: IMPLICATIONS FOR CARE SERVICES / ACCESS & ASSESSMENT

Alongside its stated objectives of developing a commissioning strategy and implementation plan for transformation of in-house services, work on the Design & Viability Study has led to a number of issues being identified both for the future management of Care services, and for Access & Assessment.

5.1 Care Services

Achievement of the strategic vision for current in-house services clearly has significant implications for the current management, staff and clients of existing Care services.

The process of achieving this transformational change will, appropriately, be commissioning-led. However, there are already a number of clear messages for Care Services management as a result of the work to date. These include:

- The need to use information (including both financial and non-financial data) as a basis for current service delivery
- The need to develop a strategic approach to future business planning including performance management, marketing and financial planning to ensure that future service models (eg the proposed Local Authority Trading Company) can compete effectively as part of a new, more diverse market for social care
- The need for strategic workforce planning and staff development to ensure the right level and range of skills are available to deliver service contracts (and to plan for the potential outflow of managers and staff as social enterprises are formed from former in-house services and transferred into the independent sector)
- The need for an organisational development programme to support staff at all levels through a process of major change and service reform

This development programme will need to take place alongside work on achieving the commissioning strategy outlined in part 4 of this report. It will require its own resources including investment in IT and other information management resources.

5.2 Access & Assessment Branch

The engagement work package within the Design & Viability study identified some areas of potential relevance to Access & Assessment Branch. These are discussed briefly below and further work is suggested to research the issues and identify action required.

- Most of people who used service (467 of the 617 interviewed, from a total of 745 known to be users of the services: 409 of these had a learning disability) did not appear to have a written assessment of their needs recorded under Adult Common Assessment Framework as separate to the records kept by care

services. This is likely to include some people who do have an assessment which for some reason was not available to, or not recorded by, the interviewer, but it does suggest that there may be a significant number of people currently using services, including many with high levels of need, whose care is not being actively managed or reviewed at present.

- There is a risk that these people are therefore not currently receiving the full range of services
- There is a further risk that unidentified needs may result in clients requiring a crisis service that could have been avoided by earlier detection and preventative services
- Conversely, the engagement information suggests that some current clients have very low levels of need and may be receiving services for which they would not be eligible if they were assessed as a new client now.
- A large number of people with no current Adult Common Assessment Framework, or no recent review of their care needs, may impact on the Council's overall corporate performance

Information on carers' assessments was not recorded in a format than can be easily analysed, but the engagement process did highlight a large number of carers without current assessments, including many who are themselves older people with a range of health and social needs. Further research into these client and carers could help to establish the potential for preventative services in the short term to minimise the need for more intensive support in the longer term.

Appendix 1

Consultation

The Department of Adult Social Services would like to thank all those who gave up the time to contribute to the development of the analysis and conclusions set out in this paper, these include:

- People currently using Care Services
- Young People in Meadowside and Foxfield School
- Carers
- Staff - Care Services Branch
- Staff - Children and Young People's Department
- Staff – Access and Assessment Branch
- Staff – Finance and Performance Branch
- Staff – Corporate Services, Regeneration, Transformational Change Team,
- Staff – NHS Wirral, Cheshire and Wirral Mental Health Partnership Trust
- Sue Lowe – Independent Direct Payments Forum

The following stakeholders will also now be invited to respond to the consultation. Please contact Jenny Ricketts, Head of Care Services Branch with the names of any other stakeholder groups not on the list.

Advocacy Groups

Carers

Carers Development Group

Cheshire and Wirral Mental Health Partnership Trust

Department of Regeneration

Day Service Advisory Boards

Enabling and Fulfilling Lives Group

Joint Commissioning Group Learning Disabilities

Joint Commissioning Group Mental Health

Joint Commissioning Group Older People

Joint Governance Partnership

Learning Disabilities Partnership Board

Liverpool Housing Trust

Local Implementation Team – Mental Health

Members of Parliament

Mental Health Forum

Mental Health and Learning Disabilities Executive Board

NHS Wirral

Older People's Parliament

People using Care Services

Riverside Housing

Service Improvement Groups

Servite Housing

Trade Unions
Transitions Governance Group
Transitions Strategy Board
Venture Housing
Wirral Methodist Homes
Wirral Multicultural Centre
Wirral Partnership Homes

How to Respond

If you wish to respond, please see the conclusions and consultation questions in Sections 1, 2, and 3 of this report. A separate template with the conclusions and questions will be made available and all written responses and is available for on www.wirral.gov.uk/socialcareandhealth 'Downloads'. The consultation period will take place between 10th August 2009 – 30th October 2009.

As well as written responses, the consultation exercise will involved a series of workshops and meetings which will take place during September/October 2009. Details will also be available on Wirral Council's website.

Please send consultation responses by email to:

lizblackmore@wirral.gov.uk

Or by post to:

Jenny Ricketts
Head of Service
Care Services Branch
Westminster House
Hamilton Street, Birkenhead
Wirral, CH41 5FN

The Department of Adult Social Services will use the responses to this consultation in the development of the final Care Services Strategy.

When responding, please state whether you are responding as an individual or representing the views of an organisation.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000, and the Data Protection Act 1998)

What will happen next?

A summary of responses, including the next steps, will be published in November 2009. This will be printed and will be available on request.

Equality Impact Assessment

Information gathered as part of this consultation will inform the final Equality Impact Assessment which will be available with the final Strategy.

Service Function	Location	Workforce	Budget	Current Unit Cost	Summary of Service Activity
Transport	Cleveland Street, Birkenhead	49,44 FTE's (Coordinator, Team Managers Drivers, Attendants)	£1,721,300	£5.14 (<i>Revised</i>)	Transport Service to 29 Day Centres, Respite Care, Looked After Children. Other functions include internal courier service, the cash in transit service and 6 education vehicles and contribution to contingency planning.
Supported Living	<u>West Wirral</u> Edgehill Road, Curlew Way, Lighthouse Road, Bermuda Road <u>Wallasey</u> 3 & 5 Cardigan Road, 26 Langdale, 33 Serpentine Road <u>Birkenhead 1</u> Thomas Court, 27 Balls Road*, North Road, 70 Balls Road <u>Birkenhead 2</u> Livingston Gardens, St Annes Street, Beckwith Street (All of the above properties are owned by Housing Associations, *Balls Road is owned by Wirral Council)	95.73 FTE's (Managers, Support workers, Snr Care, Care Assistants, Domestic)	£3,403,700	£29.08	Service provides – 'Accommodation Based Support' to people with learning disabilities in Housing Association owned properties. The service covers a range of support levels from low level tenancy support (funded through Supporting People) through to care and support to people who meet Fair Access To Care Criteria.

Respite	Fernleigh, Twickenham Drive, Leasowe (Mental Health)	17.75 FTE (Manager, Support Workers, Cook, Handyperson)	£804,600	£1,286 pw	Planned respite - 8 beds Crisis respite - 4 beds
	Mapleholme, Beckwith Street, B'head (Learning Disabilities)	38.65 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic)	£1,488,800	£1,241 p.w	23 beds 20 day care provision
	Meadowcroft, Bromborough (Older People – Mental Health)	28.06 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	£980,600	£819 pw	23 respite beds (5 are permanently occupied) 15 place day care
	Pensall Hse, Fairview Way, Pensby	23.48 FTE (Managers,	£840,200	£645 pw	12 beds

	Poulton Hse, Winterhey , Wallasey (Older People)	30.24 FTE Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	£1,033,400	£523 pw	12 beds (+ 1 permanent resident)
	Girtrell Court, Woodpecker Close, Upton (<i>Physical & Sensory Disabilities</i>)	32.19 FTE	£1,085,500	£1,099 pw	3 respite beds
Intermediate Care	Poulton Hse, Wallasey Pensall Hse, Pensby	See respite care	See respite care	See respite care	13 beds 12 beds
Residential Care	Sylvandale, Bromborough	40.09 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	£1,308,500	£1,094 pw	Learning disabilities – 23 beds
	96 Manor Road	4.56 FTE (Manager, Support workers)	£211,200	£1,015 pw	Learning disabilities – 4 beds

	Girtrell Court, Upton	32.19 FTE (Managers, Support workers, Snr Care, Care Assistants, Domestic, Handyperson Cook)	1,085,500	£1,099 pw	Physical and Sensory Disabilities/Learning Disabilities – 16 beds
Day Services	Beaconsfield, Beaconsfield Close, B'head	12.08 FTE	£389,300	<u>Based on ½ day session</u> £31.72	Community Recovery Service – comprises three resource centres, providing individual and group work to support people to develop self-confidence, independence living, linking into community resources.
	78 Union Street, Wallasey	7.96 FTE	£314,300	£18.80	
	Prenton centre, Prenton Hall Road, B'head	5.19	£197,100	£23.66	
	Star Design, Sandford Street, Birkenhead	5.41 FTE	£223,100	£23.17	Mental Health Resource – Providing individual and group support, with a specific focus on woodwork and associated skills eg support towards employment.
	Working Life	3		(inc above)	
	Moreton, Pasture Road, Moreton	31.52 FTE	£1,378,500	£15.46	Day Service – Learning Disability

Heswall, Telegraph Road, Heswall	29.85 FTE	£1,155,200	£19.55	Providing a 5 day per week service – Activities include recreational, educational, leisure activities, access to community facilities. The service supports people by confidence building, independent living skills, adult education and support towards occupation.
Pensbywood, Somerset Road, Irby	12.55 FTE	£508,500	£33.66	
Dale Farm, Oldfield Road, Heswall	10.59 FTE	£242,600	£16.37	
Royden Park, Hillbark Road	(inc in Dale Farm)	£115,500	£10.44	
Eastham Centre, Eastham Rake, Eastham	25.50 FTE	£848,600	£23.45	
Riverside, Duke Street, Birkenhead (inc. Handcart ceramics, Masque theatre	24.00 FTE	£488,400 £95,900	£43.38 (£24.37) – Masque	
Cambridge Road, New Brighton Highcroft, Highcroft Heath Road, Bebington	18.99 FTE (Managers, Support Workers, Care Assistants, Cooks, Domestic, Handyperson, Store Keeper)	£406,700 £438,000	£32.43 £36.06	

**OPTIONS FOR CHANGE
TOWARDS A STRATEGY FOR CARE SERVICES**

CONSULTATION PAPER

AUGUST 2009

RESPONSE TEMPLATE

Closing date for responses: 30th October 2009

Please send to: lizblackmore@wirral.gov.uk

Alternatively, they can be posted to:

Jenny Ricketts
Care Services Manager
Direct Locality Support Services
Department of Adult Social Services
Westminster House
Hamilton Street
CH41 5FN

Respondent Details:

Title	Mr/Mrs/Miss/Ms/Other
Full Name	
Organisation	
Your role	
Address (including postcode)	
Email Address	
Phone Contact	

If you are replying on behalf of a group of respondents or a number of organisations, please complete the following information:

Organisations represented within this response	
--	--

Response details

Date of response:	Closing date: 5pm on 30th October 2009
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Views are sought on the following:

Section 1 (Page 11 – 17)

This section describes how the information and evidence was gathered to provide an evidence base to shape the conclusions.

Consultation Questions

1. Were these the right workpackages to gather information about the service, individual needs, goals and support requirements?
2. Is there any other information or data you or your organisation can provide which will help use to plan these services better?
3. Are there any other suggestions you would like to make with regard to this section

Section 2 (Page 18 – 33)

This section describes national and local information that has been used to shape the conclusions.

Consultation Questions

1. Has the current policy direction at a local and national level been fully understood and reflected in this section?
2. Does this section make a fair assessment of the current position of in-house services against the national and local policy?
3. Does the data collected provide a sufficient profile of Wirral's population in terms of ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other sets of information that should be taken into account?

Section 3 Page (34 – 56)

This section sets out the service model recommendations.

3.4 Transport (Page 36-37)

Conclusions

Views are invited on the desirability of the following:

1. DASS transport service to be outsourced as vehicles become due for lease renewal and staff retire.
2. In addition DASS supports the development of single Corporate Transport Unit
And/or:
3. That the Transport Service be included in any proposal to develop a Local Authority Trading Company.
4. DASS should in addition conduct annual reviews of the service, until such time that recommendation 2 or 3 are enacted.

Any alternative views from stakeholders or partners should be considered

Consultation Questions

1. Are the conclusions for the Transport Service the right ones?
2. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered.

3.5 Supported Living (page 37 – 40)

Conclusions

Views are invited on the desirability of:

- 1 The Supported Living Service to moving towards a 'floating support service', with a focus on community support and less reliance on traditional day centre attendance. This realignment of service will be supported by individual's choice of day time support exercised through personal budgets.

Through a single manager a suggested structure allows for consistency of approach across the services. Targeting Level 3 support workers (increase from 257 – 368 hours) to co-ordinate a new level of enabling assistants (Homecare grade), whose focus will be to support people in their own home in daily living and enablement. The role of senior care assistant to be deleted. Level 2 Support workers to be reduced from 1890 by 1450 hours, these staff to deliver a range of services which are community based (eg. employment, accessing facilities, education etc) therefore input should be short and focussed.

2. That following implementation of realignment the service should consider two options in relation to the future organisational models
 - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
 - b) To become part of the newly formed Local Authority Trading Company

Other views regarding the future of the service are should be considered.

Consultation Questions

1. Is the conclusion with regard to the Supported Living Service the right one?
2. Are there any other options which would help to ensure that people could receive a more personal service, whilst still providing value for money for people with a personal budget?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other views or suggestions you would like to be considered with regard to this service?

3.6 Intermediate Care/Respite (pages 41 – 42)

Conclusions

If a proposal for NHS Wirral to jointly commission 32 dual registered intermediate care beds is approved there are significant implications for Poulton House and Pensall House. In this context views are sought on the desirability of:

1. Decommissioning Poulton House and Pensall House, supporting the development of locality based dual registered intermediate care beds.
2. Commissioning all further respite provision for older people from the external residential care market.
3. Undertaking a feasibility study to establish if the site of Poulton House would be appropriate for the development of a dementia resource centre.
4. Relocating respite for people with learning disabilities to Pensall House.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Are the proposals to commission intermediate care from within locality based dual registered provision the right ones?
2. Have you any concerns if Pensall and Poulton House no longer provide respite and intermediate Care? If so, what are they?
3. In light of the new National and Local Dementia Strategies (see Section 3.8) what do you think the advantages may be of having a dementia centre within the Wallasey locality?
4. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
5. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
6. Are there any other ideas or suggestions you would like to be considered with respect to this service.

3.7 Mapleholme (page 42 – 44)

Conclusions

1. That views be sought on the desirability of the respite service (Mapleholme –Beckwith Street, Birkenhead) being moved to Pensall House as both the conditions and the standards within this building are far superior to those at the Beckwith Street site, with all residents having access to en-suite facilities. (This suggestion is dependant on a change of use of Pensall House – as discussed above)
2. The ‘take a break’ scheme within Mapleholme has already demonstrated a more effective use of respite care, meeting the needs of people using services and their carers in a more personalised way. This scheme could now be extended to all using Mapleholme.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

3.8 Meadowcroft (page 44 – 45)

Conclusions

1. The unit cost of independent residential care is significantly below the in-house costs,. The market analysis suggests that the level of capacity in the market is sufficient to accommodate additional respite care. In this context views are sought on the desirability of decommissioning Meadowcroft and commissioning respite provision from the external market. This would also support a far wider choice of respite care in a variety of homes. The implementation of personal budgets will bring a further dimension, in that over time, people will choose to spend their budget on different kinds of respite rather than the traditional residential provision. Day care to be sourced from the independent sector or new Dementia Centre

Views from stakeholders and partners should be invited.

Consultation Questions

1. Are the conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with regard to this service?

3.9 Fernleigh (page 45)

Conclusions

There has been some discussion with commissioners about the further utilisation of this resource to support the reduction of hospital admissions, however at this point there are no firm plans for this to take place. Should this be identified at a later date, the investment in this resource should be funded by the NHS Wirral.

Indeed at this present time the resource is funded by DASS. In the first instance discussion should take place to agree the future funding arrangement of this resource with a significant contribution being sought from NHS Wirral.

Views on this service are invited.

Consultation Questions

1. Do you have any views on this service?

3.10 Residential Care (pages 46 - 48)

Conclusions

The current residents of Girtrell Court and Sylvandale should be offered a similar opportunity that the tenants of West Wirral, Birkenhead and Wallasey were offered some years ago i.e to move into supported living, and have a tenancy with a housing association. In addition residents at Manor Road should be given the opportunity of either becoming tenants in their current property or alternatively within individual or group living arrangements.

This is an opportunity to move beyond the 'group living' arrangements currently in place. Many individuals, including those with the most complex needs, are successfully being supported in their own homes. Supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including 'general needs', social housing and even home-ownership.

In total 39 people with learning disabilities and variable levels of physical disability would need to be found new accommodation, this figure does not include the individuals living at Manor Road. Dependent on the outcome of individual housing needs assessments and consideration of alternative accommodation may be appropriate or the transfer of the current building to a Registered Social Landlord (RSL) may be feasible. Property requirements may range from 'general needs' housing, through to individual tenancies or the opportunity for group living arrangements.

The following issues will need to be considered:

1. The extent to which current properties will need to be used as capital input from the Council. All arrangements would need to be in line with the Council's disposal policy approved by Cabinet (19.3.09)
2. The timescale of delivery in the context that the Government has brought forward funding for new developments to stimulate the housing market.
3. The potential requirement for Housing Corporation Grant, in the context of priority ranking for other supported housing schemes.
4. Identification facilities within the newly developing extra care scheme for the provision of respite care for people with physical and sensory disabilities e.g the Somerville Road Extra Care scheme will have adapted bungalows available for rental by the Department of Adult Social Services to accommodate individuals. It may be at a future date these individuals will choose to use a personal budget to make alternative arrangements.

Staff support delivered to the new tenancies will be provided by the new supported living services (See section 3.5) with staff from the residential sector assimilated into this team. Each new tenant will be entitled to a range of benefits to support their daily living and accommodation costs and may well choose a personal budget to determine their individual support needs. To sum up:- views be sought on the desirability of the following, that the Authority should:

1. Identify and confirm housing/support needs for all residents in the above properties.
2. Commence discussion with Registered Social Landlords through the Department of Regeneration to identify potential options/accommodation to meet individual needs. This will be co-ordinated through the Core Strategy Development Group
3. Reassess the staffing complement during the transition period to ensure that suitable numbers of staff with the required skills and competencies are transferred to the new supported living services.
4. Following implementation of realignment the support service should consider two options in relation to the future organisational models
 - a) Pursue open tender if the department re-tenders with a new contract for Supported Living or:
 - b) To become part of the newly formed Local Authority Trading Company

Any other views from stakeholders or partners regarding this service should be invited.

Consultation Questions

1. Are these conclusions the right ones?
2. Do you have any concerns about these conclusions, and what could we do to address them?
3. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
4. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
5. Are there any other ideas or suggestions you would like to be considered with respect to this service.

3.11 Dementia Care (page 48 – 49)

Conclusions

- That a feasibility study be undertaken to establish the viability, investment and actions necessary for the development of a Wirral wide or locality based dementia resource

Consultation Questions

1. Is this conclusion the right one?
2. Do you have any concerns about this conclusion, and what could we do to address them?
3. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
4. Are there any other ideas or suggestions you would like to be considered in respect of this conclusion?



3.12 Day Services (page 50 –56)

Conclusion

That views be sought on the following suggestions:

Day Services – Enabling

Learning Disabilities/Physical and Sensory – Community Bridge Building Service

A Community Bridge Building Service should be set up comprising a Manager, 5 full time equivalent Community Bridge Builders. It would be the aim of the service to be flexible to individual's need and times of contact. The team would operate a span of duty that will begin no earlier than 8 am and end no later than 10 pm, offering planned interventions over 7 days (depending on client need and identified goals)

The team would have a capacity of up to 100 cases. This would be reviewed at regular times.

Resource for this team to be identified from within current day services. Competencies to be developed which are aligned to personalised practice and staff to be selected against these competencies.

Community Mental Health Recovery Service

This service to have a single management structure although like the learning disabilities community bridge building services it would operate in the three localities. Working Life service to be amalgamated into this service.

Day Service Provision

Day Services provide the greatest scope for reshaping in the context of personal budgets, providing a more extensive range of support to people. These services could include personal assistant provision, brokerage, respite, support with building skills, support into learning and occupation, and access to mainstream recreational and leisure experience.

These are also potentially the most vulnerable services as people may chose alternative models of support to achieve similar outcomes.

In this context therefore the conclusions are: that consideration be given to the remaining day service to move into a Local Authority Trading Company, for a three year period, to be reviewed after those three years with regard to the suitability and success of this approach.

That the transition process continues the audit of current utilisation of building and connectivity to the

Strategic Asset Review.

Implementation governance arrangements would need to be determined in the event of approval to proceed being granted by Cabinet. In these circumstances the current relationship between commissioner and provider would no longer be appropriate.

This report provides the initial business case for the transfer of day services, however a more detailed business case would need to be presented to Cabinet using the 'Preparing to Trade' Annex A – Guidance on the Power in the Local Government Act 2003. Alongside this in-depth consultation on this option.

It may be that other elements of service could be added to the LATC as their new shape embeds and the personalisation agenda evolves eg. Supported living, Respite Care (LD/PSD/Mental Health), Transport.

This proposal must also consider the services who have 'expressed interest' in developing a Social Enterprise. Attention should be given to supporting the preparation of these business cases. It may be that the development could continue under the umbrella of the LATC. The former route would require Cabinet to agree to the two main commitments within 'Right To Request', a) that staff exercising their 'Right to Request' retain their membership of the Local Authority Pension while they work on Council funded services and b) that the newly developed Social Enterprise receive a three year uncontested contract.

Other views from stakeholders and partners should be invited.

Consultation Questions

1. Do you think that some day services should have the opportunity to develop into Social Enterprises?
2. Is the conclusion about the developing a Community Bridge Building Service for people with Learning Disabilities and Physical and Sensory Disabilities the right one?
3. Is the conclusion about refocusing Mental Health Services the right one?
4. What are your views about the Local Authority exploring the option of developing a Local Trading Company in the first instance to support the development of day services but other care services if it appropriate?
5. Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?
6. Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientation?
7. Are there any other views or suggestions you would like to be considered with respect to these services?

Thank you

WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

REPORT OF THE DEPARTMENT OF ADULT SOCIAL SERVICES

QUARTER ONE PERFORMANCE REPORT APRIL TO JUNE 2009/2010

1. Executive Summary

- 1.1 This report provides an overview of progress made against the indicators for 2009/2010 and key projects which are relevant to the Health and Wellbeing Overview and Scrutiny Committee.
- 1.2 This report sets out that overall performance against the 2009/10 projects relevant to the Health and Wellbeing Overview and Scrutiny Committee is good.
- Four projects are assessed as green (all milestones that should have been met at this point have been met)
 - Six projects are assessed as amber and two as red, (critical milestones missed/serious slippage). Corrective action to bring amber and red projects back on track is provided.
- 1.3 There are 31 indicators that can be reported at the April to June 2009 quarter period.
- Of the 31 indicators mentioned above, 23 (74.19%) are rated as green or exceeding their targets, 1 (3.23%) is amber and 4 (12.90%) are red. One indicator (3.23%) is awaiting data, and two (6.45%) have outturns however no targets have been set for comparison.
 - Some of the data within this report is currently provisional awaiting validation or are estimated figures. This is noted accordingly within the report.
 - Of the 31 indicators mentioned above, 10 (32.26%) have improved by more than 2.5% on previous year's performance, 9 (29.03%) have deteriorated by more than 2.5% on previous year's performance and three (9.68%) have stayed within +/-2.5% of previous year's performance. Eight (25.81%) of indicators cannot be compared to the previous year, and one (3.23%) is awaiting data.

Appendix 1 provides the status of all the 2009/10 indicators that can be reported to this scrutiny committee for Quarter One.

2. Background

- 2.1 At the Scrutiny Programme Board meeting on the 27th May 2009, it was agreed that performance information on the activities relevant to each overview and scrutiny committee would be placed in the web library and a presentation made to the next appropriate meeting. In addition Chief Officers would present reports to relevant overview and scrutiny committees on specific financial matters which fell within their remit.

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

- 3.1 Priorities for improvement: **promote greater choice and independence.**

Performance headlines for this strategic objective include:

- Alcohol harm related hospital admissions is achieving target.
- Achieving independence for older people through rehabilitation/intermediate care exceeded the quarter one target at 92.06%.
- Social care clients receiving self directed support has achieved the quarter one target.
- Timeliness of social care assessments and social care packages following assessment are within targets set.
- Carers receiving needs assessment or review and specific carer's service advice and information is exceeding target.
- People supported to live independently through social services exceeding target.
- 99% of items of equipment have been delivered within 7 working days
- 205 new individuals have received a service via Wirral Assistive Technology exceeding the target of 187.
- Reducing the number of people with dementia admitted to residential and nursing care.

3.2 The following projects have been **completed** or assessed as **green** (all milestones that should have been met at this point have been met):

- Implement health inequalities action plan
- Care Service Strategy – Viability and Design Study'
- Engage with public, professional and carers to design an integrated care pathway for people with dementia
- Implement the alcohol harm reduction strategy.

3.3 Performance issues

The following indicators have not met the quarterly target by more than 10% and are therefore assessed as **red** or have missed the target by between 5% and 10% and are assessed as **amber**:

Strategic Objective: Improve health and well being for all, ensuring people who require support are full participants in mainstream society

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	NI 40	Number of drug users recorded as being in effective treatment	2320	2133 E	Amber	Deteriorated

Corrective action: Providers have been tasked with refocusing attention on actions that may increase the numbers coming into treatment and an action plan has been put into operation by WDS and ARCH and supported by other services. The DAAT (Drug and Alcohol Action team) have approached the NTA (National Treatment Agency) to look at this target in the context of Wirral having to increase numbers coming into treatment in circumstances where there is increasing evidence to support the conclusion that the numbers of people using heroin/crack cocaine is in decline. These actions are ongoing.

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	NI 146	Adults with learning disabilities in employment	4.50%	0% P	Red	Deteriorated
Corrective action: The change in calculation methodology requires further analysis of data, with the outturn reported in Q2						

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8429	Number of service users who have received HART (Home Assessment Re-ablement Team) service and do not require a maintenance care package or who have been signposted to non-commissioned services.	185	112 Actual	Red	Deteriorated
Corrective action: Q1 has been reported as underperforming due to the nature of the service. For any people who use services, who access the HART service from 1 st April it may take up to 6 weeks to exit the service, and therefore PI data collection is subject to a delay in the first 6 weeks of the quarter, as outcomes for individuals are counted when exiting the service following a period of reablement. It is expected that performance will accelerate in Quarter Two.						

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8430	Number of service users whose care package has reduced on exit from HART service	200	156 Actual	Red	Improved
Corrective action: Q1 has been reported as underperforming due to the nature of the service. For any people who use services, who access the HART service from 1 st April it may take up to 6 weeks to exit the service, and therefore PI data collection is subject to a delay in the first 6 weeks of the quarter, as outcomes for individuals are counted when exiting the service following a period of reablement. It is expected that performance will accelerate in Quarter Two.						

Portfolio	PI no	Title	2009/2010 Q1 Target	2009/2010 Q1 Actual	On target	Direction of travel
Social Care and Inclusion	LOCAL 8858	The percentage of completed assessments that are recorded as self assessments	5%	0.19% Provisional	Red	N/A
Context: This is a new indicator that is captured using a revised assessment process. Staff undertaking assessments have been undertaking training in the new process (essentially the use of a revised form) during the early part of the year.						

Corrective action: Teams undertaking assessments are receiving monthly feedback on the percentage of self assessments undertaken as part of the new DASS balanced scorecard initiative, increasing the visibility of performance against the target. Further training and process clarification will also be taking place.

3.4 The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage) or **red** (critical milestones have been missed or there is serious slippage):

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Personal Budgets & Self Directed Support	AMBER	Action plan for NI130 to be shared with Steering Group, which includes targets and actions to improve the take up of Direct Payments and Personal Budgets (when implemented). Complete support planning stage. Continue evaluation process. Confirmation of Phase 2 of the pilot. Finalise health section of self directed assessment and pilot in Wallasey locality from 1 st August
Social Care & Inclusion	Provision of Access to Services 24 hours a day, 7 days a week	RED	3rd draft of project initiation document (PID) in development to be submitted to DASS transformation board on 15th July 2009. Project manager needs to be confirmed. Project group needs to be established following agreement of PID. Project support will be provided by the Reform Unit once vacancies in the team have been filled.
Social Care & Inclusion	Provision of locality Reablement and Assessment Services	RED	Project group needs to be established following agreement of project initiation document. Project support will be provided by the Reform Unit once vacancies in the team have been filled.
Social Care & Inclusion	Development of strategic integrated commissioning and partnerships across health and social care through WISP: Wirral Integrated Services Pilot	AMBER	Ongoing development of 2nd draft of project initiation document to be submitted to DASS transformation board on 15th July 2009. Project plan in development. Initial meeting with North West Joint Improvement Programme lead re proactive evaluation approach. Project groups still to be established. Bench mark strength of partnership using validated tool. Develop evaluation framework/process with locality leads. Develop memorandum of understanding.
Social Care & Inclusion	Development and Implementation of an Early Intervention Strategy	AMBER	Launch event being organised to gain sign up for the project. Fortnightly meetings of project lead and key staff from reform unit and service manager early Intervention and prevention have been organised. Commencing project planning. Complete planning and develop project group. Developing definitions – early intervention / prevention wellbeing. Finalise planning for launch event
Social Care & Inclusion	Implement the falls prevention action plan	AMBER	NWAS (North West Ambulance Service) Pathway not in place this is expected to be agreed end of July.

Portfolio	Key project	Status	Corrective Action
Social Care & Inclusion	Provide training for front line staff to increase public and professional awareness of mental health signposting to services and support	AMBER	Information Sharing process via Caldicott Guardian to be agreed. Further work needed regarding definition of this indicator ('become engaged in meaningful social activities'). Develop data set further so 'meaningful social activities' can be recorded. Engagement of key partners into Suicide Prevention and Audit Group. Authorisation is being sought from all relevant parties to agree Information Sharing protocol. Engagement process with cohort to be agreed.
Social Care & Inclusion	Implement SmokeFree Wirral action plan to reduce smoking prevalence	AMBER	The Primary Care Trust (PCT) has developed a Project Management Plan to help this recover the project and get back on track.

3.5 Risks

The Transformational Change Programme led by Adult Social Services and focussed upon the personalisation agenda, remains critical to the delivery of the aims of this objective. By incorporating this within the Council Strategic Change Programme the supporting and reporting mechanisms have been strengthened.

4. **Financial implications**

There are continuing pressures on the community care budgets and, as a result of the economic climate, there will be a shortfall in income from service users as these reflect property values and assessed income. The projected overspend rises to £3.2m. Action plans to address this are through the redesign of services, reviews and re-ablement which are expected to reduce the overspend to around £1.1 million and work continues on identifying further efficiencies.

4.1 **Capital Monitoring**

The Director has reported regularly to Cabinet on Transforming Social Care including a review of intermediate care. The forecast is essentially slippage from 2008/09 as the options for the provision of residential accommodation and care services remain under review and subject to consultation. At this stage it is unlikely that significant amounts will be spent in these areas.

5. **Staffing implications**

There are no issues arising directly from the report.

6. **Equal Opportunities implications**

There are no issues arising directly from the report.

7. **Community Safety implications**

There are no issues arising directly from the report.

8. Local Agenda 21

This report contains no implications for Local Agenda 21.

9. Planning implications

There are no issues arising directly from the report.

10. Anti-poverty implications

There are no issues arising directly from the report.

11. Social inclusion implications

There are no issues arising directly from the report.

12. Local Member Support implications

This report reflects on the delivery of services to all Wirral Council wards.

13. Background Papers

The following background papers have been used in the preparation of this report
Quarter One Corporate Performance Report

JOHN WEBB
DIRECTOR OF ADULT SOCIAL SERVICES

This report was prepared by Rachel Hughes who can be contacted on 0151 666 5135

Appendix 1 – Performance Indicator Summary

Direction of Travel Summary



% PIs	No. of PIs	
32.26%	10	Improved by more than 2.5% on previous year's performance
29.03%	9	Deteriorated by more than 2.5% on previous year's performance
9.68%	3	Stayed within +/-2.5% of previous year's performance
3.23%	1	Awaiting data
25.81%	8	Not applicable
100.00%	31	(Note: percentages rounded to 2 decimal places)

Target Summary

% PIs	No. of PIs	
41.94%	13	Green (within +10/-5% of the target)
3.23%	1	Amber (missed target by between 5% and 10%)
12.90%	4	Red (missed target by more than 10%)
32.26%	10	Over-performing (more than 10% of the target)
3.23%	1	Awaiting data
6.45%	2	Target not set
0.00%	0	Not Applicable
100.00%	31	(Note: percentages rounded to 2 decimal places)

Corporate Objective: Improve health and well being for all, ensuring people who require support are full participants in mainstream society

Data Key	
Actual	(A)
Estimate	(E)
Provisional	(P)

PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
NI 39	Alcohol-harm related hospital admission rates	690.5 (Lower is Better)	456 (E)	Over Performing	
NI 40	Number of drug users recorded as being in effective treatment	2320	2133 (E)	Amber	

PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
NI 49a	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Primary Fires)	61.0 (Lower is Better)	46.43 (A)	Over Performing	↑
NI 49b	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Fatalities)	0.3 (Lower is Better)	0.3 (A)	Green	↓
NI 49c	Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Non-Fatal Casualties)	2.9 (Lower is Better)	2.3 (A)	Over Performing	↑
NI 120a	All-age all cause mortality rate (Male)	714 (Lower is Better)	730.57 (P)	Green	n/a
NI 120b	All-age all cause mortality rate (Female)	500 (Lower is Better)	504.28 (P)	Green	n/a
NI 121	Mortality rate from all circulatory diseases at ages under 75	(Lower is Better)	76.6 (P)		n/a
NI 122	Mortality rate from all cancers at ages under 75	(Lower is Better)	131.4 (P)		n/a
NI 123	Clients receiving support through the NHS Stop Smoking Services	224	224 (E)	Green	↑
NI 125	Achieving independence for older people through rehabilitation/intermediate care	88.0%	92.06% (A)	Green	n/a
NI 126	Early Access for Women to Maternity Services	95%	95% (E)	Green	↓
NI 130	Social care clients receiving Self Directed Support	5%	5.06% (A)	Green	↓
NI 131	Delayed transfers of care	11.7 (Lower is Better)	6.6 (A)	Over Performing	↓
NI 132	Timeliness of social care assessment (all adults)	85%	81.3% (A)	Green	↔
NI 133	Timeliness of social care packages following assessment	97%	95.68% (A)	Green	↔
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	19%	23.15% (A)	Over Performing	↔
NI 136	People supported to live independently through social services (all adults)	2185	2788.62 (A)	Over Performing	↑
NI 145	Adults with learning disabilities in settled accommodation	15%	17% (P)	Over Performing	n/a
NI 146	Adults with learning disabilities in employment	4.50%	0% (P)	Red	↓
NI 149	Adults receiving secondary mental health services in settled accommodation	43%	62% (A)	Over Performing	↓
NI 150	Adults receiving secondary mental health services in employment	8.8%	9.5% (A)	Green	↑

PI No.	Title	Quarter 1 Target	Quarter 1 Actual	On Target	Direction of Travel
LOCAL 8134	The number of people from BME groups who attend NHS Stop Smoking Services who had set a quit date and who are still not smoking at 4 weeks				
LOCAL 8228a	The number of emergency unscheduled acute hospital bed days occupied by people aged 75+ in NHS hospitals in Wirral who are admitted through fractured neck of femur, as measured by Wirral NHS data as a result of a fall.	1712 (Lower is Better)	1121 (E)	Over Performing	↓
LOCAL 8429	Number of service users who have received HART service and do not require a maintenance care package or who have been signposted to non-commissioned services.	185	112 (A)	Red	↓
LOCAL 8430	Number of service users whose care package has reduced on exit from HART service	200	156 (A)	Red	↑
LOCAL 8432	Establish cohort of clients aged 16-35 with two or more episodes of self harm in the last 12 months who subsequently become engaged in meaningful social activities.	0	2 (A)	Over Performing	↑
LOCAL 8436	To reduce the number of people with dementia admitted to residential and nursing care 5% reduction on 2007/8 admittances	40 (Lower is Better)	38 (A)	Green	↑
LOCAL 8856	% of items of equipment delivered within 7 working days (PAF D54)	93%	99% (P)	Green	↑
LOCAL 8857	An increase in the number of new individuals who have received a service via Wirral Assistive Technology (including telecare and telemedicine)	187	205 (E)	Green	n/a
LOCAL 8858	The percentage of completed assessments that are recorded as self assessments	5%	0.19% (P)	Red	n/a

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE:
8TH SEPTEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

DIGNITY IN CARE

Executive Summary

Dignity in Care is a national campaign to implement a zero tolerance approach to the abuse of and disrespect towards older people. The report outlines the areas of work Wirral may wish to consider taking forward to measure awareness of the need for respecting people's dignity.

1 Background

- 1.1 The Dignity in Care Campaign was launched in November 2006; it aims to stimulate a national debate around the need for people receiving care services to be treated with dignity. The aim is to create a care system where there is a zero-tolerance approach to the abuse of, and disrespect towards, older people.
- 1.2 The campaign is about winning hearts and minds, changing the culture of care services and placing a greater emphasis on the quality of care services in, for example, hospital, care homes and community services.
- 1.3 The campaign is being led by the Government in partnership with many organisations that provide care and protect the interests of those using care services.
- 1.4 It includes action to:
 - Raise awareness of dignity in care;
 - Inspire local people to take action in support of the campaign;
 - Share good practice and give impetus to positive innovation;
 - Transform services by supporting people and organisations in providing dignified services; and
 - Reward and recognise those staff and teams that make a difference and go the extra mile.
- 1.5 In support of this campaign, people across the country from all walks of life are signing up as Dignity Champions.

2. Dignity Champions

- 2.1 Dignity Champions are people who believe that ensuring dignity and respect for people using care services is a cause worth pursuing. To Dignity Champions, being treated with dignity isn't an optional extra; it's a basic human right. They believe it is not enough that care services are

efficient. They must be compassionate too. Champions aim to work in partnership with care providers to improve the quality of services.

2.2 Dignity Champions are people who, in their own way, are committed to taking some action, however small, in order to create a care system that has compassion and respect for those using its services. The role is not intended to require lots of time, energy and experience. For example, even commending staff on a personal level for respecting dignity helps the campaign.

2.3 Dignity Champions include health and social care managers and frontline staff. They also include MPs, councillors, non-executive directors, members of local action groups and Local Involvement Networks, and people from voluntary and advocacy organisations. People, who use care services, their relatives and carers, as well as members of the public, are also becoming Dignity Champions

3. The Dignity Challenge

3.1 High quality services that respect people's dignity should:

- 1) Have a zero tolerance of all forms of abuse
- 2) Support people with the same respect you would want for yourself or a member of your family
- 3) Treat each person as an individual by offering a personalised service
- 4) Enable people to maintain the maximum possible level of independence, choice and control
- 5) Listen and support people to express their needs and wants
- 6) Respect people's right to privacy
- 7) Ensure people feel able to complain without fear of retribution
- 8) Engage with family members and carers as care partners
- 9) Assist people to maintain confidence and a positive self esteem
- 10) Act to alleviate people's loneliness and isolation

3.2 What is important to older people in maintaining dignity when receiving health and social care services?

4 Autonomy

4.1 This is a major aspect of dignity in care and involves:

- Support to be involved in care if people want to be:
 - Appropriate, sensitive and timely assistance available to help people to make decisions
 - Availability of advocacy services
- Ascertaining people's desire to be involved in their own care
 - establish what people would like to do for themselves and what they would like help with, and providing them with choice wherever possible
 - constant review of cognitive capacity

- involving people in their own care:
 - in care planning, if desired
 - in care and treatment
 - wishes and needs taken into account when planning treatment
 - complaints listened to, taken seriously and acted upon where necessary
 - responsibility for own medication where possible
- Support to maintain and maximise independence including :
 - support and services available to help maintain independence (even at the end of life)
 - availability of appropriate equipment to maximise independence in all settings
 - availability of accommodation/environment that meets needs and matches expectations and preferences.

5 Communication

5.1 The domain often reveals the attitudes of health and social care professional towards service users, and should include:

- readily available, approachable, qualified staff to discuss any concerns
 - appropriate, courteous and sensitive communication from staff at all times.
 - being acknowledged and seen as real people
 - feel listened to and understood by care professionals
- Effective communication, including
 - consistent messages about treatment, condition or everyday living arrangements
 - clear and understandable explanations of treatment and conditions.

6 Eating and nutrition

6.1 Dignified care entails more than simply ensuring patients eat enough. It should include:

- choice of when and what to eat
- sensitive, appropriate and timely assistance with eating
- presentation of food (e.g. proper cutlery; eating as a social experience at a nicely laid table)
- drinking and dehydration (particularly during end-of-life-care).

7 Privacy

7.1 Privacy is regarded as a key aspect of being able to preserve one's self respect and includes:

- Design of care environments for example curtains and blinds that close
- Respectful staff attitudes in relation to all aspects of care including privacy when washing, dressing and using the toilet, knocking on doors

before entering the room and waiting to be invited in, privacy during examinations and treatment by health professionals.

- Availability of appropriate facilities to help maintain privacy like single-sex wards and washing/toilet facilities and gowns that do not gape.

8 Personal Care

8.1 This includes:

- Respect an individual's preferred lifestyle, including: flexibility to meet individual needs, timetables to suit the client, assistant that reflects individuals wishes.
- Respectable delivery of care and support
- Sufficient time for home care visits

9 Action

9.1 A number of Councils and NHS Trusts have set up specific initiatives to recruit dignity champions and increase awareness of the importance of respecting people's dignity.

9.2 A small task group to be established across Social Care, Health, LINKs and Older People's Parliament to develop an action plan for Wirral.

9.3 Areas to consider are:

- Publicise our intent
- Active Media Campaign
- Include Dignity criteria in contracts for commissioned services
- Include Dignity challenges as an essential aspect of all job descriptions
- Seek people to register as Dignity Champions
- Consider a local Dignity in Care Aware Scheme and Awards for individual staff
- Link Dignity agenda to personalisation, Adult Protection and equality and diversity agendas
- Undertake survey/audit of Dignity in Care and develop centres of excellence

10 Financial Implications

None arising from this report

11 Staffing Implications

None arising from this report

12 Equal Opportunities Implications

The campaign promotes effective equality and diversity practice

13 Community Safety Implications

The campaign would enhance the work of the partnership approach to community safety being taken in Wirral.

14 Local Agenda 21 Implications

None arising from this report

15 Planning Implications

None arising from this report

16 Anti Poverty Implications

None arising from this report

17 Social Inclusion Implications

This invitation would contribute to the social inclusion agenda. Recognising the value and importance of all people including those who need support.

18 Local Member Support Implications

The campaign applies to all wards within the Borough and active support from members is encouraged

19 Health Implications

The campaign is actively supported by the Department of Health

Background Papers

Reference – Dignity in Care Becoming a Champion Department of Health 2008.

20 Recommendations

That

- (1) The Committee notes this report and approves the suggested actions

JOHN WEBB
Director of Adult Social Services

Tina Long
Director of Strategic Partnerships, NHS Wirral
Tel no 651 0011 Ext 1535

Date 18 August 2009

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
8TH SEPTEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

REVIEW OF MEALS ON WHEELS CONTRACT

Executive Summary

The purpose of this report is to provide members with an update on the meals-on-wheels contract provided by ICARE since 1st July 2008.

1 Background

1.1 An initial progress report on the Meal on Wheels contract was presented to Social Care, Health and Inclusion Overview and Scrutiny Committee on 24th November 2008. Members requested a further progress report be presented after six months. In providing this progress report the results of two quarterly customer satisfaction surveys which the provider is required to undertake as part of their contract are also considered.

2 Meals on Wheels Contract Monitoring / Quality Assurance Results

2.1 ICARE assumed full responsibility for the Meals-on-Wheels (MOW) service on 1st July 2008. Since the contract commencement the service has been robustly monitored by analysing 4 weekly activity returns and quarterly service review meetings. For the remaining four years of the contract performance will continue to be monitored using the four weekly returns, customer satisfaction surveys undertaken every six months and annual contract review meetings. This quality assurance approach will be applied to ensure the service continues to meet the contract specification and the needs of people who use our services.

2.2 When the contract was tendered it was estimated that the successful provider would need to deliver 155,000 meals per annum. However the actual volume of meals during the first two four week periods was 13% below this figure (135,000 meals). This resulted in the Department of Adult Social Services invoking clause 10.4 of the contract with ICARE which states "Should the number of meals delivered on more than two consecutive four week periods be more than 10% below the contracted average four weekly volume, the Service Purchaser reserves the right to reduce the four weekly payment pro rata". Payments to ICARE were therefore adjusted accordingly.

2.3 ICARE performance against the contract monitoring framework for the period 1st July 2008 to 2nd August 2009 was as follows:

Average number of people receiving meals under the contract	431
Average number of new starters (per 4 week period)	37
Average number of leavers (per 4 week period)	45
Number of hot meals delivered to people who use services	141,456
Number of frozen meals delivered to people who use services	1,655
Number of any religious, cultural and special dietary meals provided	27,810
Cultural	0
Pureed	72
Soft Diets	1,547
Vegetarian	3,152
Gluten Free	168
Low Salt	384
Low Fat	2,275
Diabetic	20,212
Number of non-deliveries or returns	2,215
The collective number of meals delivered 1 st July 2008 to 2 nd August 2009	143,111

Number of Complaints, comments and compliments 1 st July 2008 to 2 nd August 2009	
Complaints	13
Comments	0
Compliments	8

The above results confirm that ICARE is operating within the current contractual parameters in terms of volume and supports significant numbers of people with specific dietary needs. Further work to profile the ethnicity of the people supported and their cultural needs is to be undertaken with the provider and the contracts team.

3 Customer Satisfaction Surveys

Two customer satisfaction surveys have been undertaken to date.

- 3.1 The MOW contract requires ICARE to undertake satisfaction surveys at least every six months and share the findings with the Council. The customer satisfaction survey is designed to test organisational competencies from a consumer perspective. Two surveys have been completed since the last report to members. In order to compare the two surveys this report considers the results in terms of percentages although the survey data appended is reported as a count of responses.
- 3.2 For the period 1st July 2008 to 31st October 2008, ICARE dispatched 320 customer surveys and received 213 replies which represent a high return

rate of 67%. Overall survey results for this period were positive and the full survey results are available Appendix 1. Significantly 99% of respondents stated they were satisfied with the service provided by delivery staff, 94% confirmed that the driver wore an ID badge and 66% of people stated that their meals were always hot on arrival with a further 29% confirming that their meals were hot most of the time. Although the existing questionnaire establishes at what time meals are delivered it does not confirm if they are delivered at a convenient time that ensures they are hot when eaten and this issue will be explored in further surveys. People who use the service confirmed that the meals they received were enjoyable with 49% of people stating this to be most of the time and a further 42% stating this to always be the case. In total 90% of people felt that there was enough variety in the meals they received but only 50% of people were aware of how to make a complaint about a meal should they wish to do so.

- 3.3 For the period 1st November 2008 to 30th April 2009, ICARE dispatched 295 customer surveys and received a lower but good return rate of 47%. Again the results overall were positive and consistent with those received in the previous quarter. The full survey results are available Appendix 2. One question relating to staff wearing uniforms was dropped from the previous survey and three new questions were added. One of the new questions asked if a regular monthly bill was received by those paying by account to which only 38% responded yes. It is not clear if this result is significant and discussions are planned with ICARE to seek clarification and possible questionnaire design improvements. Results in relation to the variety of meals improved with 62% of people saying they were happy all of the time compared to 44% in the previous survey. The number of people who said they knew how to complain about a meal also improved from 50% to 57% but 30% clearly stated they did not. Improving performance in this area is to be targeted for the next quarterly report with assistance from DASS. The other new questions included in this survey aimed to establish if the people using the service would welcome the drivers who deliver the meals spending more time with them, making them a drink or undertaking other tasks. In each case 90% of those who gave a response replied no.

3 Financial and Staffing Implications

It is estimated that amendments made to the number of meals provided under the contract against the original specification will result in a reduced revenue commitment of £52,000.

4 Equal Opportunities Implications

The low take up of 'cultural' meals requires further examination see Para 2.3 above. Officers will review this issue in the context of both the assessment process and the meals provided. Initial contact will be made with Wirral Multi cultural organisation and Wirral's Older Peoples Parliament.

5 Community Safety Implications

There are no direct community safety implications.

6 Local Agenda 21 Implications

The efficient delivery of the meals on wheels service relates to Strategic Issue 4 - Healthy people - safer places and Strategic Issue 5 - A caring environment for everyone, by promoting the health and well being of Older People in Wirral

7 Planning Implications

There are no planning implications in this report.

8 Anti Poverty Implications

There are no direct anti poverty implications in this report.

9 Social Inclusion Implications

Older People and People with Physical and/or Sensory Disabilities are among the most excluded members of society and the meals on wheels service can provide regular social contact.

10 Local Member Support Implications

There are implications for members in that meals on wheels are consumed by vulnerable people in all wards.

11 Health Implications

Meals on wheels make an important contribution to the health and well being of Older People in Wirral.

12 Background Papers

None.

13 Recommendations

That Members note the contents of the report .

JOHN WEBB
Director of Adult Social Services

Roger Chester
Contracts Officer
ext no 3622 Date 10th August 2009

APPENDIX 1 - SERVICE USER SURVEY RESULTS

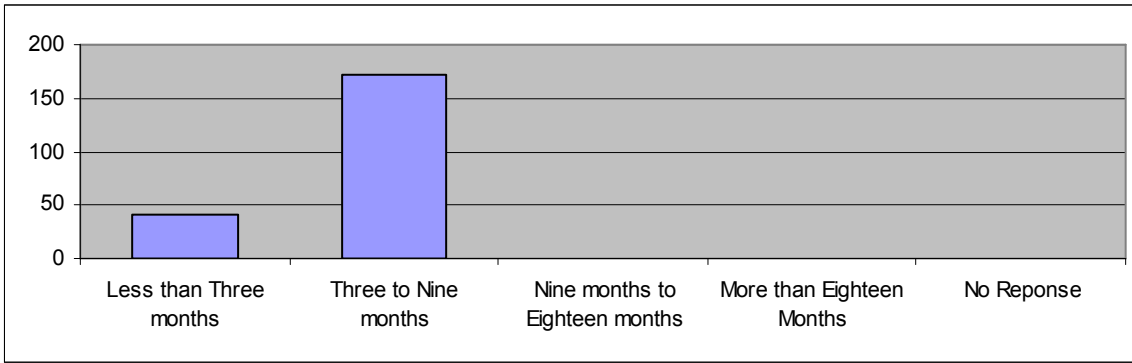
WIRRAL AREA

OCTOBER 2008

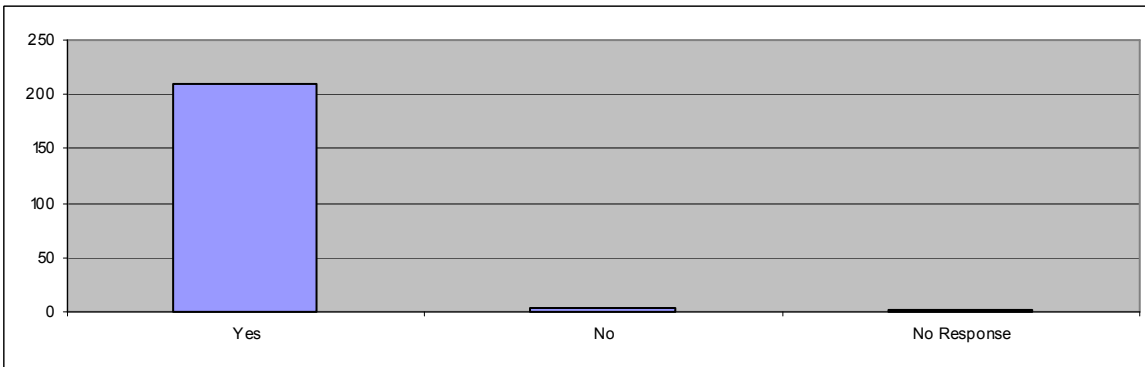
Number Despatched ; 320

Number Audited ; 213

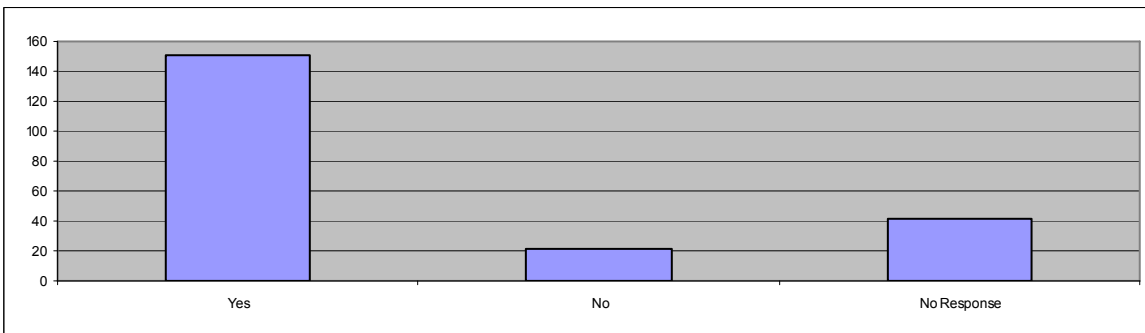
1) How long have you received Community Meals from I Care?



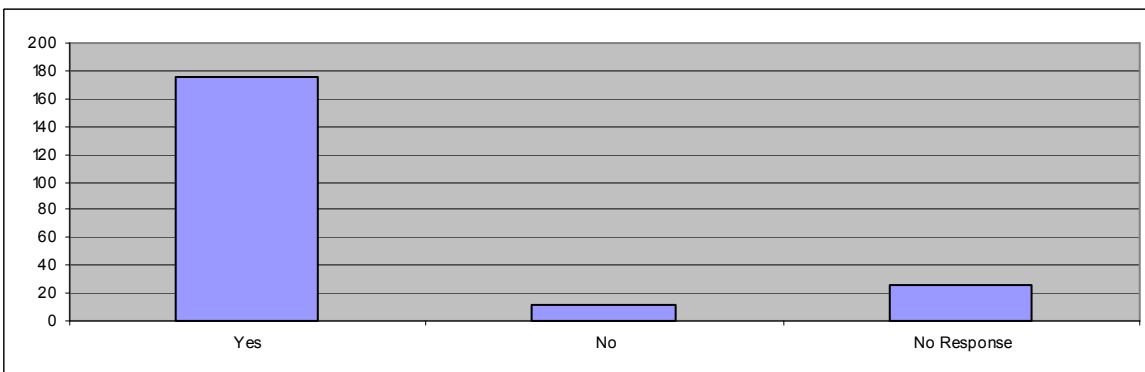
2) Are you satisfied with the service provided by our delivery staff?



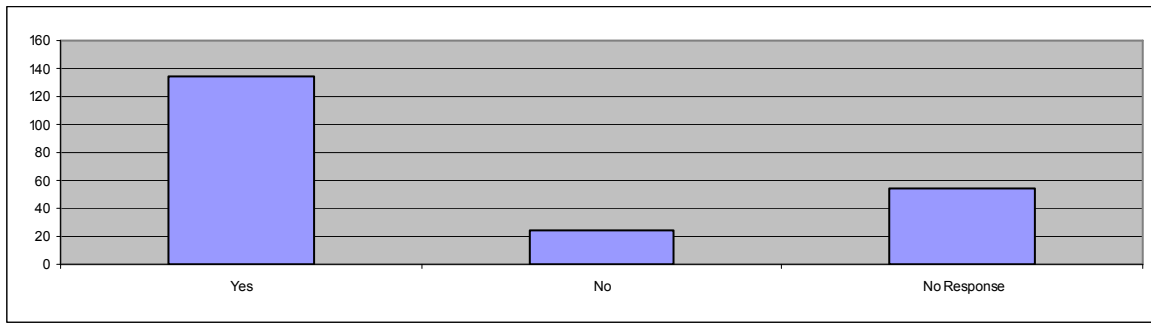
3) Does the driver wear the I Care Uniform?



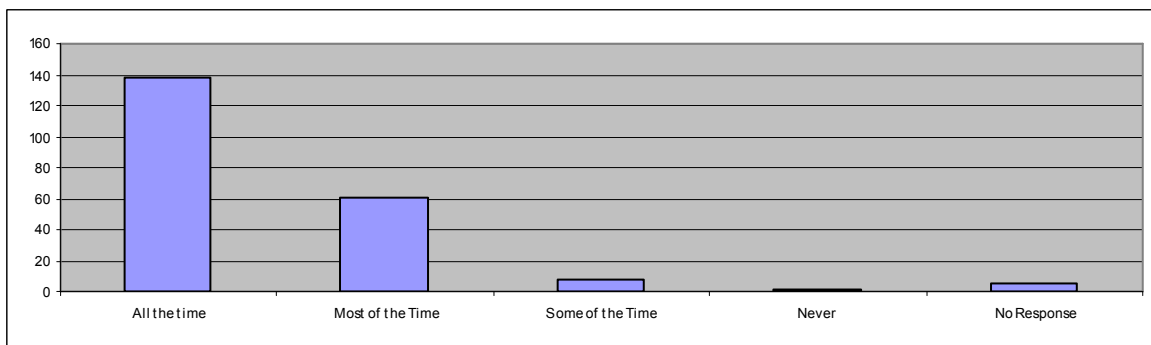
4) Does the driver wear the I Care I.D Badge?



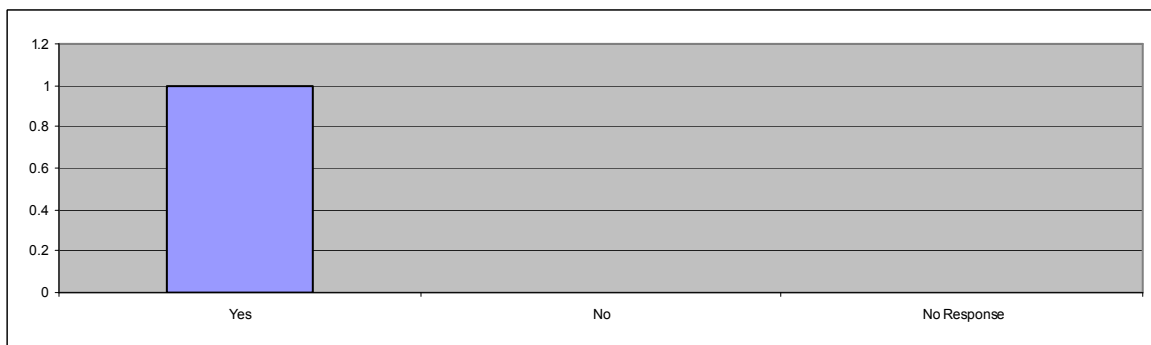
5) Are you issued with a receipt when paying weekly?



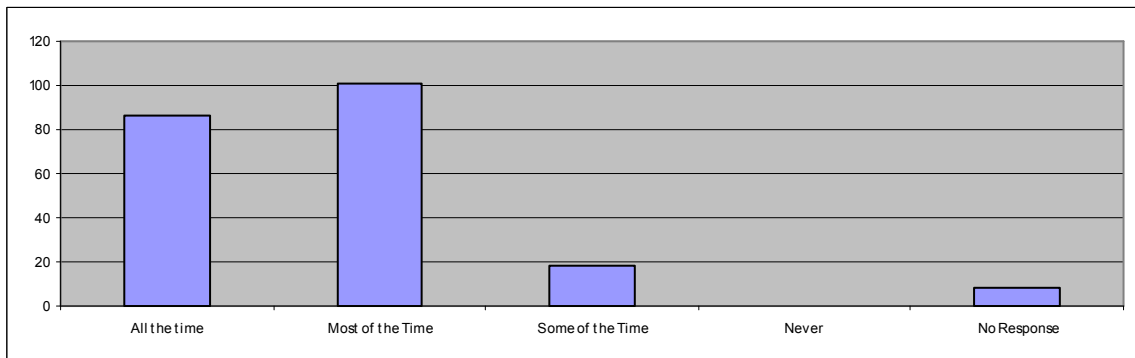
6a) Is your meal hot on arrival?



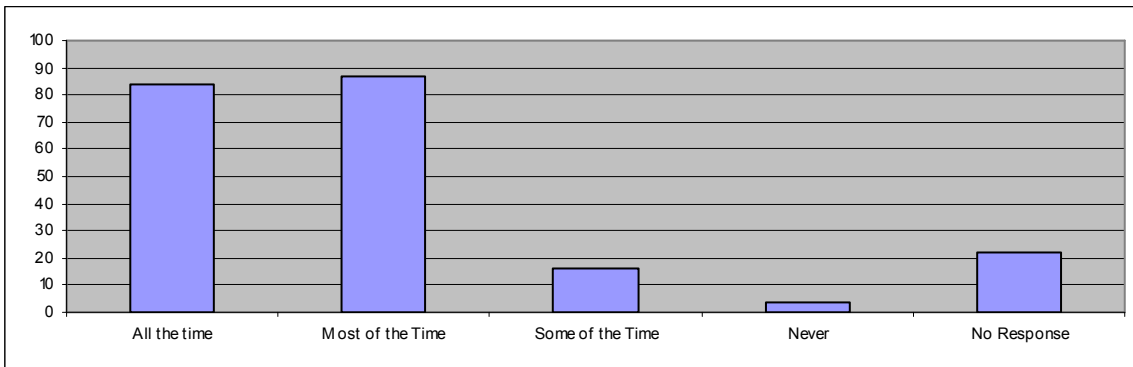
6b) If you have ticked NEVER to question 3 above, is this because you receive frozen meals from our company?



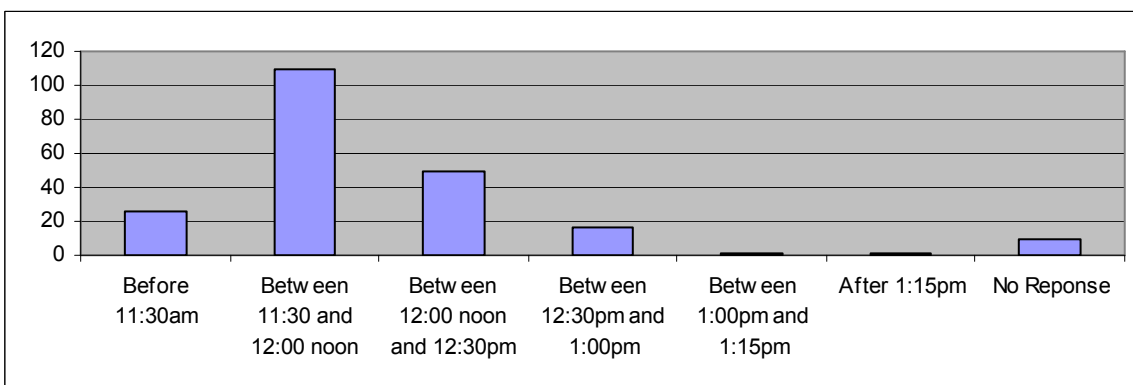
7) Would you say that you enjoy your meals from I Care - Community Meals?



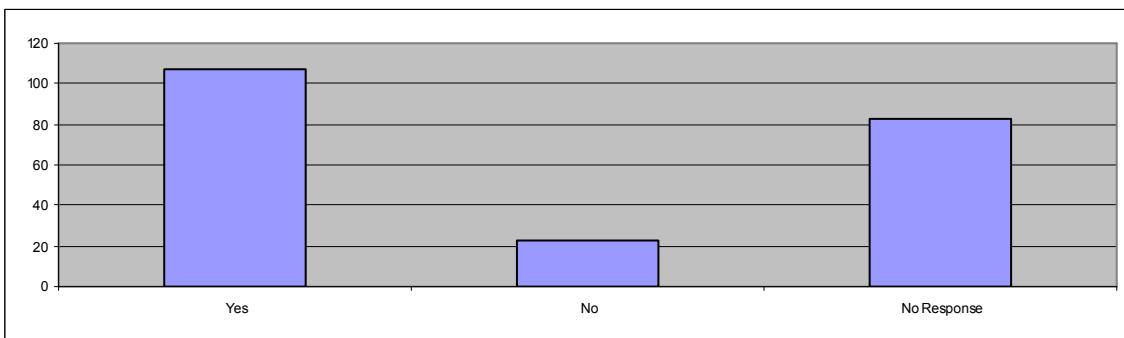
8) Do you feel there is enough of a variety of meals?



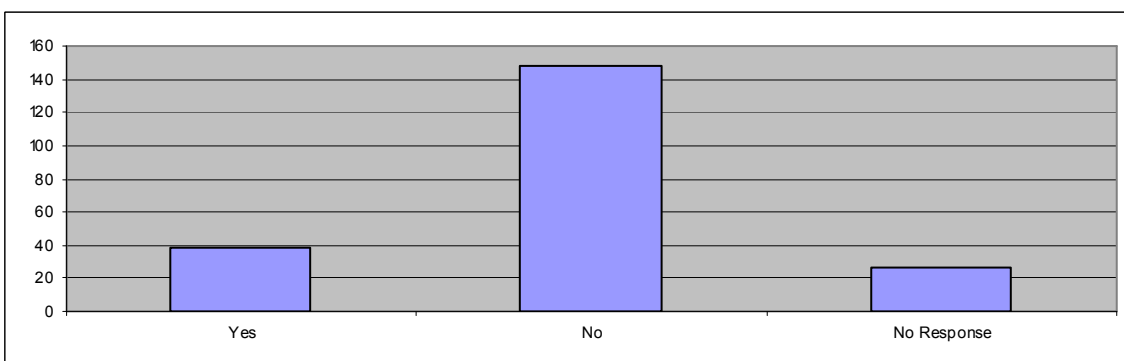
9) Does your meal normally arrive:



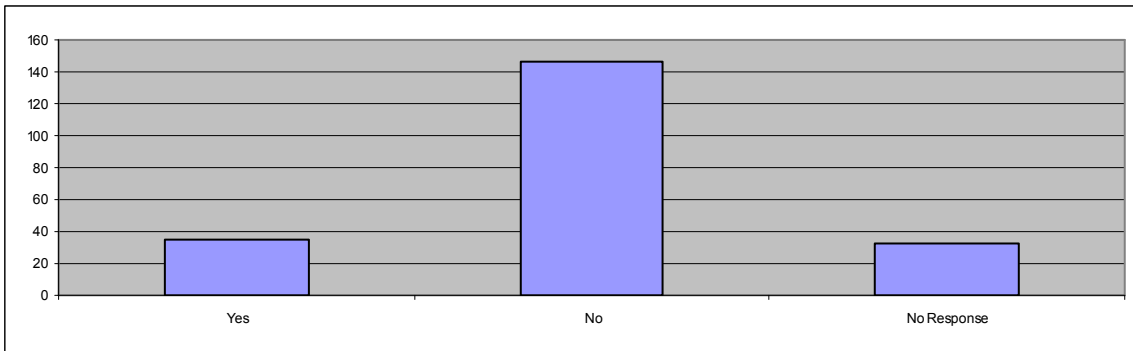
10) Do you know how to make a complaint about a meal?



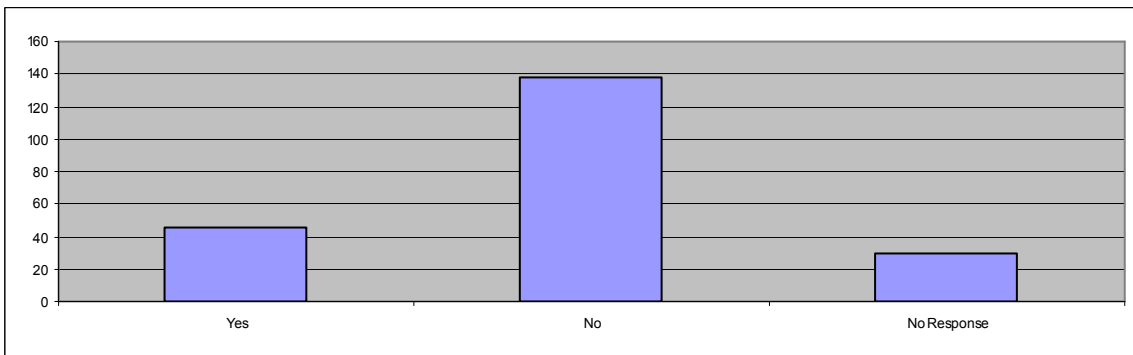
11) Would you like us to send you details of our Frozen Meals Service?



12) Would you like us to send you details of our Tea Service?



13) Would you like us to send you a copy of the results of this survey?



Community Meals Customer Satisfaction Questionnaire - Results

	A	B	C	D	E	F	NR	Total
	0-70	0-70	0-70	0-70	0-70	0-70	0-70	
Question 1	41	172	0	0			0	213
Question 2	209	3	0				1	213
Question 3	151	21					41	213
Question 4	176	11					26	213
Question 5	134	24					55	213
Question 6 (a)	138	61	8	1			5	213
Question 6 (b)	1	0						1
Question 7	86	101	18				8	213
Question 8	84	87	16	4			22	213
Question 9	26	110	49	17	1	1	9	213
Question 10	107	23					83	213
Question 11	38	148					27	213
Question 12	35	146					32	213
Question 13	45	138					30	213

APPENDIX 2 - SERVICE USER SURVEY RESULTS

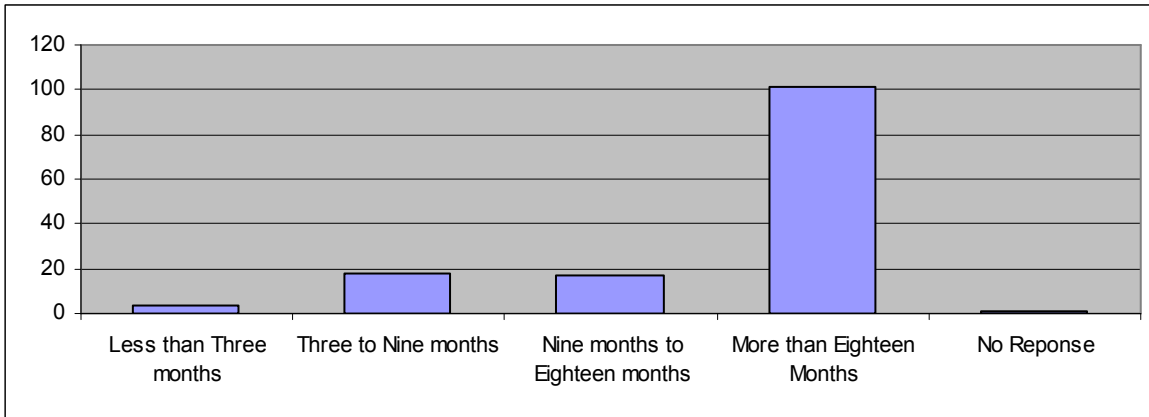
WIRRAL AREA

APRIL 2009

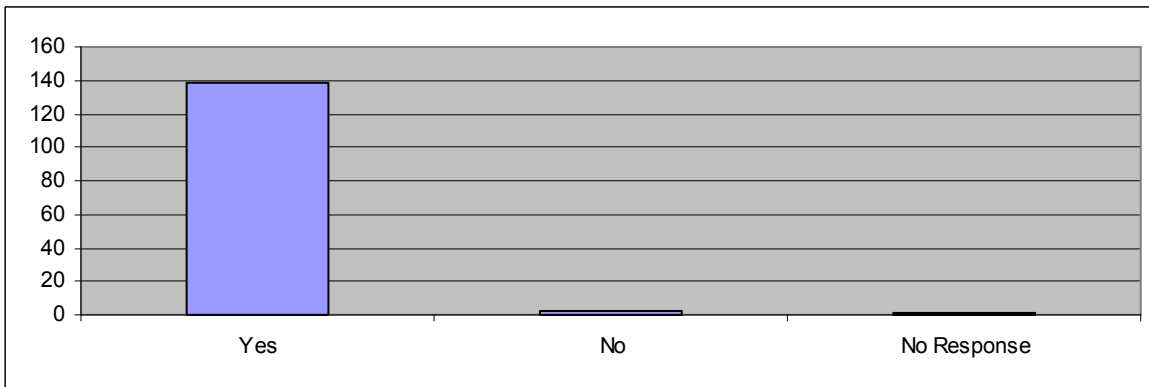
Number Despatched ; 295

Number Audited ; 141

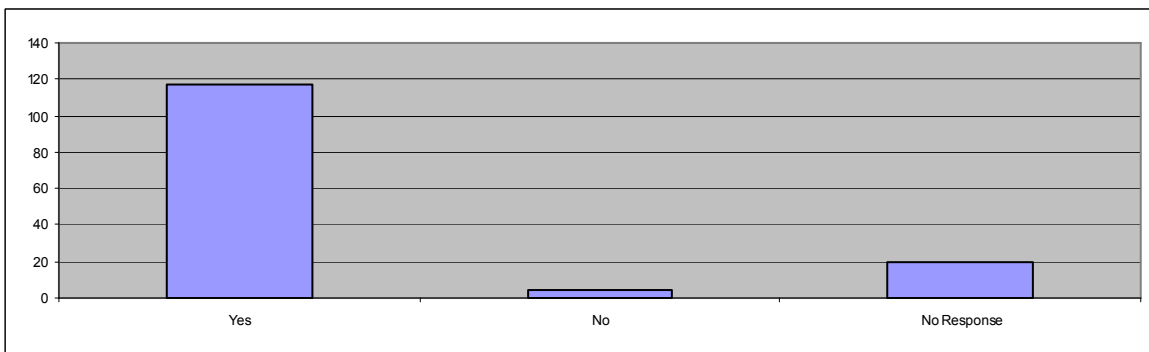
1) How long have you received Community Meals from I Care?



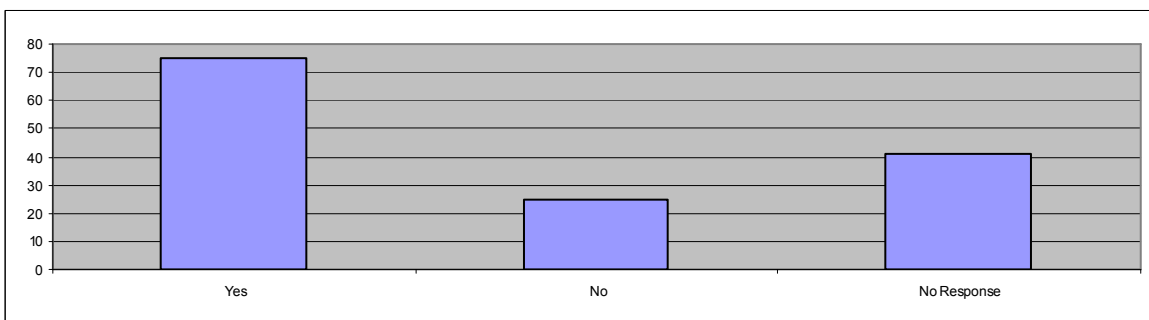
2) Are you satisfied with the service provided by our delivery staff?



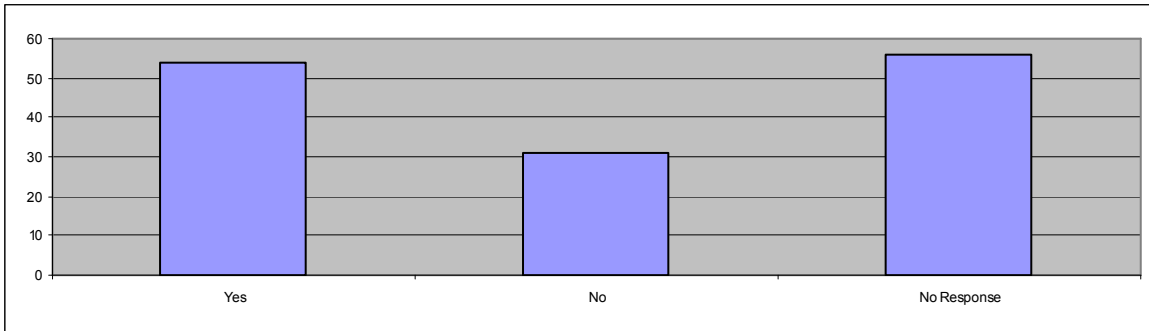
3) Does the driver wear the I Care I.D Badge?



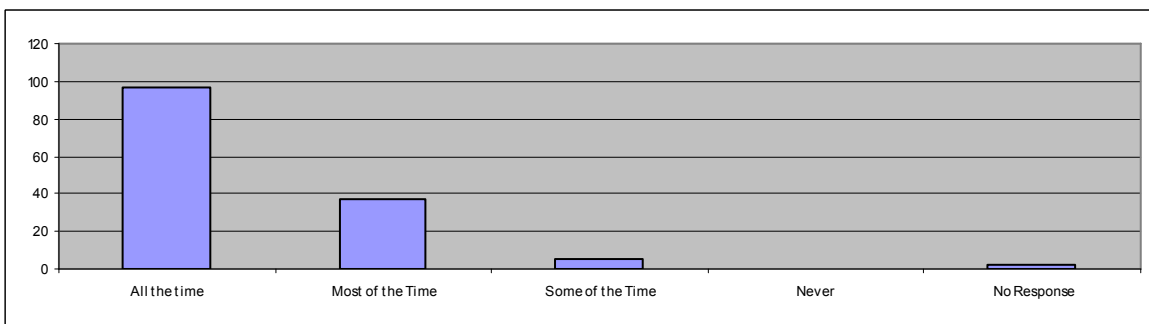
4) Are you issued with a receipt when paying weekly?



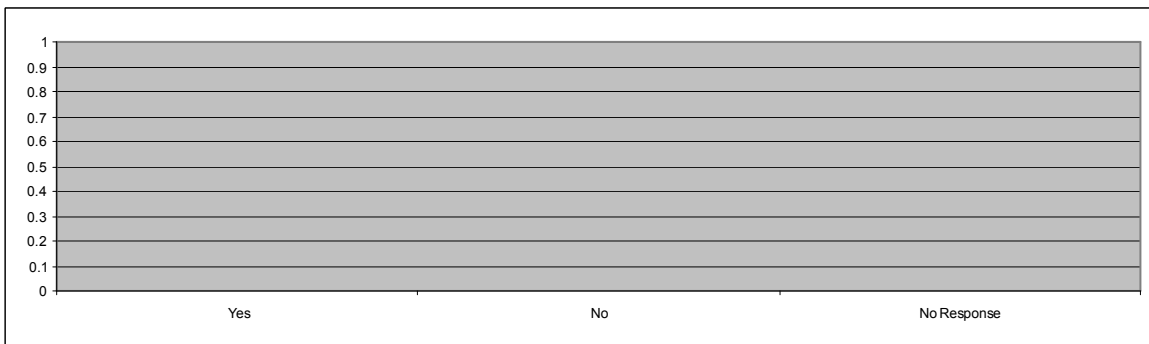
5) Do you receive regular monthly bill if paying by account?



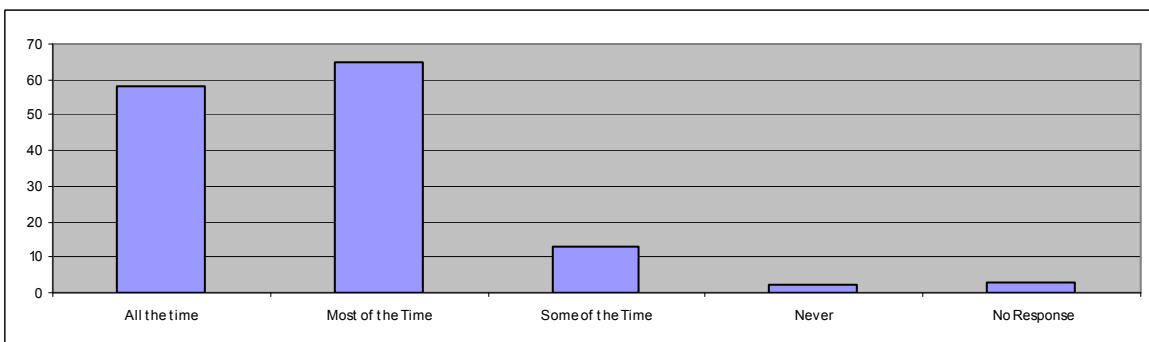
6a) Is your meal hot on arrival?



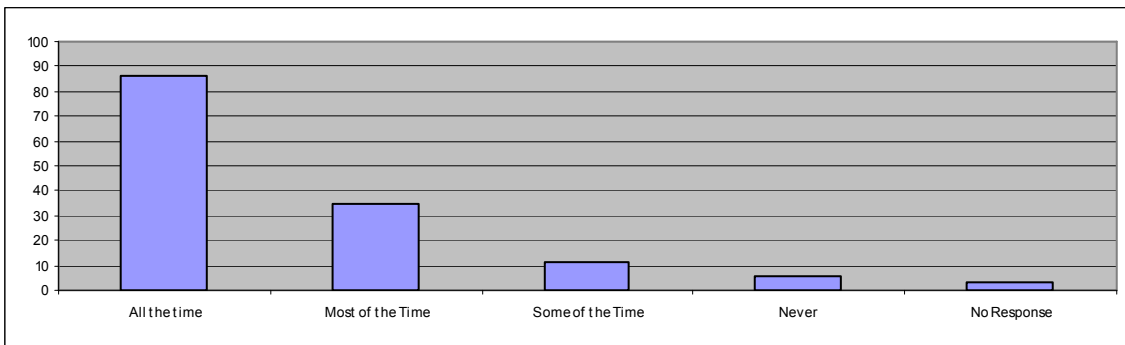
6b) If you have ticked NEVER to question 3 above, is this because you receive frozen meals from our company?



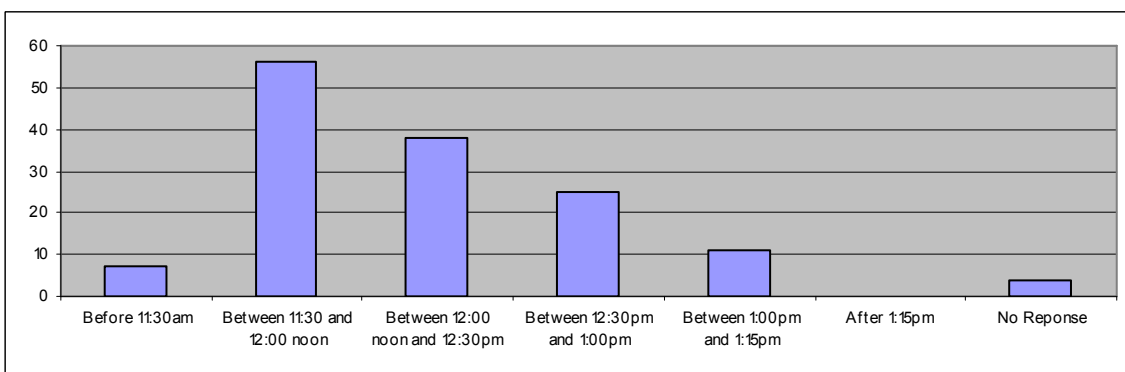
7) Would you say that you enjoy your meals from I Care - Community Meals?



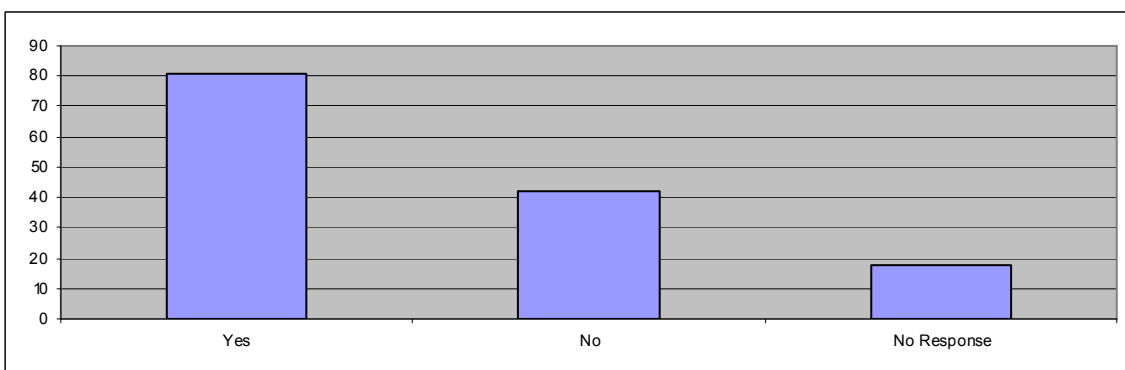
8) Do you feel there is enough of a variety of meals?



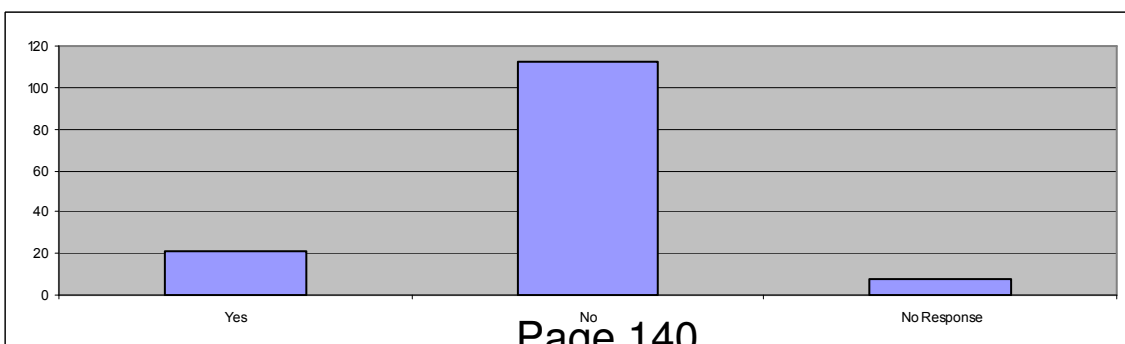
9) Does your meal normally arrive:



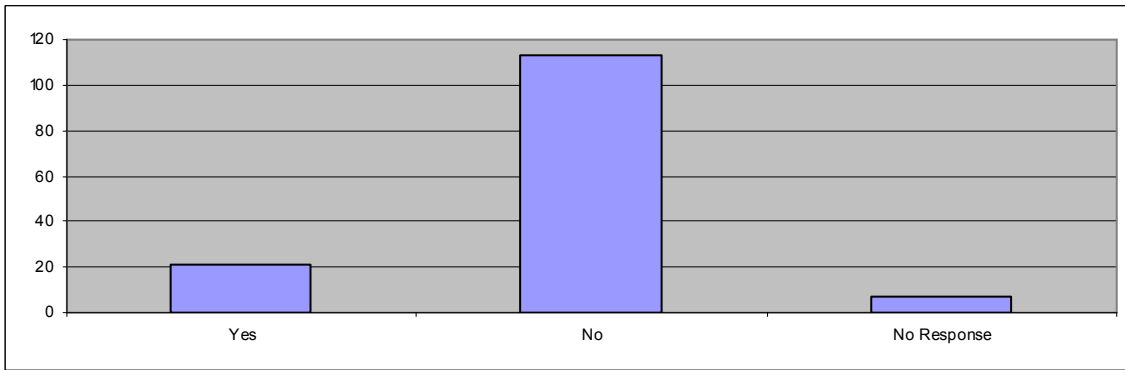
10) Do you know how to make a complaint about a meal?



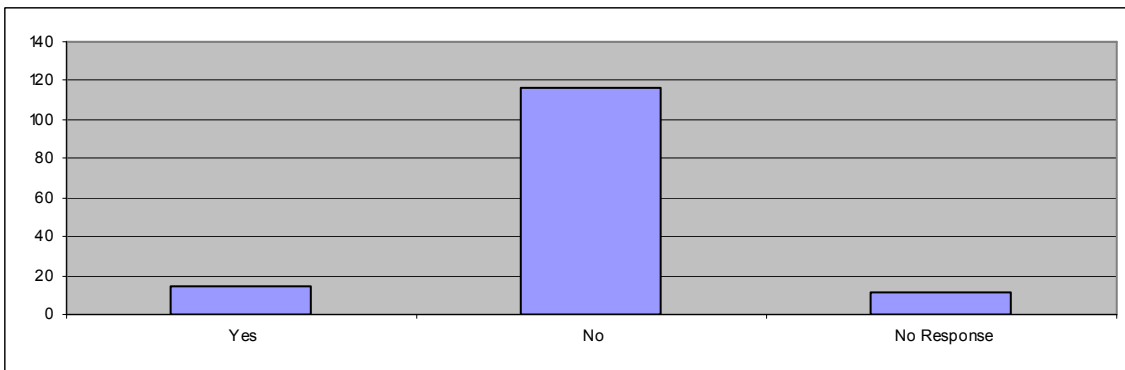
11) Would you like us to send you details of our Frozen Meals Service?



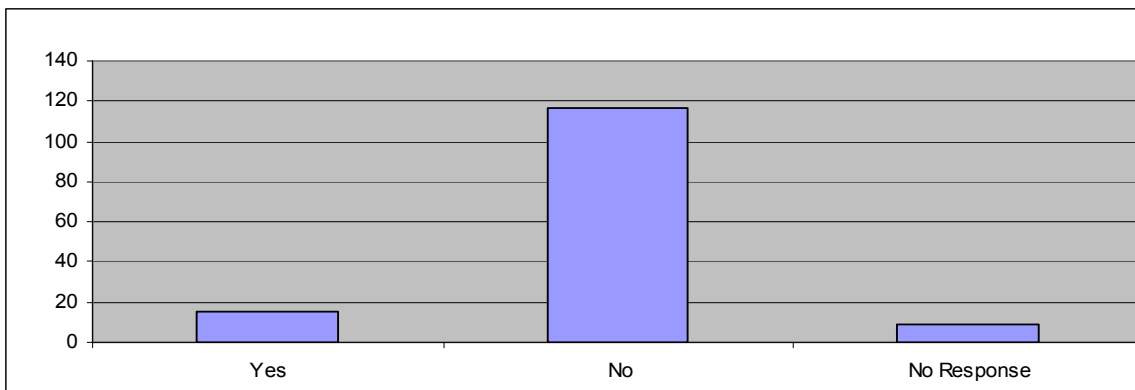
12) Would you like us to send you details of our Tea Service?



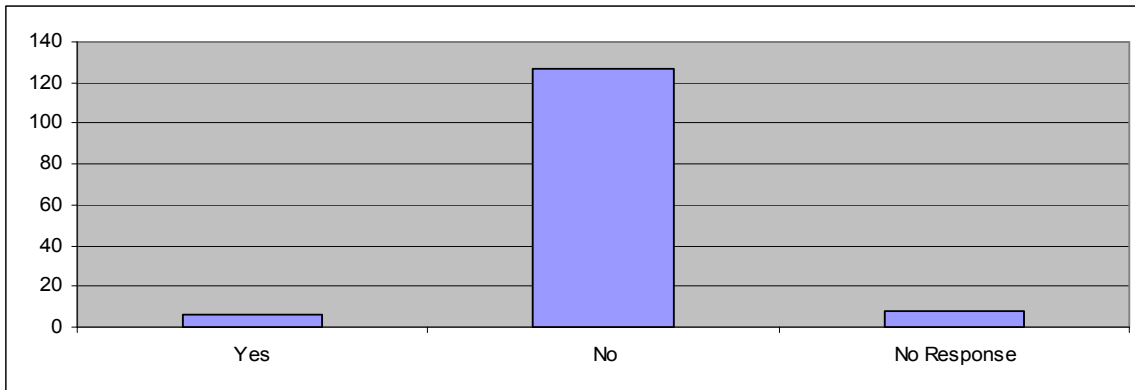
13) Would you like our drivers to perhaps spend more time with you on delivery?



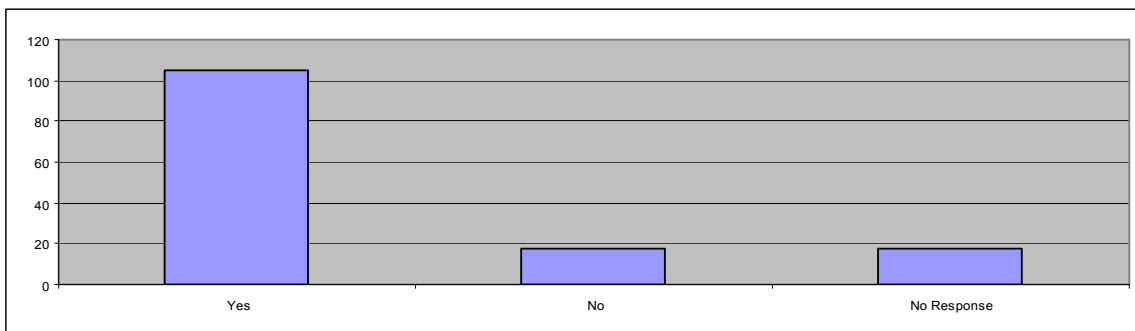
14) Would you like our drivers to perhaps make you a drink or other such tasks?



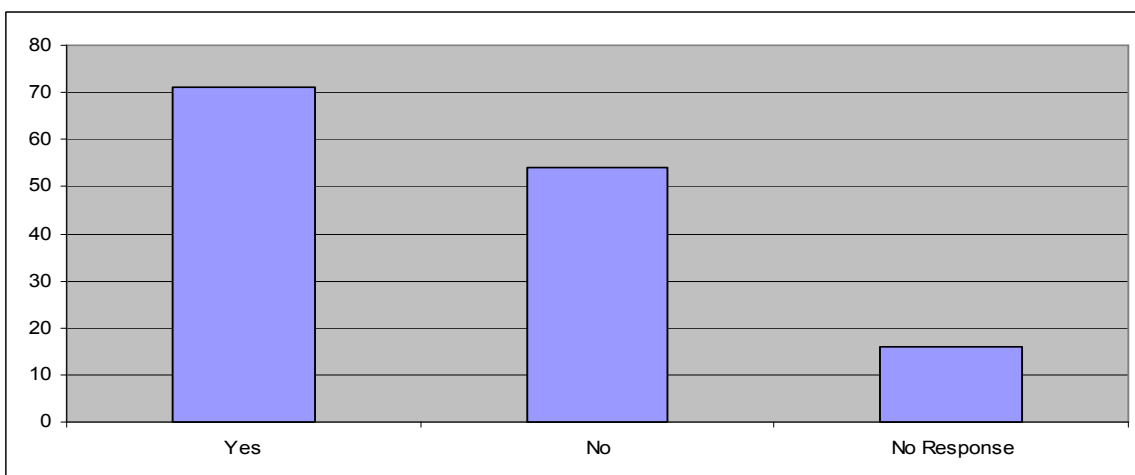
15) Would you be interested in having your meal delivered in the evening instead?



16) Would you stay with I Care as your meals provider if there was other providers available?



17) Would you like us to send you a copy of the results of the survey?



Community Meals Customer Satisfaction Questionnaire - Results

	A	B	C	D	E	F	NR	Total
	0-70	0-70	0-70	0-70	0-70	0-70	0-70	
Question 1	4	18	17	101			1	141
Question 2	138	2	0				1	141
Question 3	117	4					20	141
Question 4	75	25					41	141
Question 5	54	31					56	141
Question 6 (a)	97	37	5	0			2	141
Question 6 (b)	0	0						0
Question 7	58	65	13	2			3	141
Question 8	86	35	11	6			3	141
Question 9	7	56	38	25	11	0	4	141
Question 10	81	42					18	141
Question 11	21	112					8	141
Question 12	21	113					7	141
Question 13	14	116					11	141
Question 14	15	117					9	141
Question 15	6	127					8	141
Question 16	105	18					18	141
Question 17	71	54					16	141

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE :
8 SEPTEMBER 2009

REPORT OF THE DIRECTOR OF PRIMARY CARE AND PROVIDER
SERVICES, NHS WIRRAL

**PROPOSAL FOR THE MODERNISATION AND DEVELOPMENT OF PRIMARY
CARE FACILITIES IN NHS WIRRAL:
PUBLIC CONSULTATION – OUTCOME OF THE PROPOSAL TO RELOCATE
GREENWAY ROAD SURGERY TO THE ST CATHERINE’S DEVELOPMENT**

Executive Summary

A period of public consultation was held to seek the views of all key stakeholders on the proposal to relocate Greenway Road Surgery to the St Catherine’s Development. The results of the consultation have been collated and analysed, and Members are asked to note the recommended outcome of this consultation.

1 Background

- 1.1 Many of the existing buildings on the St Catherine’s site are over 100 years old, are inefficient and not conducive to the provision of modern healthcare. The proposals for the redevelopment of the St Catherine’s site will provide a modern, purpose-built facility that is fit for purpose. There will be room to accommodate two GP practices within this development, alongside a range of other healthcare services.
- 1.2 A period of consultation was held during 2008 regarding the relocation of two local GP Practices – Victoria Park Health Centre and Devaney Medical Centre – to the St Catherine’s site. The majority of respondents were in favour of the relocation of Victoria Park Health Centre, and this outcome was supported by the NHS Wirral Board. Following the outcome of the Devaney Medical Centre consultation, the GP Partners took the decision that it may not be in the best interests of the patients of that practice to relocate at this time. Both outcomes have been noted by Members of this Committee.
- 1.3 This outcome has presented another local GP Practice, Greenway Road Surgery, with the opportunity to relocate to St Catherine’s, along with Victoria Park Health Centre.
- 1.4 Greenway Road Surgery is situated approx half a mile from the St Catherine’s Site, where it was originally based. It has been at its current location for 8 years. Whilst the practice building remains fit for purpose, there is little room for expansion to meet the practice’s growing aspirations. Relocation to the new Development would afford the practice the opportunity to work alongside a range of healthcare services, providing a one-stop-shop facility to its patients. It would retain an identity separate to

the other GP Practice coming onto the site, but would have the benefit of shared facilities, such as Minor Surgery rooms, and training suites.

- 1.5 Consultation literature was produced that would allow respondents to comment specifically on the proposals to relocate the General Practice. Work was carried out with the practice to produce a leaflet which would convey the specific aspirations of the practice from the development and which would seek comments on the principle of relocating the practice to the St Catherine's site. There was opportunity for respondents to state whether or not they were in agreement with the proposals outlined, and also for additional comments/questions to be raised.
- 1.6 All stakeholders were given the opportunity to share their views on each of the consultations via return of the leaflet, or by contacting the Have Your Say office by telephone, e-mail, letter, or in person.

2. Greenway Road Surgery Consultation Process

- 2.1 Consultation with patients registered with Greenway Road Surgery took place between 3 April 2009 and 26 June 2009. A copy of the consultation leaflet was sent to all patients aged 16 and over registered with the practice, and leaflets were available in the Surgery throughout the consultation period.
- 2.2 A public consultation event was held for the practice on 9 June, in the Surgery building, between 4 – 7pm. Practice and PCT members, along with representatives from the Developers and Architects, were on hand to answer any queries. Details of the event were clearly highlighted in the consultation literature, in the Surgery building, and on the PCT and Practice websites; the event was therefore made available to a wide range of stakeholders.

3. Responses to the Consultation Process

- 3.1 A total of 6197 leaflets were distributed to patients. Of this, 624 leaflets were returned, a 10% return rate from the eligible cohort of respondents. The following table outlines the nature of these responses:

Total Leaflets Returned	Agree with Proposal	Disagree with Proposal	No comment/ left blank
624 (10% of eligible practice population)	475 (76%)	138 (22%)	11 (2%)

- 3.2 No telephone calls were received by the Have Your Say Office in relation to the Greenway Road Consultation, whilst one e-mail was received.
- 3.3 The Consultation Event was attended by a total of 4 patients.

3.4 The most significant issues raised by respondents were in relation to the availability of free parking at the site and accessibility to the site, particularly for those who do not drive. More detailed analysis of responses is included as an Appendix to this report.

4. Outcome of Consultation Process

4.1 Due to the positive outcome of the consultation relating to Greenway Road Surgery, this practice remains committed to the original proposals outlined in the consultation document, and is largely supported by its patient population in moving forward with these proposals.

4.2 A report will be presented to the NHS Wirral Board, which will be asked to support the proposal to relocate Greenway Road Surgery to the St Catherine's Development.

4.3 There are currently issues with parking on the St Catherine's site, which have been raised as part of the consultation process. However, as part of the redevelopment, it is proposed that more than 300 Headquarter staff, together with staff from the Wheelchair and Independent Living services, plus a number of clinical management staff – accounting for around 350/400 cars a day - will be permanently moved off the site. The new development will include 525 car parking spaces on site, compared with 468 at present.

5. Background Papers

5.1 A paper regarding the consultation process in relation to Devaney Medical Centre and Victoria Park Health Centre was submitted to this Committee in January 2009.

6. Recommendations

(1) That the Committee notes the consultation on proposals to relocate Greenway Road Surgery to the St Catherine's Development

(2) NHS Wirral Board is due to consider this matter on 8 September, on the same day as the Overview and Scrutiny Committee Meeting. The outcome will be reported to Members of this Committee.

(3) That the Committee makes a formal response on the recommendation to relocate this Surgery, following the positive response from the patients of this Practice.

JOHN SOUTH

Director of Primary Care and Provider Services, NHS Wirral

0151 643 5300
September 2009

Appendix One

Proposal to Relocate Greenway Road Surgery

Analysis of Consultation Results

There were 624 responses received by the end of the consultation period (30 June 2009).

475 voted yes

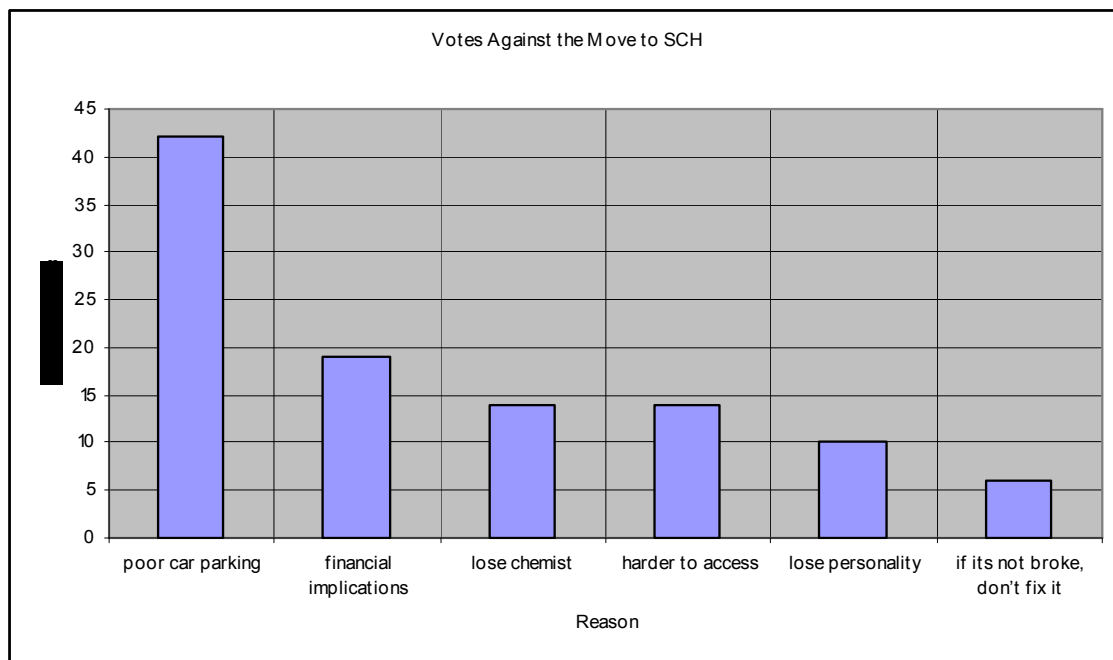
138 voted no

11 did not vote [but made a comment]

The main issues raised in the negative responses were:

- 1 car parking at St Catherine's
- 2 Bigger surgeries mean more waiting times; losing personality
- 3 If it isn't broke, don't fix it
- 4 The costs of moving; waste of the current building
- 5 Proximity to Chemist at current site, do not wish to lose that
- 6 Harder to access for the elderly, disabled and those with children

The chart below shows the number of times each issue above was cited as a reason against the move to St Catherine's:



(Out of the 138 negative votes, not all had comments and some had more than one reason against the move.)

By addressing the main issue of parking, 30% of the negative votes could change to positive votes.

Positive comments made by more than one person included:

- 1 This is a very good idea...
- 2 In patient's best interests
- 3 Extra facilities will be excellent
- 4 Good concentration of services

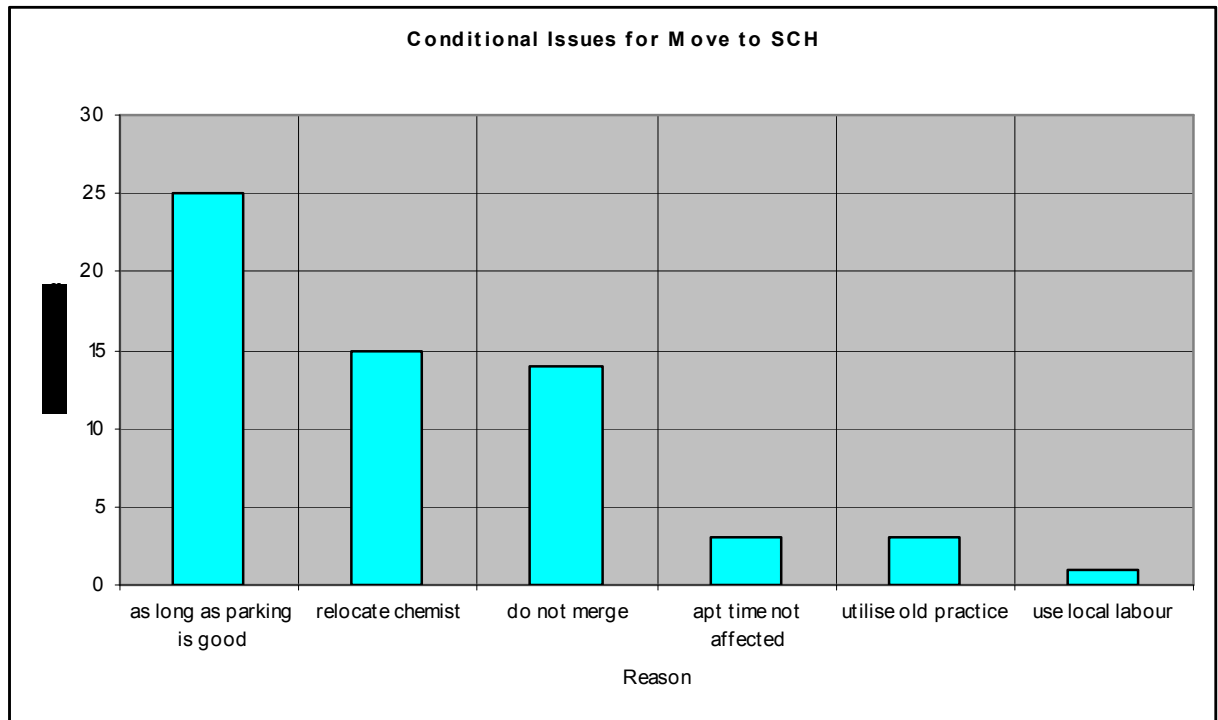
16 patients also took the opportunity to praise the practice and their staff.

For non voters, the main reason cited was the requirement for further information; however, a large number of non-voters have faith in the Doctors' decisions.

The main conditional issues raised in the positive votes were [as long as...]:

- 1 Car parking is available
- 2 There is a Chemist
- 3 No merge/ keep regular GP
- 4 Appointment time is not affected
- 5 The old practice is utilized
- 6 Local labour is used in the building works

The chart below shows the number of times each issue above was cited as a provision in the move to St Catherine's:



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UPDATE ON WORK PROGRAM : HEALTH AND WELLBEING OSC- 08/09/09

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
HEALTH AND WELLBEING SCRUTINY COMMITTEE : 2009 / 2010

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 th March 2009. Recommendations to be monitored. Initial Action Plan due in April 09. Follow-up report due in Nov 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 th Dec 08. Further report to meeting on 22 June 2009.	
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 (delayed at present).	
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.		Report to Committee in Jan 09. Follow-up report due in January 2010.	
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. Follow-up report to Sept 09 meeting.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	
July 2008	Reducing health Inequalities in the borough 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.	Officer reports		Presentations to Committee on 20th Jan 09, 25th March 09 and 8 th Sept 09.	
Sept 2008	Individual Budgets	Officer report		Report to Committee in Nov 08. Report back on pilot project due in Sept 09.	
Sept 2008	IDeA Healthy Communities Peer Review	Officer Report		Report to Committee 2nd Oct 2008. Subsequent reports to follow.	
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			
March 2009	Homelessness and Health	???			
March 2009	Support for people with dementia in hospital and in the community	Panel Review	March 2010		
March 2009	Update report on ‘Valuing People Now’ and Wirral Learning Disability Partnership Board	Officer Report		Report to Committee in June 2009. Further report due to a future meeting.	
March 2009	LINKs – How is LINKs progressing and how can the Scrutiny Committee best work with LINKs	Joint meeting			
March 2009	Dignity in Care	Officer Report			
June 2009	Members training session on Departmental Structure and Service Provision	Training session			

REPORT 2
SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME
HEALTH AND WELLBEING SCRUTINY COMMITTEE : 08/09/09

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
Follow-up report on the 'Out of Hospital' scheme operated by VCAW	Ann Bridson		
'Transition from Children's to Adult Social Services' – possible review to include meetings with young people who have moved through the transition and some who do not get support as adults	Ann Bridson		
Issues relating to Scrutiny Programme Board	Ann Bridson		

REPORT 3
PROPOSED OUTLINE MEETING SCHEDULE FOR THE MUNICIPAL YEAR
HEALTH AND WELLBEING SCRUTINY COMMITTEE : 2009 / 2010

Meeting Date	Topic Description
22/06/09	Transforming Adult Social services - Update Valuing People Now – Implementation LINKs Annual report Hospital Discharge Action Plan – Progress report Process and Outcomes of the ‘Warrens’ consultation Committee Work Programme for 2009 / 10
08/09/09	Transforming Adult Social services - Update North West Ambulance Service – Presentation Meals on Wheels – Progress report Strategy for Carers Individual Budgets Q1 Performance and Financial Monitoring Report Health Inequalities Dignity in Care Update on Swine flu Adult Social Services Charging Policy for Service Users Residing at ‘In House’ Supported Living Units (PIDA) - Update to be confirmed.
10/11/09	Hospital Discharge Action Plan – Update Performance and Financial Monitoring Report Progress report from Dementia Scrutiny Panel Additional Co-opted members

Meeting Date	Topic Description
19/01/10	Update on Children's Transition to Adult Social Services Performance and Financial Monitoring Report
25/03/10	Final report from Dementia Scrutiny Panel Performance and Financial Monitoring Report Joint 'End of Winter' report on hospital admissions (WUHT / Wirral NHS / Social Services) Annual Health Check

REPORT 4
PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS
HEALTH & WELLBEING SCRUTINY COMMITTEE : 08/09/09

Title of Review	Members of Panel	Progress to Date	Date Due to report to Committee
Dementia	Councillors Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Teggin	Scope agreed. Planning of review is ongoing. 'Evidence' gathering meetings have commenced.	March 2010

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