



Health and Well-Being Overview and Scrutiny Committee

Date:	Tuesday, 10 November 2009
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Andrew Mossop
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AGENDA

LINKs Reception at 5.30pm

All Health and Well Being Overview and Scrutiny Committee Members are invited to meet with LINKs Board members in the Round Room from 5.30pm. Sandwiches will be available in the Round Room and the Committee meeting will commence at 6.15pm in Committee Room 1.

1. **DECLARATIONS OF INTEREST / PARTY WHIP**

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 Health and Well Being Overview and Scrutiny Committee held on 8 September, 2009.

3. **PRESENTATION ON QUARTER TWO PERFORMANCE 2009/10**

The Quarter 2 Performance Report on activities relevant to Health and Well Being Overview and Scrutiny Committee will be available to view

in the web library and a presentation will be made by the Director of Adult Social Services.

4. PERSONALISATION TRAINING SESSION FEEDBACK

Following the Personalisation training session on 29 October, this is an opportunity for members to ask any follow-up questions.

5. UPDATE ON HOSPITAL DISCHARGE (Pages 9 - 32)

6. DELIVERING SAME SEX ACCOMMODATION UPDATE OCTOBER 2009 (Pages 33 - 40)

7. HEALTH AND HOMELESSNESS UPDATE (Pages 41 - 48)

8. WIRRAL HEALTH ECONOMY - 2008/09 ANNUAL HEALTH CHECK BY THE CARE QUALITY COMMISSION (Pages 49 - 54)

9. UPDATE ON SWINE FLU

Kathy Doran, Chief Executive, NHS Wirral, will give a verbal update on the latest situation.

The following 3 reports, items 10 – 12, will be considered at the Audit and Risk Management Committee on 3 November and have been placed on this agenda at the request of the Chair.

10. ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003 (Pages 55 - 80)

11. PROGRESS REPORT ON ACTION PLAN IN RELATION TO PUBLIC INTEREST DISCLOSURE ACT 1998 (PIDA) (Pages 81 - 96)

12. CHARGING ARRANGEMENTS FOR SUPPORTED LIVING IN WIRRAL 1997 TO 2003 (Pages 97 - 102)

13. COMMITTEE WORK PROGRAMME 2009/10 (Pages 103 - 110)

14. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 8 September 2009

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	S L Clarke I O Coates J Keeley S Mountney	M Redfern T Smith C Teggin G C J Watt
<u>Deputy:</u>	Councillor	C Meaden (for D Roberts)	
<u>Co-opted Members:</u>		S Wall (OPP)	D Hill (LINKs)
<u>Cabinet Member:</u>	Councillor	M McLaughlin	

15 **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 arrangement.

The following declarations were made:

Councillor McLaughlin – a personal interest in minute 19 by virtue of her being a patient at this practice.

Councillor Teggin – a personal interest in minute 19 by virtue of him being a patient at one of the practices referred to in the report.

Diane Hill - a personal interest in minute 19 by virtue of him being a patient at one of the practices referred to in the report.

16 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 22 June, 2009.

In respect of minute 4, Terms of Reference, the Chair reported that some comments had been made on the terms of reference and these should be recorded and referred to Cabinet for proposed amendment:

Paragraph 4:

Social inclusion and to promote the role of the local authority, working with the NHS community on Wirral, to improve Public Health and well-being and to address health inequalities. *(This sentence needed to be put into better English).*

Paragraph 13:

To support the Council's equal opportunity policies by promoting and monitoring initiatives to encourage equality of opportunity amongst disadvantaged groups. *(Delete all the wording at the end of this paragraph: "including: the disabled, ethnic minorities, the long-term unemployed, the poor, and women")* [This would apply to all portfolios]

In respect of minute 13, Dementia Scrutiny Review – Progress Report, Councillor Teggins referred to the fact that he was now also a member of the Review Panel.

Resolved – That subject to the above amendments, the minutes be approved as a correct record and the proposed amendments be referred to Cabinet for consideration.

17 NORTH WEST AMBULANCE SERVICE

Dave Kitchen, Head of Service for North West Ambulance Service (NWAS) (Cheshire and Merseyside) and Asiya Jelani, Head of Communications, NWAS (Cheshire and Merseyside) gave a presentation to the Committee on areas for potential scrutiny including:

- Implementation of Taking Healthcare to the Patient.
- Electronic Patient Records - this was now likely to be in the next financial year.
- Estates Strategy – the Trust was currently reviewing its existing estates and further reports would be brought back once more detailed plans had been developed.
- Foundation Trust status – consultation would start in January 2010

They also reported upon an inspection in July of the NWAS' infection control procedures by the Care Quality Commission (CQC) to ensure that the service was in adherence with the Health and Social Act 2006. A warning notice had been issued by CQC on cleanliness, followed up with an inspection report which outlined specific areas where the Trust clearly had to make improvements. The issue had been given utmost priority by the Board and they gave details of all the measures put in place, including the deep cleaning of all vehicles, and an ongoing regular programme of deep cleaning of ambulances throughout the year.

Both Dave Kitchen and Asiya Jelani responded to questions from the Committee and made the following comments:

- 42 new advanced paramedics were being recruited, 14 of whom would be based in the Cheshire / Merseyside area.
- They outlined the 2 methods of training that were available for paramedics.
- In respect of the Foundation Trust proposal, the NWAS would welcome feedback from Members on where Council of Governors' meetings should be held and how they could be organised with the NWAS covering a large geographical area.

- The Patient Advice Liaison Service was available for any complaints that patients might need to make.
- Staff were trained to carry out dynamic risk assessments when attending calls.

Resolved –

(1) That the presentation be noted and Committee members inform the Chair or Director of any suggestions or comments with regard to consultation on the Foundation Trust proposal.

(2) That the NWAS be invited to report back to a meeting of this Committee in the New Year.

18 ORDER OF BUSINESS

The Chair agreed to vary the order of business and consider item 9 (Proposal for the Modernisation and Development of Primary Care Facilities in NHS Wirral) next.

19 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

The Director of Primary Care and Provider Services, NHS Wirral, John South, submitted a report on the results of the consultation which had been undertaken on the proposal to relocate Greenway Road Surgery to the St Catherine's Development.

Greenway Road Surgery was situated approximately half a mile from the St Catherine's site, where it was originally based. It had been at its current location for 8 years. Whilst the practice building remained fit for purpose, there was 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, Victoria Park Health Centre, but would have the benefit of shared facilities, such as Minor Surgery rooms, and training suites.

The majority of responses to the consultation (76%) were in favour of relocation and the NHS Wirral Board had considered the matter at its meeting on 8 September and approved the proposal.

Responding to members' comments, both Kathy Doran, Chief Executive, NHS Wirral and John South, informed the Committee that no problems with car parking were envisaged as 300 administrative staff were due to move from the St Catherine's site, to a new site in the centre of Birkenhead. A pharmacy would also be sited on the St Catherine's site.

Resolved –

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

(2) That the Committee endorses the decision of NHS Wirral to relocate this Surgery, following the positive response from the patients of this Practice.

20 **HEALTH INEQUALITIES PLAN**

Further to minute 75 (25/3/09 – Social Care, Health and Inclusion Overview and Scrutiny Committee) Marie Armitage, Joint Director of Public Health, submitted a report and Sue Drew, Deputy Joint Director of Public Health gave a presentation to the Committee on the interim progress which had been made from April to August, 2009 with the Wirral Health Inequalities Plan. The Plan had been approved by Cabinet, Wirral Strategic Partnership and NHS Wirral Professional Executive Committee and from October, quarterly monitoring reports would be produced.

She gave details of progress on implementing actions that would impact on health inequalities in the short (2011), medium (2013) and long term (2025). These included reducing obesity, increasing smoking cessation, particularly amongst the black and minority ethnic community, and cardio-vascular disease health checks for everyone aged 40 to 74.

Responding to comments from members, Sue Drew reported that the age groups for CVD health checks were 40-74 as this was beneath the age at which services would be expected to be in place and there was a need to reach people not ordinarily targeted. She also outlined the differences between overweight and obese and emphasised the need to educate from a very early age the benefits of healthy eating and physical activity.

Resolved –

(1) That the progress made since April 2009 to implement The Plan be noted.

(2) That further reports be made available once the formal quarterly reports are produced from October 2009.

21 **TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE**

The Director of Adult Social Services submitted a report which gave an update on the transformation of Adult Social Services in Wirral specifically focussing on Options for Change – Towards a Strategy for Care Services. The report provided details on the communication and consultation activity following the Cabinet decision on 23 July 2009 (minute 54 refers) which included 5 briefing sessions across localities, an advocacy briefing, a stakeholders' briefing and all staff receiving a personal letter from the Director informing them that the report was being presented to Cabinet. The report to Cabinet and the consultation paper were also appended to the report.

A seminar for members had been arranged for 29 October 2009 to provide information on progress being made on the personalisation agenda, including a move to providing personal budgets to individuals.

With the permission of the Chair, the Cabinet member addressed the Committee and stated that the personalisation of services was going to happen on Wirral and across

the country. The only decision made so far on the process was for a clear and thorough consultation process to be undertaken.

The Chair suggested that members could make any comments on the process directly to the Director and if members were aware of any groups who should be involved there was a need to ensure they were participating.

Resolved –

(1) That the report be noted.

(2) That the Committee notes the date of the Personalisation Seminar on 29 October 2009.

22 **QUARTER ONE PERFORMANCE REPORT - APRIL TO JUNE 2009/2010**

The Director of Adult Social Services gave a presentation and submitted an overview of progress made against the indicators for 2009/2010 and key projects which were relevant to the Health and Well-Being Overview and Scrutiny Committee. The report set out that overall performance against the 2009/10 projects relevant to the Health and Well-Being Overview and Scrutiny Committee was good.

Four projects were assessed as green (all milestones that should have been met at this point had been met). Six projects were assessed as amber and two as red, (critical milestones missed/serious slippage). Corrective action to bring amber and red projects back on track was detailed in the report.

He reported that the quarter one projection indicated an overspend of £2.3 million with action plans in place for further efficiencies to reduce this to £1.1 million. Although recent activity showed that this position might deteriorate. Efficiency targets for 2010/11 were likely to be between £2m - £2.7m and in 2011-14 estimates for efficiencies would be £7.39m each year.

The Director and Head of Access and Assessment, responding to questions from members explained the use of some of the performance indicators, particularly in relation to the Home Assessment Re-ablement Team (HART). There was also some discussion on the need for better provision for dementia sufferers in helping them to remain independent. The Director agreed that he would circulate his presentation to the Committee members.

Resolved – That the report be noted and a further report be brought to the Committee in the New Year.

23 **DIGNITY IN CARE**

The Director of Adult Social Services submitted a report on, Dignity in Care, a national campaign to implement a zero tolerance approach to the abuse of and disrespect towards older people. The report outlined the areas of work Wirral might wish to consider taking forward to measure awareness of the need for respecting people's dignity.

A number of Councils and NHS Trusts had set up specific initiatives to recruit dignity champions and increase awareness of the importance of respecting people's dignity. A small task group was to be established across Social Care, Health, LINKs and the Older People's Parliament to develop an action plan for Wirral. Areas which would be considered included:

- Publicising the Council's 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

Pat Higgins, Assistant Director, Wirral UTH NHS Foundation Trust, informed the meeting that there was a major programme of conversion, currently under way, to single sex wards, not just single sex bays, and she would bring a report on the programme to the next meeting of the Committee.

The Chair suggested that all members of the Committee could register as Dignity Champions and 2 or 3 members of the Committee could also be on the Action Plan Task Group.

Resolved – That the report be noted and any members of the Committee wishing to be Dignity Champions and / or on the Action Plan Task Group notifies the Chair or Director of Adult Social Services.

24 **REVIEW OF MEALS ON WHEELS CONTRACT**

The Director of Adult Social Services submitted a report updating the Committee on the meals-on-wheels contract provided by ICARE since 1 July 2008. The report included details of the number of people receiving meals, numbers of meals delivered, including special meals from 1 July, 2008 to 2 August, 2009. The report also gave details of 2 customer satisfaction surveys which had been carried out.

The Director reported that further work would be undertaken to profile the ethnicity of the people supported and their cultural needs as there appeared to be a zero take up of 'cultural' meals.

Resolved – That the report be noted.

25 **COMMITTEE WORK PROGRAMME 2009/2010**

The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year, and progress on the in-depth panel review.

The Chair referred to the issue of the alcohol strategy which the Scrutiny Programme Board would be considering at its meeting on 14 September as it was a cross scrutiny committee matter.

The Chair also suggested that an update on the 'swine flu' situation be brought to the next meeting.

Resolved – That the report and comments of the Chair be noted.

26 **CO-OPTED MEMBERSHIP**

Further to minute 6 (22/6/09), the Committee was asked to consider whether it wished to extend its co-opted membership.

The Chair suggested and it was –

RECOMMENDED – That the following three groups be approached and nominations be requested to serve as co-opted members on the Health and Well-Being Overview and Scrutiny Committee:

- (i) Black and Minority Ethnic Community**
- (ii) Service users under the Older People's Parliament age group**
- (iii) Carers**

and that this suggestion be referred to Council.

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
10th NOVEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

UPDATE HOSPITAL DISCHARGE

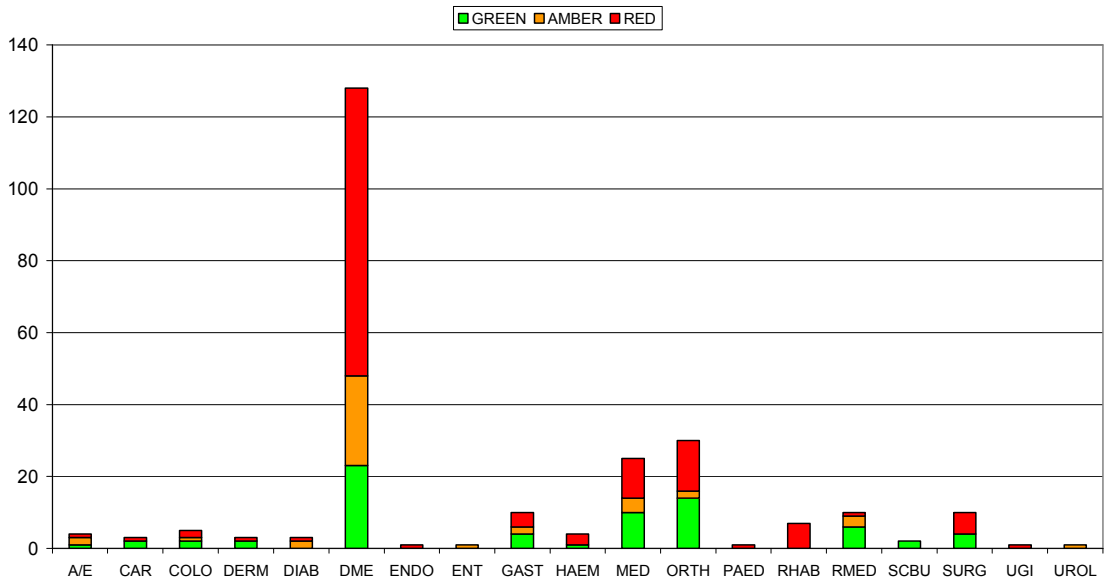
Executive Summary

This report provides the Health and Well-Being Overview and Scrutiny Committee with the progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.

1 Background

- 1.1 It has long been recognised that patients admitted to hospital in Wirral have longer lengths of stay for patients than the national average and that there have been many years of over reliance on acute hospital services by Primary and Community services with a pattern of under developed community services.
- 1.2 In order to address this, Health and Social Care have established a range of services to prevent avoidable hospital admissions and reduce the length of time that people stay in hospital, including Wirral Home Assessment and Reablement Team (HARTS) and Wirral Admission Prevention Service (WAPS), Intermediate Care.
- 1.3 By reviewing and improving the admission and discharge processes the trust can improve the patient experience by reducing the number of days spent in hospital, and save bed days thus increasing the capacity and saving money.
- 1.4 Reducing the length of stay will reduce the cost per patient episode, the risk of patients being exposed to hospital acquired infections, A&E waits, cancelled elective procedures and waiting times for treatment thus improving clinical outcomes.
- 1.5 The **Better Care Better Value** clinical productivity paper estimates that Wirral Hospital Trust have the potential to save approximately £11.7 million by reducing the amount of time spent by patients in excess of the medium length of stay by 25%.

Total number of Patients with a LOS >14 days
@ Monday 19th October 2009

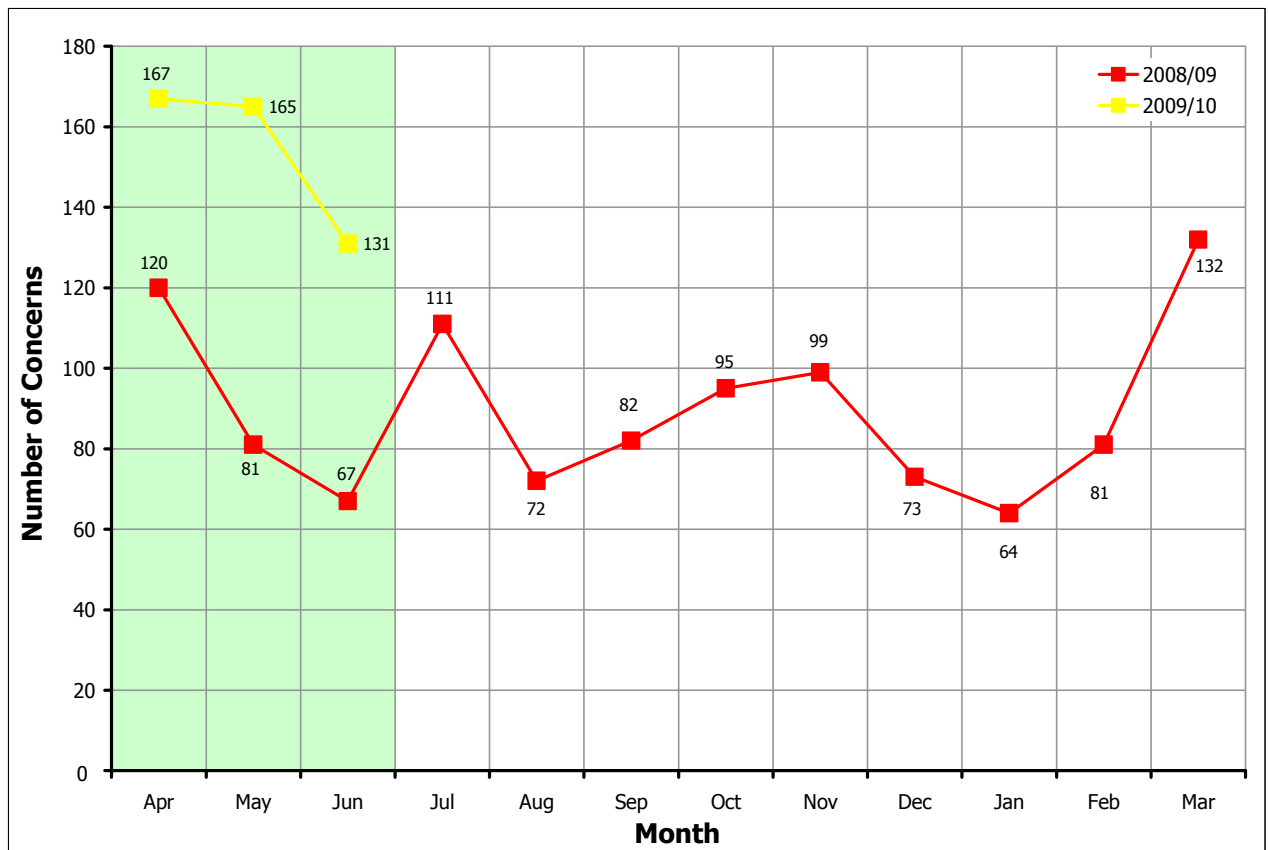


(Green = 14 – 20 days, Amber = 21 – 28 days, Red = 28 days +)

51.4 % of patients with a length of stay (LOS) >14 days are Department of Medicine for the Elderly (DME). The average LOS of these patients is 38 days.

2 Discharge Related Concerns Quarter 1 2009/10

- 2.1 This is an extract from the Discharge Related Concerns & Formal Complaints Report Quarter 1 2009/10; this provides an overview of the number of concerns recorded by the Patient Advice & Liaison Service which were received during quarter one 2009/10 and provides a comparison with quarter one 2008/09.
- 2.2 The increase in the number of concerns this year was expected as Wirral University Teaching Hospital now have Patient Advice & Liaison Service (PALS) representatives on the hospital wards actively seeking patients comments and concerns as Wirral University Teaching Hospital is dedicated to improving patient experience.



- 2.3 The Hospital Trust received a total number of 463 concerns during Q1 2009/10 compared to 268 during the same period the previous year. Each concern may raise several issues therefore the number of issues recorded will not correspond to the total number of concerns received. During Q1 2009/10 46 separate issues were raised to PALS around transfer or discharge compared to 35 in Q1 2008/09.
- 2.4 This report is intended to update the committee in regard to the progress being made across the economy in improving the patient experience from arrival at hospital to discharge and should be read alongside the Wirral Discharge Planning and Review Group (WDP&RG) action plan updated October 09. The economy wide action plan developed through the Wirral Discharge Planning & Review Group identified some key practices and issues which needed to be reviewed and challenged in order to significantly improve the experience of patients and improve the patient flow from assessment in A&E or other assessment areas to their safe discharge from hospital. Appendix 1 shows an update of the Wirral University Teaching Hospital action plan.
- 2.5 Wirral University Teaching Hospital have carried out a review of the prescription turnaround by pharmacy, as it was questioned by Wirral Older People's Parliament "There are still some long delays for discharge medication. How can this be speeded up?" This document is shown in appendix 2.

2.6 Work has been undertaken to improve the discharge checklist (appendix 3) and the transfer from hospital to care home documentation (appendix 4), to enable a quicker and smoother discharge from an acute hospital bed.

3 Financial Implications

There are no financial implications arising from this report

4 Staffing Implications

There are no staffing implications arising from this report

5 Equal Opportunities Implications

There are no equal opportunity implications arising from this report

6 Community Safety Implications

There are no community safety implications arising from this report

7 Local Agenda 21 Implications

There are no local agenda 21 implications arising from this report

8 Planning Implications

There are no planning implications arising from this report

9 Anti Poverty Implications

There are no anti poverty implications arising from this report

10 Social Inclusion Implications

There are no social inclusion implications arising from this report

11 Local Member Support Implications

There are no local member support implications arising from this report

12 Health Implications

Timely Discharges help reduce the probability of contracting hospital acquired infections.

13 Background Papers

None

14 Recommendations

That :

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

JOHN WEBB
Director of Adult Social Services

Victoria Poole
Integrated Commissioning Support Manager
Tel No 651 0011

Date 26 October 2009

Appendix 1

V7 WIRRAL UNIVERSITY TEACHING HOSPITAL, NHS FOUNDATION TRUST
ACTION PLAN WDP & RG 2009/10 (Updated Oct 9th 2009)

IDENTIFIED ISSUE/AREAS AND RECOMMENDATIONS	ACTION REQUIRED	LEAD MANAGER (s) IN WUTH	PERFORMANCE MANAGEMENT GROUP REPORTING ARRANGEMENTS	PERFORMANCE METRICS & EVIDENCE	Timescale
<p>2. ASSESSMENT / ADMISSION PROCESS ISSUES</p> <p>(a) Little information available to patients at pre admission about their estimated length of stay when admitted for planned care</p> <p>(b) Top ten reasons for inappropriate admission to hospital are related to non-specific clinical conditions e.g. shortness of breath, abdominal pain, generally unwell</p>	<p>i) Ensure there is written discharge planning information at pre-op/procedure assessment</p> <p>ii) Information booklet given to pre operative patients prior to admission contains discharge information</p> <p>Actions Completed Nursing Documentation reviewed to enable audit completion N&M Audit documentation reviewed</p> <p>i) Clear clinical pathways beginning and ending at the patients usual care environment for specific clinical presentations will be developed, implemented and</p>	<p>DLN's</p> <p>DLN's</p> <p>ADO's</p>	<p>WDP&RG (via WUTH Patient Experience Group)</p> <p>WDP&RG</p> <p>WDP&RG via Modernisation Teams</p>	<p>Baseline Report from Patient feedback questionnaire & Corporate Nursing Audit Results</p> <p>Patient booklet being rewritten</p> <p>Pathways in place System of senior review in place @ the front door & in the assessment areas.</p>	<p>August 2009 & then Biannually NB for (i) (ii) there has been a delay as patient information booklet being reviewed & the Patient feedback questionnaire is being consulted upon NEW TARGET DATE DEC 09 March 2010</p>

	<p style="text-align: center;">Monitored</p> <p>ii) Improve patient documentation and coding process to reflect accurate reason for admission to assessment areas</p> <p>Actions Completed Issue Raised at DMB's Issue raised at Directorate Meetings/Clinical meetings Discussed at daily bed meetings</p>	ADO's & CHD's	WDP&RG	Diagnosis on PCIS will be amended on the post take ward round and evidenced in the discharge summary & on repeat audit	Sept 2009 COMPLETED
	<p>iii) Consideration given to a Primary Care presence in A& E</p> <p>Actions Completed JUNE 09 A&E facilitated a local induction programme for 3 GP's. A&E are happy to repeat if it results in GP's being present in the A&E service To date GP's have not attended to provide support to A&E. apart from the 'care home GP'</p> <p>Care Home GP is now based in A&E and has completed 3 audits in response to identified local issues. .Audits being presented to the Urgent Care Network</p> <p>i) Weekly Urgent Care MDT is</p>	ADO (MED)	Urgent Care Network	Appropriate Primary Care presence in A & E	April 2009 COMPLETE

	<p>meeting to discuss inappropriate A&E attendances in respect of catheter/continence issues, falls and care home issues</p> <p>ii) AUGUST 09 Care Home GP has now transferred to work in the PCAU so service discontinued by PCT.</p>				
(c) Delays in the diagnostic testing process	<p>i) The WUTH Diagnostic Liaison Group to review the process and responsibilities for accessing, reporting, responding and clinical intervention when diagnostics are required</p>	ADO (Diagnostics)	WDP&RG	Reduced length of time between investigations being ordered and intervention.	March 2010
d) Patients staying in more than one ward	<p>i) Review capacity issues within the system to reduce variations in discharges by day of the week</p> <p>Actions Completed Baseline Activity available 08/09 for number of patient ward moves cancelled operations</p>	ADO's (Med & Surg)	Urgent Care Network	<p>Reduced number of patient ward moves</p> <p>Reduction in cancelled operations</p> <p>Reduced number of outliers</p> <p>Reduction in LoS</p>	Sept 2009

	<p>number of outliers LoS</p> <p>WEHS training for key staff</p> <p>i) Reduce variations in elective activity and protect elective capacity</p> <p>ii) Introduction of WUTH daily sitrep reporting</p> <p>iii) Review WUTH escalation plan for managing peaks in service demand to dovetail into Economy escalation plan</p> <p>iv) Explain to patients the rationale for admission to assessment areas and the reason for moving wards</p> <p>Actions Completed Patient Flow Practitioners now deployed to assessment areas Patient information booklets being reworked and process for distribution reviewed Electronic information kiosks being used across the Trust to improve patient feedback.</p> <p>v) Care Standards Executive project on single sex bays</p>	<p>ADO's</p> <p>Patient Flow Manager</p> <p>DN/M</p> <p>DLN's</p> <p>DN/M</p>	<p>WUTH</p> <p>Urgent Care Network</p> <p>Urgent Care Network</p> <p>WDP&RG</p> <p>WDP&RG</p>	<p>Elective activity plans agreed by speciality</p> <p>Reports produced daily by exception</p> <p>Escalation plan reviewed</p> <p>Patient feedback questionnaire Patient Information booklet</p> <p>Project Report Available to WDP&RG</p>	<p>April 2009 COMPLETED</p> <p>April; 2009 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>August 2009 & then Biannually NB for (i) (ii) there has been a delay as patient information booklet being reviewed & the Patient feedback questionnaire is being consulted upon NEW TARGET DATE DEC</p> <p>Sept 2009</p>
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	<p>Actions Completed Funding for improvements from DOH secured and allocated to a capital plan Monthly update on Trust Internet site</p>				
(e) Lack of staff awareness of available services to support patients with communication / language difficulties	<p>i) Appointment of WUTH Diversity & Inclusivity Manager</p> <p>ii) Review practice and use of available services and identify gaps in provision</p> <p>Actions Completed Changes made to intranet information Disability Advisor role reviewed Established actions which need to be taken by DA</p>	<p>DN/M</p> <p>D&I M</p>	<p>WDP&RG</p> <p>WDP&RG</p>	<p>D&I Manager in post</p> <p>Increase in access to specialist communication services</p>	<p>March 2009 COMPLETED</p> <p>June 2009 COMPLETED</p>
3. INPATIENT ISSUES					
(a) Poor communication with usual caregivers	<p>i) Establish a system which ensures patients under the care of community matrons are flagged on the IT system on arrival at hospital.(1)</p> <p>ii) Improve communication with Primary Care</p> <p>Actions Completed NHSLA compliant documentation rolled out to wards in July 09</p>	<p>WHIS & NHS Wirral</p> <p>ADO's</p>	<p>Case Management Group</p> <p>WDP&RG</p>	<p>Patient identification flagging system on PCIS is in place</p> <p>Audit of NHSLA action plan</p>	<p>JULY 2009-COMPLETED</p> <p>Dec 2009</p>

	<p>iii) Input into LLP/ICO project team</p> <p>Actions Completed Workshop held 16.7.09 Paper went to HMB for approval 21.8.09 Working Group established Meetings started 6/10/09</p>	ADO (Strategy & Planning))	WDP&RG	Integrated Care Organisation Pilot Principles adopted	Sept 2009
(b) Poor communication with patients	<p>i) Improve communication with patients</p>	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	August 09 Delayed until Dec 09
	<p>ii) Ensure discharge planning information is communicated to patients on a daily basis</p>	DLN's	WDP&RG	Audit completed discharge checklists within the new Nursing documentation	August 2009 Delayed until Dec 09
(c) Lack of continuity of care (2&4)	<p>i) Clinical management plans reviewed and updated daily Actions Completed 30 day report analysis Audits of Criteria led discharge</p>	ADO's CHD's	WDP&RG	Audit Clinical management plans documented in the patients medical records and on discharge summary	Oct 2009
	<p>ii) Ensure discharge planning process begins on admission to hospital. Actions Completed Initial PFP training completed Awaiting further support from the PCT Community Care Team Change in PFP role will require a review of training needs.</p>	Patient Flow Manager	WDP&RG	All Patient Flow Practitioners Complete Training programme & achieve competencies	June 09 Achieved SEPT 09 will be an ONGOING process
	<p>iii) Process shared with ALL</p>	Patient Flow Manager	WDP&RG	Plan agreed for the roll out of awareness raising of discharge roles & responsibilities	June 09 COMPLETED

(d) Lack of information or explanation in regard to what is happening or of what to expect on discharge (2,3&4)	<p>WUTH staff Actions Completed Policy approved consulted on & disseminated WEHS Improving LoS workstreams underway</p> <p>i) Review the referral process from WUTH to DASS</p>	Patient Flow Manager & SSD	WDP&RG	<p>Roll out implemented</p> <p>The establishment and launch of locality services, with clear referral pathways and integrated working between health and social care teams.</p> <p>Completion of a review of the EDT function.</p> <p>Establishment of a DASS hospital team.</p>	Sept 09 COMPLETED
	<p>ii) Ensure discharge information is communicated to patients and carers on a daily basis</p>	DLN's	WDPR&RG	<p>Audit nursing documentation, Discharge checklists Nursing & Midwifery audit results</p>	August 2009 Delayed until Dec 09
	(e) Attitude of staff (2&4)	<p>i) Ward Managers performance manage staff on their ward and take action as required in respect of poor communication and attitude</p>	DLN's	WDP&RG	<p>Reduced number of complaints relating to poor communication and attitude</p> <p>Quarterly PALs/Complaints Report</p>
f) Lack of staff awareness of available services to support patients with communication /language difficulties (4)	<p>i) Review ward practice and the use of available services and identify gaps in provision or access to specialist help and</p>	DLN's	WDP&RG	<p>More appropriate referrals to Disability Advisor</p>	August 2009

<p>(g) Patients with a LoS in excess of 30 days</p> <p>4 SPECIFIC ISSUES RELATING TO THE DAY OF DISCHARGE</p>	<p>advice</p> <p>i) Establish a reporting system to flag up patients and take remedial action to progress their journey</p> <p>Actions Completed Weekly vis wall item for exec team Weekly remedial actions monitored WEHS Workstream underway</p>	<p>Patient Flow Manager</p> <p>DLN's</p> <p>DLN's</p>		<p>Reduction in LoS & numbers of Patients in hospital more than 30 days</p>	<p>June 2009 COMPLETED</p>
<p>(a) Patients not aware of or using the Discharge Lounge (2&3)</p>	<p>i) Raise awareness of the use of the discharge lounge with ward managers</p> <p>ii) Agree ward targets for the use of the discharge lounge and timed discharges</p> <p>iii) Establish monitoring reports</p>	<p>DLN's</p> <p>DLN's</p> <p>DLN's</p>	<p>WDP&RG</p> <p>WDP&RG</p> <p>WDP&RG</p>	<p>Increased use of the discharge lounge</p> <p>Targets set</p> <p>Targets achieved</p>	<p>May 2009 COMPLETED</p> <p>June 09 COMPLETED</p> <p>Sept 09 COMPLETED</p>
<p>(b) Poor information about leaving hospital e.g. access to wheelchairs for relatives to take patients to the car park and pick up points for relatives to park for short periods</p>	<p>i) Improve information given to relatives</p> <p>ii) identify pick up points for short stay parking at the hospital</p>		<p>WDP&RG</p> <p>WDP&RG</p>	<p>Reduction in the number of incidents/complaints relating to discharge baseline identified</p> <p>Identified pick up points for short stay parking</p>	<p>June 09 COMPLETED</p> <p>April 2009 COMPLETED</p>
<p>(c) Lengthy waiting times for</p>	<p>i) Review the ordering process</p>	<p>Lead</p>	<p>WDP&RG</p>	<p>Report available to WDP&RG re</p>	<p>June 2009</p>

<p>medication</p> <p>(d) Lack of consistency and clarity in the application of the discharge process (1,2,3&5)</p>	<p>for take home medication</p> <p>i) Disseminate the Discharge policy to ensure that all staff involved in the discharge process are aware of their duties and responsibilities</p> <p>ii) All Patient Flow Practitioners Complete Training programme</p> <p>Actions Completed Initial PFP training completed Awaiting further support from the PCT Community Care Team Change in PFP role will require a review of training needs.</p> <p>iii) Plan for the roll out of awareness raising of discharge roles & responsibilities</p> <p>Actions Completed Policy approved consulted on & disseminated WEHS Improving LoS workstreams underway Wards using EDD</p> <p>v) Consider the</p>	<p>Pharmacist</p> <p>Patient Flow Manager</p> <p>Patient Flow Manager</p> <p>Patient Flow Manager</p>	<p>WDP&RG</p> <p>WDP&RG</p> <p>Joint</p>	<p>Improved supply of take of home medication</p> <p>Improved Audit results from policy KPIs (Baseline established)</p> <p>Evidence of completed training programme</p> <p>Plan in place</p> <p>Evidence of rollout of policy</p> <p>Recommendations brought to</p>	<p>COMPLETED</p> <p>June 09 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>June 2009 COMPLETED</p> <p>Aug 2009 COMPLETED</p>
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	<p>recommendations of the review of the Wirral economy wide discharge function by Price Waterhouse Cooper</p> <p>vi) WUTH DASS & NHS Wirral agree the roles and responsibilities of the Patient Flow team and the Integrated discharge team</p> <p>Actions Completed Task & finish group established to progress an integrated discharge function</p>	<p>Commissioner (SQ)</p> <p>ADO (MED) & D of PC (NHS Wirral)</p>	<p>Commissioning Group for Older People</p> <p>Joint Commissioning Group for Older People</p>	<p>WDP&RG Work steam commenced re an integrated Discharge function Sept 09</p>	<p>Jan 10</p>
<p>(e) Poor written information at the point of discharge to health and social care staff who will be providing continued care and support for the patient (4)</p>	<p>i) Review the content & timeliness of the information required at discharge</p> <p>Actions Completed Patient summary sheet given to patient on discharge & sent electronically to GP. Discharge checklist given to patient</p>	<p>ADO's</p>	<p>WDP&RG</p>	<p>Improved communication with health and social care colleagues</p> <p>Reduced number of complaints</p> <p>Nursing & Midwifery audit result</p>	<p>Aug 2009 (some outstanding issues)</p>
<p>(f) Delay in communication to the patients GP following hospital admission (2&4)</p>	<p>i) Ensure patients and carers are aware of what is expected to happen following discharge from hospital and that this is documented on the discharge checklist given to the patient and the discharge summary sent to the GP</p>		<p>WDP&RG</p>	<p>Audit discharge checklists given to patients</p>	
<p>5. Post Discharge Issues (a) No routine follow up check in the community following</p>	<p>i) Develop a WUTH referral pathway to VCAW out of hospital service being</p>	<p>ADO (Ops) & VCAW & PCT</p>	<p>Joint Commissioning Group for Older</p>	<p>Pathway in place</p>	<p>April 2009 COMPLETED</p>

	<p>iii) Develop and implement guidance for people who are homeless or living in temporary or insecure accommodation (5)</p> <p>Action Completed LA Homeless post funded to work with WUTH</p>	Patient Flow Manager		Specific Guidance in place as part of the Discharge policy	Sept 2009
	<p>iv) Develop a protocol to clarify the process for arranging transport options for patients</p>	Patient Flow Manager		Specific Guidance in place as part of the Discharge policy	Sept 2009

Key

WUTH Wirral University Teaching Hospital

PCT Primary Care Trust

DLN's Divisional Lead Nurses

ADO's Associate Directors of Operations (Surgery, Medicine, Diagnostics and Women & Children)

CHD's Clinical Heads of Division (Surgery, Medicine, Diagnostics and Womens & Children)

DN/M Director of Nursing & Midwifery

D&I M Diversity & Inclusivity Manager

WHIS Wirral Health Informatics Service

ADO (Ops) Assistant Director of Operations

WDP&RG Wirral Discharge Planning & Review Group

VCAW Voluntary Community Action Wirral

Appendix 2

Pharmacy Department

Review of discharge prescription turnaround by pharmacy Sept 2009

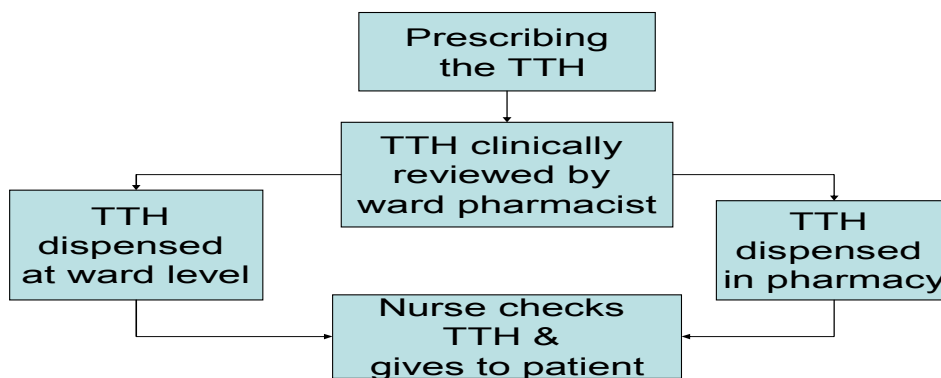
Background

One of the recommendations from the initial report of the Wirral Older People's Parliament Hospital Discharge Survey (July to Sept 2008) was:

There are still some long delays for discharge medication. How can this be speeded up?
WUTH has been working on streamlining the discharge process with regards to medication supply. This report summarises the process and explains various strands of work on-going and completed to aim to improve the process.

NB: A "to take home" (TTH) prescription is one produced when discharging a patient from hospital.

Overview of the TTH Process



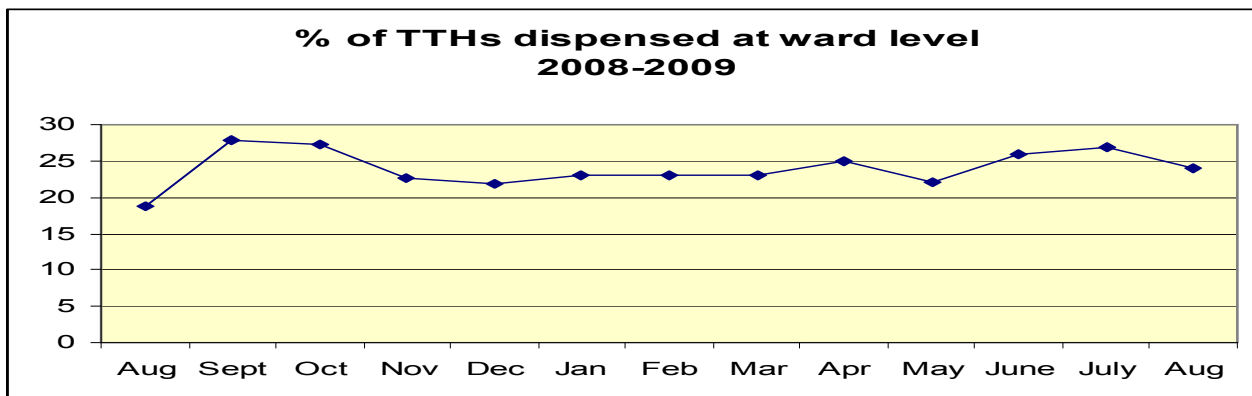
Actions Taken/In Progress

1. Prompt prescribing of TTHs

The Medical Director is working with clinicians to ensure that the TTH is prescribed either in advance or at the point the decision to discharge is made. This workstream will be managed under the Wirral Excellence in Healthcare System with value stream mapping and action planning to reduce delays in the system.

2. Increase the amount of medication already dispensed prior to discharge

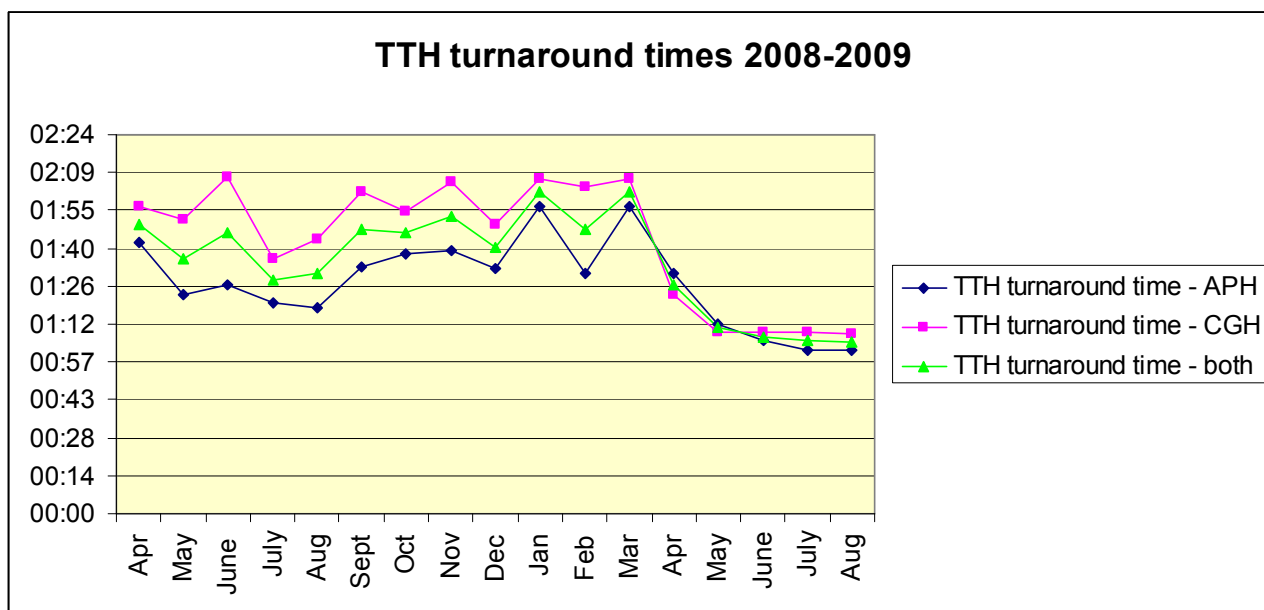
Pharmacy is working to try and discharge patients using medication already available at ward level. No progress has yet been made with this but it is a key objective that the department are working towards and discussions have been held with the Trust's model wards with respect to medication storage at ward level to prioritise the practice of labelling medicines in advance of discharge for use at ward level. One of the main rate limiting factors in this is recruitment of suitable staff which is a national problem.



3. Improving the turnaround time of prescriptions in the dispensary

Pharmacy monitor the length of time the prescription takes to complete the process from booking into the department to its final accuracy check. The average TTH turnaround time for the last financial year (2008-2009) was fairly consistent and mostly under pharmacy target time of 2 hours (see graph below).

At the start of the new financial year (2009/10) changes were implemented in the two dispensaries and this resulted in a significant decrease in the turnaround times to a fairly consistent average of just over one hour. All TTHs that take over our two hour target are investigated and preliminary findings are that these are predominantly prescriptions where the patient requires the medicines to be dispensed into a compliance aid.



The electronic prescription tracker has been installed in pharmacy and is soon to be rolled out to the wards. This tracker allows pharmacy to have data in real time and therefore they are able to re-divert staff resources in a timely manner. Prescriptions triggering the two hours are highlighted. The tracker will also improve communication with the wards regarding which TTHs have been ordered and their preparation status in pharmacy.

4. Reduce the need for compliance aids

Dispensing medication into medicine compliance aids (eg: Venalinks) is a time consuming process. By decreasing the number of compliance aids dispensed the overall time to turnaround TTHs will decrease. To try and aid this work is going on trying to improve the domiciliary carer training and support in community which in turn may lead to a reduction in the dependence on medicine compliance aids. The Head of Medicines Management – Wirral PCT is leading this.

5. Improving the delivery speed of prescriptions from the dispensary

TTHs are generally returned to the wards via the porters at set times throughout the day. When something is required more urgently a phone call is made to the ward once complete and it is collected from pharmacy or the pharmacy ward staff take to the ward. To try and speed this delivery time up a pneumatic air tube wide enough to transport most prescriptions safely throughout the hospital at the Arrowe Park site is in the process of being installed. It is expected to be operational by early 2010.

Way forward

All of the above actions are being monitored through a multidisciplinary group lead by the Deputy Director of Pharmacy - Operations. By the different disciplines working together to find solutions to this multi-factorial problem it is hoped that an improved service will be achieved for patients.

R. Fallon, Deputy Director of Pharmacy, Operations
Wirral University Teaching Hospital NHS Foundation Trust
Sept 2009

DISCHARGE ACTION PLAN FOR PATIENT

This action plan should be commenced as early as possible following admission to hospital

Patients Name:.....**Casenote Number:**.....**Ward/Dept:**.....

TASK	DETAILS/COMMENTS	DATE / SIGN																		
Expected Date of Discharge																				
Criteria Led discharge	Yes No																			
With patient's informed consent, care and discharge arrangements discussed with family and carer(s).	Yes																			
Discharge date agreed and Discharge Lounge arrangements discussed with patient/family and carer(s).																				
NHS Continuing Healthcare CC1 form completed.	Yes																			
Arrangements agreed for bringing in patient's outdoor clothes, accessing the discharge destination e.g. Key, ensuring heating will be on and food will be available on patient's discharge.																				
New / restart care package in place and date confirmed.																				
WHARTS re-ablement commencement date confirmed.																				
Agreement obtained for transfer to residential / nursing home. Funding in place. Transfer form completed.	Yes																			
Has the patient had an appropriate assessment from Nursing, Physiotherapy and Occupational Therapy (including Nurse Specialists where necessary)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Physio</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spec Nurse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SALT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	N/A	Physio	<input type="checkbox"/>	<input type="checkbox"/>	OT	<input type="checkbox"/>	<input type="checkbox"/>	Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Nursing	<input type="checkbox"/>	<input type="checkbox"/>	SALT	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	N/A																		
Physio	<input type="checkbox"/>	<input type="checkbox"/>																		
OT	<input type="checkbox"/>	<input type="checkbox"/>																		
Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>																		
Nursing	<input type="checkbox"/>	<input type="checkbox"/>																		
SALT	<input type="checkbox"/>	<input type="checkbox"/>																		
Has the equipment order been completed by the assessor and FAXED to community equipment services for action?	Yes N/A																			
Delivery date of equipment to discharge destination confirmed and shared with the patient, carer(s) and teams providing care	Delivery Date / /																			
Do the patient and carer(s) understand how to use any equipment provided?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>OT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spec Nurse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dietician</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	N/A	OT	<input type="checkbox"/>	<input type="checkbox"/>	Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Dietician	<input type="checkbox"/>	<input type="checkbox"/>							
	Yes	N/A																		
OT	<input type="checkbox"/>	<input type="checkbox"/>																		
Spec Nurse	<input type="checkbox"/>	<input type="checkbox"/>																		
Dietician	<input type="checkbox"/>	<input type="checkbox"/>																		
Transport arranged: <ul style="list-style-type: none"> ▪ Own (wherever possible) ▪ Hospital ▪ Taxi for homeless patient before 11am to Birkenhead Housing Department 																				
14 days prescription for drugs, 4 days dressings, catheters (NB: 48-hrs notice required for blister packs).	Yes																			
Dressings / appliances / medication instructions discussed with patient and/or carer(s).	Yes																			
TTH's checked and signed by 2 nurses.	Yes																			
Relevant community teams informed (e.g. Community Matron/District Nurse/Therapist).																				
Outpatient appointment.	Yes / No / Post / N/A																			
Discharge Summary letter given to patient.	Yes																			
Cash & Valuables / property returned to patient.	Yes N/A																			
Cannulae removed.	Yes N/A																			
Specific Instructions given:- <ul style="list-style-type: none"> Driving Returning to work Advice Sheets Infection Control Advice 	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Yes	N/A																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
Discharge Action Plan Completed and copy given to patient.	Yes																			

Appendix 4 - Intermediate Care / Care Home Transfer Form

Title	First Name	Surname		Known as
Date of Birth	Age	Religion	1st language English Yes / No Specify	
Transfer from Ward/Dept		<u>Discharge Address</u>		
G.P Name/Practice		Next of Kin Details		
Tel:		Name Address Tel: home NOK informed of Transfer	Relationship mobile Yes / No	
Allergies (please specify)		Special Dietary Requirements/Feeding Problems		
Risk Assessments				
Falls : No Risk Yes/No		Moderate Risk Yes/No	High Risk Yes/No	
Waterlow Score =		Skin Intact/Broken		
Present Wound Management:				
Site	Dressings		Frequency	
Pressure Relieving Equipment in use:				
Infection Control Status	MRSA	CDiff	Other	
(please state)				
PROPERTY	With Patient	With Relative	Other	
Clothing				
Valuables				
Spectacles				
Hearing Aid				
Mobility Aids				
Prosthetics				
DISCHARGE SUMMARY, ACTION PLAN AND MEDICATION LIST MUST BE ATTACHED				
Additional Information				
.....				
.....				
Nurses Name				
(Print).....Signature.....				
Designation.....				
Date.....				

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE :
10th NOVEMBER 2009

REPORT OF THE ASSISTANT DIRECTOR OF STRATEGY & PLANNING
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

DELIVERING SAME SEX ACCOMMODATION UPDATE OCTOBER 2009

Executive Summary

This paper outlines the progress being made in regard to eliminating mixed sex wards at Arrowe Park Hospital

1. Background

- 1.1 Wirral University Teaching Hospital has always attempted to make best use of its facilities in order to protect the Privacy and Dignity of its patients. The original design concept of Arrowe Park Hospital and the ward configuration provided an environment that met the expectations of patients at the time when the buildings were commissioned in the late 1970's.
- 1.2 Wirral University Teaching Hospital has been able to use the hospital ward design of four and six bedded bays and single rooms to be able to keep men and women in separate sleeping areas as sub specialisation within clinical care, patient and carer expectations and quality and care standards have changed.
- 1.3 It has been acknowledged for some time that the limitations of the existing ward configuration and facilities would not meet the ever higher standards of privacy required for patients in a modern NHS
- 1.4 The provision of a greater number of single rooms has therefore been a strategic objective since the Trust applied for Foundation Trust status. It was agreed that as wards are upgraded they will incorporate a higher proportion of single rooms with en-suite sanitary accommodation.

2. Context of the Current Policy

- 2.1 The national operating framework for 2009/10 required providers, through their respective PCT's to publish by March 2009, plans to deliver substantial reductions in the number of patients who report that they share sleeping or sanitary accommodation with members of the opposite sex.
- 2.2 The Health Secretary announced in January that performance measures will be put in place via the standard contract from April 2010 to ensure that same sex accommodation is provided for every patient.

- 2.3 The noted exception to this is for patients who need specialist or urgent care, where providing fast, effective care for the patient may take priority over providing same sex accommodation. (See note 1 below)
- 2.4 To support this programme, the Department of Health made available a £100 million Privacy and Dignity Challenge Fund against which Trusts could bid. WUTH was allocated £900,000 to effect the necessary changes to the ward layout.

3 Local Work Plan

- 3.1 To meet the requirement to provide for all patients, single sex sleeping and sanitary accommodation by April 2010, a programme of work has been agreed that will allow the designated male and female bays to be identified in separate areas of each ward which will be separated by doors. In addition, sanitary accommodation will be provided in each male and female area that precludes the need for patients to pass through the other (male/female) area in order to access the designated bathroom/toilette facilities. The work plan (which can be seen at appendix 1) has been drawn up in consultation with NHS Wirral. A policy for implementing single sex accommodation to the required standard and the allowed exceptions identified in appendix 1 will be put in place by the 31 March 2010.
- 3.2 The production of an information leaflet for patients is complete and has been distributed throughout the Trust.

Note 1

DOH principles for exceptions to the requirement to provide single sex accommodation for patients admitted in an emergency.

- Decisions should be based on the needs of each individual patient, not the constraints of the environment or convenience of staff
- Admissions units should be capable of delivering segregation for most of the patients, most of the time
- Patient preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or carers
- The reasons for mixing, and the steps being taken to put things right should be explained fully to the patient, family and friends
- Staff should make clear to the patient that the trust considers mixing to be the exception never the norm
- Greater segregation should be provided where the patient's modesty may be compromised (eg. When wearing hospital gowns /nightwear, or where the body other than extremities is exposed)

- Greater protection should be provided where patients are unable to preserve their own modesty (eg. when semi conscious or sedated)
- Where mixing is unavoidable, transfer to same sex accommodation should be effected as soon as possible. Only in the most exceptional circumstances should this exceed 24 hours

4 Financial Implications

Capital Grant of £900k to Wirral University Teaching Hospital

5 Staffing Implications

Nil

6 Equal Opportunities Implications

NIL

7 Community Safety Implications

NIL

8 Local Agenda 21 Implications

NIL

9 Planning Implications

NIL

10 Anti Poverty Implications

NIL

11 Social Inclusion Implications

NIL

12 Local Member Support Implications

NIL

13 Health Implications

NIL

14 Background Papers

NONE

15 Recommendations

That:

- (1) Health & Well-Being Overview and Scrutiny Committee note the progress being made at Wirral University Teaching Hospital (NHS Foundation Trust) to deliver same sex accommodation by the target date of April 2010.
- (2) Health & Well-Being Overview and Scrutiny Committee agree to have a further update in six months time

Assistant Director of Strategy & Planning WUTH

Pat Higgins
Assistant Director of Strategy & Planning
ext no 0151 678 5111 X2513

Date 28 October 2009

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

DELIVERING SAME SEX ACCOMMODATION – PROGRESS UPDATE

SEPTEMBER 2009

DEPARTMENT OF MEDICINE FOR THE ELDERLY/REHAB	PROGRESS
Ward 20	Completed – June 2009 - Female
Ward 21	Completed – June 2009 - Male
Ward 22	In progress – Work scheduled for 14 September 2009
Ward 23	In progress – Work scheduled for 14 September 2009
Ward 24	Completed - Female
Ward 25	Completed – June 2009 - Female
Isolation Ward 25 *	No work needed
Ward 36	Completed – June 2009 – Male with contingency for a female bay – need doors
Stroke Rehabilitation	In progress – work due in New Year 2010
Wirral Neurological Rehabilitation unit	In progress – work due in New Year 2010

* Clinical Need

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

DELIVERING SAME SEX ACCOMMODATION – PROGRESS UPDATE

SEPTEMBER 2009

DEPARTMENT OF MEDICINE	PROGRESS
Clinical Decision Unit *	Work scheduled 19 October 2009
Medical Assessment Unit *	Work scheduled 28 September 2009
Ward 30	Completed – all single side rooms, minor works in progress
Ward 31	In progress – Work scheduled for 10 August 2009
Ward 32/HAC *	In progress – Work scheduled for 14 September 2009
Cardiac Care Unit *	No work needed
Ward 33	In progress – Work scheduled for 14 September 2009
Ward 34 *	In progress – Work scheduled for 28 September 2009
Ward 37	In progress – Work scheduled for 7 December 2009
Ward 38 *	In progress – Work scheduled for 7 December 2009
Observation Ward	Toilet/shower – Monday 24 August 2009 – work in progress

* Clinical Need

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

DELIVERING SAME SEX ACCOMMODATION – PROGRESS UPDATE

SEPTEMBER 2009

GENERAL SURGERY/UROLOGY	PROGRESS
Ward 14 – Surgical Assessment Unit	Completed – May 2009
Ward 17	In progress – Segregated work due in August 2009 to install doors
Ward 18 – Surgical Day Case Unit	In progress – Segregated work due in August 2009 to install doors
Ward M2	In progress – New Year 2010
SPECIAL SURGERY	PROGRESS
Ward 16 – Ophthalmology Clinic	In progress – Segregated work due 1 October 2009
Ward 1	In progress – due to start 24 August 2009
Dermatology	In progress – New Year 2010
MUSCULOSKELETAL	PROGRESS
Ward 26	Completed - Female
Ward 27	Completed – Some work required 7 December 2009 Male with female flexibility
Ward M1	In progress – New Year 2010
Ward 10	In progress – Segregated – Problem discuss at next month’s meeting
Park Suite	Completed – May 2009

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
10 NOVEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

HEALTH & HOMELESSNESS UPDATE

Executive Summary

This paper provides an update on service developments proposed and approved in February 2008 and later in September 2009 by NHS Wirral. They are aimed at supporting the delivery of medium and longer term homelessness targets and support the Local Authority in the development and delivery of the Wirral Homelessness Strategy and NHS Wirral in meeting the health needs of local people who are homeless or at risk of homelessness.

1 Background

- 1.1 It is very difficult to quantify the levels of homelessness because many homeless people are transient and do not meet the statutory homeless criteria and are not therefore captured in official data. However in 2008-09 Wirral Council accepted 197 homeless applications, a further 67 applicants were rejected because they were deemed intentionally homeless or were not classed as being in priority need. There are also 102 local hostel bed spaces in Birkenhead which are all occupied, (many of the people living in hostels do not meet the homelessness criteria). A local outreach service took on an average of 24 new homeless clients per month during 2008. These figures do not include all rough sleepers or “sofa surfers”, (those homeless people who stay for short periods with a network of friends and family).
- 1.2 Homelessness causes a range of physical and mental health issues which contribute to the wider problem of health inequalities. These issues are often further complicated when individuals use drugs and/or alcohol. Their chaotic lifestyles often make it difficult for them to access and sustain engagement with mainstream services.
- 1.3 Local data on the physical health of homeless people is limited, however a report by the World Health Organisation (WHO) 2005 states that homeless populations, particularly rough sleepers have a higher rate of serious morbidity compared to the general population. Premature mortality is also higher amongst the homeless, WHO (2005) states that the average age of death amongst a sample of 388 homeless people was 44.5 years.
- 1.4 The most common health needs of homeless people are related to drug and alcohol dependence and mental health problems. However additional

causes of ill health include injury (due to accidents or violence), conditions associated with neglect e.g. poor condition of feet, tooth decay, inflammatory skin conditions such as scabies and impetigo. WHO also reports a high incidence of infections such as Hepatitis B and C, and HIV. In research commissioned by homeless charity Crisis (2002) it was found that one in fifty homeless people have Tuberculosis, they are five times more likely than the general public to suffer from Epilepsy and twice as likely to suffer from Diabetes.

- 1.5 Lack of engagement with mainstream health services means that many of the health problems experienced by homeless people are untreated and are more likely to develop into longer term conditions.
- 1.6 Poor mental health is a common cause and consequence of homelessness and whilst local data on the mental health needs of homeless people is limited, a brief review of national data provided the following figures:
 - 8% of hostel residents suffer with psychotic disorders (compared with 0.4% of the general population)
 - 38% of hostel residents suffer neurotic disorders (compared with 16% of the general population)
 - Cognitive brain defects are prevalent amongst the homeless, e.g. alcohol related brain injury.
 - In 92% of homeless people, mental illness antedated first loss of tenancy.
 - Crisis claim a third of hostel residents have severe personality disorders.
 - 8 out of 10 hostel residents suffer with depression and anxiety
- 1.7 Local quantitative evidence supports these findings with local hostels reporting an increasing number of residents presenting with mental health issues; which are particularly difficult to manage in a shared living environment where many residents have complex needs.
- 1.8 The Government requires hostels to be “Places of Change”; places which provide food and shelter but also places where residents can begin to take control of their lives and work towards a more stable lifestyle in a home of their own. This view is supported by Wirral Council’s Supporting People Team (hostel funders) which is encouraging hostels to support people who might previously have been excluded because of the challenges they present. This is clearly a positive development. However hostel managers report that they cannot meet this requirement without the support and expertise of the statutory sector. They report that they are finding it increasingly difficult to manage their more complex residents and fear for the safety of their residents, staff and the general public.

2 Health and Homelessness Projects

2.1 In recognition of the needs of homeless people and other excluded groups NHS Wirral approved the following projects in February 2008:

- Commission a research project into housing issues which adversely affect the hospital discharge process and make recommendations for improvement.
- Carry out recommendations from the research project
- Carry out a scoping exercise of mental health services (numbers and needs assessment) for homeless people.
- Provide a treatment room, bathing and toilet facilities at the Charles Thompson Mission (local drop-in centre for homeless people)
- Investigate and make recommendations for a model of primary care provision for homeless people, to be delivered from the newly refurbished Charles Thomson Mission.

2.2 More recently (September 09) approval has been given by NHS Wirral to commission a nursing service for excluded groups, and a mental health service to work directly with local hostels, their residents and rough sleepers. The aim of each of these services is to provide quick and easy access to assessment, treatment and therapeutic interventions, all of which are vital in improving the health, well being and confidence of homeless people. It is anticipated that these services will also improve their chances of securing and maintaining a home.

3 Progress

3.1 Hospital Discharge Research Project

3.1.1 The Local Authority Supporting People Team was commissioned to carry out a short research project, looking at the experience of homeless people in accessing local health services, with an emphasis on hospital discharge. This was completed in November 08. The research involved structured interviews with key stakeholders, including hospital staff and homeless people.

3.1.2 The key findings were as follows:

- The Hospital Discharge Policy does not acknowledge the particular needs of homeless people and doesn't take account of good practice guidance issued by the Department of Health in relation to homeless patients.
- Hospital staff do not know how to help homeless people and are unaware of the support available in the community.
- Local quantitative health data on homeless people is inadequate which limits our ability to plan and target services appropriately

- More community based accessible health services should be developed to meet the needs of homeless people.

3.2 Research Recommendation

3.2.1 The key recommendation from the above research is to commission the appointment of a Hospital Link Worker on a fixed term basis; who has a brief to:

- Develop a hospital discharge protocol between Wirral University Teaching Hospital, the Local Authority Homeless Team and local housing providers to reduce the numbers of homeless patients discharged to the streets.
- To train key staff on any changes agreed to ensure effective implementation.
- Develop and deliver a training programme for hospital staff to raise awareness of homelessness.
- Support hospital staff in addressing identified housing issues which are delaying discharge
- Improve patient outcomes
- Identify the extent and cost of hospital admissions and presentations of homeless people through improved data collection.

3.2.2 Funding for the post is already in place, half provided by the PCT and half provided by the Local Authority from the Supporting People budget. The service specification is due to be finalised and the Supporting People Team will commission the post from one of its current providers. This recommendation supports the work of the Discharge Planning and Review Group and is included in the group's action plan 2009/10.

3.3 Mental Health Project

3.3.1 On the basis of local and national evidence a business case was made to Professional Executive Committee (PEC) in September 2009 to commission a mental health service for homeless people. It was proposed that NHS Wirral commission a local provider to appoint or second a mental health practitioner for a 2 year period. It was recommended that the service be linked directly to the 3 local hostels and other services supporting homeless people and deliver the following activities:

- Provide early assessment and develop a referral/care pathway for homeless people with mental health problems.
- Provide support to client and hostel staff whilst awaiting full assessment and treatment
- Design and provide mental health training for hostel staff and raise awareness of homelessness within mainstream mental health services
- Collect robust data on the mental health needs of homeless people with mental health problems

- Ensure robust monitoring, review and evaluation of the service and make recommendations for service development if necessary

3.3.2 It was proposed that the service works closely with local mental health services and the nurse practitioners. Strong links will also be formed with Wirral Drug Service, Wirral Alcohol Service and the locality based teams to ensure that each homeless individual approaching any of these services can easily access the others to ensure a holistic, joined up approach, providing the best opportunity to address the often complex needs of homeless individuals.

3.4 Charles Thomson Mission - Treatment Room

3.4.1 The work on the Charles Thompson Mission (a drop-in centre in Birkenhead used primarily by homeless people, rough sleepers and street drinkers) was completed at the beginning of May 2009. The work commissioned includes the provision of a treatment room and ground floor bathing and toilet facilities.

3.5 Primary Care for Homeless People

3.5.1 Following a series of interviews with homeless people and local service providers; and some investigation into how other areas provide health services to this group it is clear that the main requirements of homeless people in relation to their health is that services are easy to access, that they take account of their unsettled and difficult circumstances and that practitioners treat them with the same respect they afford to other patients.

3.5.2 NHS Wirral will therefore commission two Nurse Practitioner posts for a period of two years. These posts will provide clinics within the three local hostels and the Charles Thompson Mission in which a clinic room has already been established for this purpose (PCT funded 2008/09). They will also provide outreach clinics to identified venues for other excluded groups such as ex-offenders.

3.5.3 The Nurse Practitioners will provide a bridge between primary care and organisations working directly with homeless and vulnerable adults, including locality based teams. They will carry out the following activities:

- Provide drop in health clinics to include weekends and evenings in the Wirral Churches' Arc Project, the Young Men's Christian Association (YMCA), Forum Housing, Probation and Charles Thomson Mission
- Develop and co-ordinate referral pathways for homeless people with health related problems including hospital protocols for the homeless
- Provide health assessments (including vascular and respiratory screening) and encourage self care
- Provide first line clinical interventions
- Support patient registration
- Liaise with GPs and other clinicians to ensure continuity of care

- Ensure that homeless and vulnerable people are supported to attend appointments, complete programmes of treatment and have access to health improvement programmes
- Take part in clinical supervision
- Collect robust data on the health needs of homeless and vulnerable people and make this available to commissioners and service managers
- Ensure robust monitoring, review and evaluation of the service and make recommendations for service development if required.

4 Financial Implications

- 4.1 Most of the projects outlined in this report have been funded by NHS Wirral. However the hospital discharge research project and the hospital link worker post are jointly funded by NHS Wirral and the Local Authority (Supporting People). A Rough Sleepers Small Grant of £17,000 has also been awarded by the Department of Communities and Local Government (DCLG) as a contribution towards the mental health service outlined above.
- 4.2 Over a 3 year period investment into these projects will amount to approximately £470,000; however there is the potential to make savings in the short and long term by improving access to low and medium level mental health services for homeless people by preventing the need for more intensive mental health input, by reducing the number of hospital admissions and repeat admissions and by reducing the number of presentations at A & E.
- 4.3 Funding for these projects was approved on a fixed term basis so an important element of the work ahead will be to incorporate the new services into mainstream provision.

5 Staffing Implications

- 5.1 The establishment of these services will involve the management of the contracts used to commission the services including regular monitoring and review. Services that are commissioned will be required to work alongside existing staff groups working with vulnerable people, including Health Action Area staff, mental health, drug and alcohol services and primary care. This will involve a requirement for existing staff to work towards the development of new referral and care pathways.

6 Equal Opportunities Implications

- 6.1 At the present time mainstream health services do not adequately address the needs of homeless people. Homeless people are often excluded from many services because of their complex needs and these projects form part of a broader homelessness strategy to remove the barriers faced by homeless people and other excluded groups.

7 Community Safety Implications

- 7.1 The key aim of all of these projects is to provide a range of health and support services that will support homeless people and other excluded groups to address their physical and mental health problems and any substance misuse issues they may have. It is hoped that this in turn will help them to achieve a level of stability so that they can access and sustain secure accommodation. It is anticipated that this will have an indirect but positive effect on community safety.

8 Local Agenda 21 Implications

- 8.1 There are no LA 21 implications arising out of this report.

9 Planning Implications

- 9.1 N/A

10 Anti Poverty Implications

- 10.1 It is anticipated that the services outlined here form part of an overall plan to move homeless people through a health, social care and accommodation pathway out of poverty and into a more stable lifestyle, possibly into training and employment in some cases.

11 Social Inclusion Implications

- 11.1 Homeless people are amongst the most socially excluded, experiencing the worst health, social and housing conditions. Their chaotic lifestyles make it difficult for homeless people to access mainstream services and projects outlined in this report aim to provide the right service in the right place at the right time to ensure the often complex needs of homeless people are addressed.

12 Local Member Support Implications

- 12.1 Whilst homelessness is a Wirral wide issue, this report is of particular relevance to the Birkenhead ward where the hostels and the Charles Thomson Mission are located.

13 Health Implications

- 13.1 This report is based on an understanding that homeless people have particularly poor health and great difficulty in accessing and sustaining contact with mainstream health care services. The services described aim to ensure that local homeless people have quick and easy access to assessment, treatment and therapeutic interventions, all vital in improving their health, well being and confidence. It is anticipated that these services will prevent further decline and improve the chances of securing and

maintaining a home. Furthermore each of the services will be charged with the collection of robust baseline health data on the needs of homeless people so that we can monitor and evaluate the effectiveness of the services and make recommendations for future service development.

14 Background Papers

- NHS Wirral, Corporate Directors Group – “Wirral Homelessness Strategy – Proposed Service Developments” February 2008
- NHS Wirral, Professional Executive Committee (PEC) - “Wirral Homelessness Strategy – Service Development Update” May 2009
- NHS Wirral, PEC - “Reducing Premature Mortality and Health Inequalities in Homeless and Vulnerable Groups” September 2009

15 Recommendations

That

- (1) Members are asked to note the contents of this report.

JOHN WEBB
Director of Adult Social Services

Lesley Hilton
Health & Housing Programme Manager
Strategic Partnerships
tel no 651 0011

Date 19 October 2009

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
10th NOVEMBER 2009

REPORT OF THE CHIEF EXECUTIVE, NHS WIRRAL

WIRRAL HEALTH ECONOMY – 2008/09 ANNUAL HEALTH CHECK BY THE CARE QUALITY COMMISSION

Executive Summary

This paper outlines the 2008/09 Annual Health Check performance of NHS organisations in Wirral, as published by the Care Quality Commission (CQC) on 15th October 2009.

Appendix A gives details of the components.

Appendix B provides the National overview, by type of organisation

1 Background

1.1 The annual rating is made up of a number of components, which the CQC combines to produce scores for 'Quality of Services' and 'Quality of Financial Management':

- **Quality**
Is the Trust meeting the Government's core standards and existing commitments for the NHS?
Also, is the trust performing well against the Government's national priorities for the NHS?
- **Financial management**
Is the trust managing its finances effectively? – The assessment of financial management by CQC, draws on work carried out by the Audit Commission and Monitor, the regulator of NHS foundation trusts.

1.2 Organisations are assessed as 'excellent', 'good', 'fair' or 'weak' for each of the two measures.

2 Financial Implications

None

3 Staffing Implications

None

4 Equal Opportunities Implications

None

5 Community Safety Implications

None

6 Local Agenda 21 Implications

None

7 Planning Implications

None

8 Anti Poverty Implications

None

9 Social Inclusion Implications

None

10 Local Member Support Implications

None

11 Health Implications

None

12 Background Papers

None

13 Recommendations

That:

- (1) The Committee notes the outcome of the Care Quality Commission Annual Health Check of NHS Organisations in Wirral.

KATHY DORAN
Chief Executive
NHS Wirral

NHS Wirral
Annual Health Check 08/09 Performance Rating Matrix
Summary for Wirral Health Economy



Organisation	Quality of Services			Quality of Financial Management
	Core Standards	Existing Commitments	New Priorities	
NHS Wirral	Fully met	<p>Almost met</p> <ul style="list-style-type: none"> • Total time spent in A&E: Four hours or less. • All ambulance trusts to respond to 75% of category A calls within 8 minutes. • All ambulance trusts to respond to 95% of category B calls within 19 minutes. 	<p>Good</p> <ul style="list-style-type: none"> • Teenage conception rates per 1,000 females aged 15-17 • Number of drug users recorded as being in effective treatment • All age all cause mortality • Proportion of individuals who complete immunisation by recommended age • Childhood obesity rate for primary school age children (data recording) • Stroke Care 	Good
Wirral University Teaching Hospital NHS Foundation Trust	Almost met	<p>Almost met *</p> <ul style="list-style-type: none"> • Total time spent in A&E: Four hours or less. 	<p>Good</p> <ul style="list-style-type: none"> • Incidence of MRSA 	Excellent
Clatterbridge Centre for Oncology NHS Foundation Trust	Fully met	Fully met	Excellent	Excellent
Cheshire & Wirral Partnership NHS Foundation Trust	Fully met	Not applicable	<p>Good</p> <ul style="list-style-type: none"> • Delayed Transfers of Care • Completeness of the Mental Health Minimum Data Set • Green light toolkit 	Excellent

KEY- Improvement Areas

Data Source: <http://www.cqc.org.uk>

* organisation of decontamination services not met

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2008/09 Overall Quality scores

Organisation Type	Excellent	Good	Fair	Weak
Acute and specialist trusts	37 (22%) ↓	81 (48%) ↑	43 (25%) ↑	8 (5%) ↔
Ambulance trusts	0 (0%) ↓	2 (18%) ↓	6 (55%) ↑	3 (27%) ↑
Learning disability and other trusts	1 (33%) ↔	0 (0%) ↔	2 (67%) ↑	0 (0%) ↓
Mental health trusts	18 (32%) ↓	26 (46%) ↑	8 (14%) ↑	5 (9%) ↑
Primary care trusts	3 (2%) ↓	77 (51%) ↑	68 (45%) ↓	4 (3%) ↓
Overall quality scores	59 (15%) ↓	186 (47%) ↑	127 (32%) ↓	20 (5%) ↓

Source: Care Quality Commission NHS ratings 2008/09

2008/09 Financial Management scores

Organisation Type	Excellent	Good	Fair	Weak
Acute and specialist trusts	72 (43%) ↑	62 (37%) ↑	26 (15%) ↓	9 (5%) ↓
Ambulance trusts	1 (9%) ↑	8 (73%) ↑	2 (18%) ↓	0 (0%) ↓
Learning disability and other trusts	0 (0%) ↔	3 (100%) ↔	0 (0%) ↔	0 (0%) ↔
Mental health trusts	30 (53%) ↑	23 (40%) ↓	4 (7%) ↓	0 (0%) ↓
Primary care trusts	0 (0%) ↓	80 (53%) ↑	70 (46%) ↑	2 (1%) ↓
Overall quality scores	103 (26%) ↑	176 (45%) ↑	102 (26%) ↓	11 (3%) ↓

Source: Care Quality Commission NHS ratings 2008/09

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

3 NOVEMBER 2009

REPORT OF THE CHIEF INTERNAL AUDITOR

ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

1. EXECUTIVE SUMMARY

- 1.1. Further to Resolution 2 of the Audit and Risk Management Committee of the 23 September 2009 this report addresses the Special Charging Policy applied to service users residing at "in house" Supported Living Units.
- 1.2. Information has been reviewed from a number of sources, i.e. Audit Commission's PIDA Report, Mr Morton's grievance and documents within the Department of Adult Social Services.
- 1.3. Documentary evidence indicates the charges levied were approved by Members at the Social Services Committee, 3 September 1997. This is in accordance with the definition of "reasonableness" as stated in an Audit Commission Report - "Charging with Care" - May 2000.
- 1.4. It is difficult to judge if Wirral's charges for Supported Living were significantly higher than those of several other authorities in the period 1997 to 2003. Wirral's charges were dependent on a financial assessment based on the service users income whereas other local authorities were based on the level of care.
- 1.5. The Report submitted to the Special Social Services Committee, 26 July 2000, paragraph 4.24 indicates that it was intended to consider Supported Living Charges separately as part of the Charging Policy Review in 2000. No evidence was found that this was done.
- 1.6. Evidence is available that officers were aware in November 2000 and April 2001 that the charges levied for service users residing at "in house" Supported Living Units were higher than they would have been if the provisions of the Special Social Services Committee, 26 July 2000 - Charging Policy Review - had been applied.

2. BACKGROUND

- 2.1. Members of this Committee on 23 September 2009 (Resolution 2) requested:

"That a further investigation be undertaken by Internal Audit, to consider whether there was a point in time between 1997 and 2003

that officers ought reasonably have recognised that the 'Special Charging Policy' was unreasonable and therefore unlawful and, if so, to calculate the amount of re-imburement that would be due; and that Internal Audit be requested to seek the views of Mr Morton in relation to the further investigation".

3. INTERNAL AUDIT WORK UNDERTAKEN

- 3.1. In order to assess if the Special Charging Policy was "unreasonable" enquiries were made to the Directors of all northern Adult Social Services with a copy to the Chief Internal Auditors of the same Authorities concerning the charges levied by them between 1997 and 2003 for "in house" supported living service users. The format and content of the Questionnaire and letter were agreed with the Director of Adult Social Services and the Audit Commission. Over 50 authorities were consulted, all were given reminders and 11 replies were received from the north west Authorities. (Appendix 1 and 2).
- 3.2. Relevant documents from the Department of Adult Social Services (DASS), e-mails and Committee Reports were reviewed to ascertain if there was evidence that officers had information that could have indicated the charges were unreasonable. Further discussions and enquiries were made with DASS officers and managers. All were again open, cooperative and helpful but inevitably there were difficulties in remembering details and locating documents relating to several years ago.
- 3.3. Internal Audit again reviewed documents and papers relating to Mr Morton's grievance to ensure that all items relevant to the charging policy had been included within this review.
- 3.4. The Audit Commission has been made aware of the documents reviewed by Internal Audit and is not aware of any additional documents relevant to this investigation.
- 3.5. The Director of Law, HR and Asset Management wrote to Mr Morton to request his views and assistance in the investigation. Contact has been made with Mr Morton's solicitor. For various reasons it is unlikely that a response will be received before 30 October 2009.

4. FINDINGS

4.1. Chronology of Events

- 4.1.1 On 3 September 1997, a report was submitted to the Social Services Committee on "Future Services for People with Learning Difficulties". The Conclusion of the report was:

"If residents could be asked to contribute their benefits related to their dependency and level of need for care to the costs of care provision, this would leave each person with an income for daily living needs and with all their housing needs provided for while Social Services would

provide or purchase a full package of support care for them according to their individual needs”.

The Recommendation, which was agreed, was:

“Members are asked to agree that in independent living situations, tenants in receipt of the Disabled Living Allowance Care component and/or the Severe Disability Premium can be charged the amount offered by those benefits to contribute to the cost of their care packages”,

(See Appendix 2a and 2b of Special Audit and Risk Management Committee, 23 September 2009 which refers to the Social Services Committee 3 September 1997).

This was implemented for service users at Bermuda Road, Curlew Way and Edgehill Road between 1997 and 2003.

- 4.1.2. At the Special Social Services Committee on 26 July 2000, a report entitled “Charging Policy Review” was presented. The purpose of the Report was to inform Members of the outcome of the consultation exercise on proposed changes to the charging policy for non-residential services and to present recommendations.

Paragraph 4.24 of the report stated:

“Service Users who reside in Supported Living Accommodation are not included under the proposed Policy. A further report will be submitted to Adult Community Care Panel and Social Services Committee outlining charging arrangements for this client group”.

No evidence has been discovered that a further report was produced and submitted.

Please refer to my Report to this Committee on the 23 September 2009 paragraphs 5.2.13 to 5.2.15 which discusses this in detail.

- 4.1.3. It is clear from an e-mail and other correspondence that officers were aware that a further Committee Report was needed and Mr Morton brought these issues to the attention of officers within the Department. (Appendix 3 and 4).

4.2. Charges

- 4.2.1. An analysis of the charges levied on all the service users who lived at Bermuda Road, Curlew Way and Edgehill Road from 1997 to 2003 was completed. The charge levied depended upon the service users' benefits in accordance with the policy approved by Social Services Committee on 3 September 1997.

- 4.2.2. The records reviewed indicate that the average financial assessment charge for the period was £77.70 and the range is from an average of £63.33 in 1997/1998 to £83.82 in 2002/2003. This left an average

amount over the period for the service users own use of £97.42, ranging from £89.02 in 1997/1998 to £107.77 in 2002/2003, which is contrary to the suggestion that all supported living service users income was taken as a contribution to the costs of care and that charges were in excess of £100 per week. Records indicate the average ratio of charge to service user's income over the 5 years is approximately 44%. (Appendix 5).

4.2.3. A review of service users resident in the premises in Balls Road, Birkenhead was also conducted. No documents or records of any sort could be found that indicated that any were charged for care services. The only charges were in respect of rent. Several related issues have come to light and will be reported separately by the Director of Adult Social Services to Cabinet.

4.3. At what point in time could it have been recognised that the charges applied by Wirral Council might be unreasonable and therefore unlawful?

4.3.1. The Audit Commission Report "Charging with Care" of May 2000 stated in Section 45, page 25, the definition of 'reasonableness' which is crucial to determining legality of charging. The report states:

"Provided that decisions over the principles related to charging are properly debated and resolved then the resultant approach can be considered to be 'reasonable'". (Appendix 6).

The "Special Charging Policy" applied to residents of Bermuda Road, Curlew Way and Edgehill Road in 1997 was following a Committee Report that permitted debate, consequently it is, therefore, considered reasonable and lawful at that time and until the time when Fairer Charging should have been implemented i.e. April 2003, as decided at the previous Audit and Risk Management Committee, i.e. 23 September 2009.

4.3.2. However, there was a failure to submit a further report to Members on service users in Supported Living Accommodation, as stated in paragraph 4.24 of the Special Social Services Committee Report of 20 July 2000.

5. SUMMARY OF FINDINGS

5.1. Analysis of the survey of other local authority's charges is difficult to use to make comparisons as there were only 11 responses. Some authorities charged on an hourly rate or a sliding scale whereas Wirral charged based on income. Depending on the hours of care provided, some charges are comparable with Wirral's and the maximum charge of one approximated to Wirral's average for the period 1997/1998 to 2002/2003 which was £78. The approximate average for the other authorities is £45.

Some of those who made comments on Wirral's charging policy were critical of the level and considered it high.

- 5.2. Analysis of the documentary evidence indicates that in October 2000, some officers were aware the charges were not in accordance with best practice by virtue of not having been reported to Members in accordance with a previously reported intention. On 6 April 2001, they were in receipt of an evidenced recommendation that the charges should cease. This reinforced a previous document of 22 November 2000.
- 5.3 From interviews with officers and the examination of the documents located, it is clear that the situation concerning charging was confused but inevitably as the enquiry is about events which took place over 10 years ago and when the Department was in "Special Measures", records and memories are likely to be unreliable.

6. CONCLUSION

- 6.1. It is difficult to assess if the level of Wirral's charges was "unreasonable" as the charges made by other authorities are not directly comparable. Several charged on the basis of the level of care provided. It seems that some charged at levels comparable or even in excess of Wirral if a significant level of care was provided. However, the findings of The Audit Commission Report indicated Authorities were entitled to set charges in any way they considered appropriate and recognised all authorities would have different approaches and levels of charge. It also defined "reasonableness" as depending on debating and resolving the approach to charging, which was undertaken at the Social Services Committee, 3 September 1997.
- 6.2. The earliest document identified that draws to the attention of officers that the Special Charging Policy should be withdrawn is 22 November 2000, subsequently followed up on 6 April 2001 when the Supported Living Development Officer, wrote a Memorandum explaining the difference between the charges levied by the Special Charge Policy and those that would arise from implementing the policy resulting after the Charging Review of 26 July 2000.

7. FINANCIAL AND STAFFING IMPLICATIONS

- 7.1. The charging policy for supported living was not reviewed in accordance with 4.24 of the Special Social Services Committee report of 26 July 2000. Had the Policy been reviewed, Members may have implemented the wider charging policy to "in house" Supported Living, albeit the intention is unknown.
- 7.2. If this had been decided then the reimbursement for the 16 service users who were affected for the period 4 December 2000 to 31 March 2003 would total £127,700. This is calculated by reference to records of the amounts service users paid during the period, which were in excess of the charge that would have been levied had the

recommendation of the wider departmental charging policy been applied to Supported Living.

7.3. Any reimbursement of excess charge will require Cabinet approval. If the funding cannot be met within existing resources, it will also require Council approval. It is recommended that the cost of any reimbursement or other action is funded from the Department of Adult Social Service's Revenue Budget.

7.4. There are no staffing implications.

8. **LOCAL MEMBER SUPPORT IMPLICATIONS**

8.1. There are no local Member support implications.

9. **LOCAL AGENDA 21 STATEMENT**

9.1. There are no local agenda 21 implications.

10. **PLANNING IMPLICATIONS**

10.1. There are no planning implications.

11. **EQUAL OPPORTUNITIES IMPLICATIONS**

11.1. There are no equal opportunities implications.

12. **COMMUNITY SAFETY IMPLICATIONS**

12.1. There are no community safety implications.

13. **HUMAN RIGHTS IMPLICATIONS**

13.1. There are no human rights implications.

14. **BACKGROUND PAPERS**

14.1. Appendix 1 - Charging information provided by the north west Adult Social Services Local Authorities.

Appendix 2 - Comments from north west Local Authorities - "in house" Supported Living Units during the period 1997 to 2003.

Appendix 3 - "Charging Policy Review – Implications for Supported Living Schemes Briefing Note" has attached to it an internal address label dated 22 November 2000.

Appendix 4 - Memorandum dated 6 April 2001.

Appendix 5 - Wirral's weekly average income, allowance and financial assessment charge under the Special Charging Policy.

15. RECOMMENDATIONS

- 15.1. Members note the issues in this Report.
- 15.2. Members consider if further reimbursement is appropriate on the basis that no report into Supported Living Charging Policy was brought for consideration after July 2000.
- 15.3. If Members consider that reimbursement is appropriate, Members may consider a suitable reimbursement is at the level of the wider charging policy agreed in July 2000, albeit no evidence has been identified of the intention of the department at that time.

DAVID A GARRY
CHIEF INTERNAL AUDITOR

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WIRRAL COUNCIL

AUDIT AND RISK MANAGEMENT COMMITTEE

3 NOVEMBER 2009

REPORT OF THE CHIEF INTERNAL AUDITOR

**ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS
RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE
PERIOD 1997 TO 2003**

Appendix 1 - Charging information provided by the north west Adult Social Services Local Authorities.

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Appendix 4 - Memorandum dated 6 April 2001.

Appendix 5 - Wirral's weekly average income, allowance and financial assessment charge under the Special Charging Policy.

Appendix 6 - Audit Commission Report - May 2000 - Charging for Care - Extract - Page 25 - Section 45.

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Appendix 1

ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

Charges for the care and support provided by Social Services staff to service users residing at "in house" Supported Living Units during the period 1997 to 2003.

Charging information provided by the north west Adult Social Services Local Authorities:

<u>Local Authority</u>	<u>Weekly Charge</u>
A	Did not charge for the care provided in the home from 1997 to October 2002. Weekly charges from 2002 not provided.
B	Based on income from all benefits apart from DLA Mobility and comparing to the level of basic Income Support for the age and the SDP. If there was an excess then the weekly charge would be 50% of the excess.
C	Minimum weekly charge £6.00 - discretion for free service in exceptional cases. No maximum weekly charge. Maximum based on standard hourly rate x no of hours provided. As at 4.January 1999 £6.00 per hour.
D	Minimum weekly charge £3.00. Maximum weekly charge £27.00 (based on half DLA care component at that time).
E	£20 per week for those in receipt of lower DLA. £30 per week for those in receipt of higher DLA.
F	Minimum weekly charge £2.00. Maximum weekly charge of £30.50. (Banded charging) Attached Charge Policy applicable from 19 July 1999.
G	Weekly charge £35.00
H	Minimum weekly charge - 50% of DLA care rate. Maximum weekly charge - 50% of DLA care rate unless capital held or compensation for personal injury.

I	<p>Weekly charge - £nil</p> <p>The Authority had its own Policy from 1993. Service users were "passportted" free during the period 1993 to 2003.</p>
J	<p>Variable weekly charge based on the service users financial assessment.</p> <p>However, the Authority did not provide details of the weekly charge.</p>
K	<p>Minimum weekly charge £12.16</p> <p>Maximum weekly charge £73.40 (Care assessed between level 1 and 5).</p>

Appendix 2

ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

Comments from north west Local Authorities - "in house" Supported Living Units during the period 1997 to 2003.

<u>Local Authority</u>	<u>Comments</u>
A	None Provided.
B	Compared to our policy this seems quite severe. We decided early on that we wanted to ensure that service users were not left with just Income Support, even though this would be more than res. care would do.
C	<p>If compared in hindsight to basic fairer charging principle of allowing basic IS plus a 25% buffer, this principle would have been breached as there would appear to be no buffer in the majority of cases.</p> <p>Not comparable with ILF assessment regulation of taking SD premium and ½ DLA Care which I think (although not entirely sure) was already in place at that time.</p> <p>Extension of charging policy to learning disabilities clients agreed with Learning Disabilities Sub Committee in September 98.</p> <p>Legality of policy was scrutinised by Legal services – no questions of illegality were raised.</p> <p>Our policy gave a personal allowance which was the same for all clients. This was the equivalent of the basic income support for over 60's plus £15.00. 50% of excess income was then charged.</p> <p>There was an appeals process. Extra expenses could be allowed based on carer's expenses and expenses for activities identified in the care plan.</p>
D	<p>The inclusion of the full amount of additional benefit awarded to individuals because of their disabilities leaves them with income levels equivalent to a non disabled person living on benefits. On the surface this appears to leave the disabled service user in the same financial position as a non disabled individual living on benefits. Social policy research has long established that disabled people incur additional costs because of their disability. This underpins the thinking behind the award of disability benefits. The effect of charging in the manner adopted by Wirral is that rather than creating parity this approach puts people with a disability at a distinct disadvantage and they no longer have additional income to pay for the extra costs incurred because of their disability. Following the introduction of the fairer charging guidance in October 2002 the inclusion of disability benefits as income for charging without any regard to spending on disability related items was contrary to the guidance.</p>

E	None Provided.
F	None Provided.
G	Understanding was that up to 2003 authorities could charge what they deemed suitable. Most adopted a flat rate. This authority only took into account the DLA and ignored SDP, approx half of what Wirral charged. Whether this is more suitable would be a matter influenced by local circumstances that would have been reasonable at that time.
H	<p>Our Authority along with other Councils had a major task in implementation of the guidance on fairer charging in accordance with the timescales required. Prior to the guidance our Authority had a system of flat rate charges for services provided. A passport system for those who paid over £30.00 per week was available to those people most in need together with an appeals policy was available to consider case of hardship under the flat rate charging system.</p> <p>While charging is not mandatory, there is an expectation from central government that Council's will charge for services, LAC (94) (1) refers. Health & SSD Social Security Adjudications Act 1983 say that Local Authorities may charge for most services. In the case of non-residential services charges must be reasonable and not more than reasonably practical for the individual user to pay. It is up to each Council to determine the policy for non-residential care services as there is no national scheme just guidance.</p> <p>Service user need to be informed of their right of appeal if they consider charges to be unreasonable and informed of the reasons of any decision. Where a client lack capacity to deal with their own financial affairs support to appeal may be required if no legal representative appointed or family member is able to offer support. It is my view that clients should be left with a reasonable amount of money for personal needs from chargeable benefits.</p>
I	No guidelines were given during that period. Charging would have been up to the discretion of the LA.
J	None Provided.
K	None Provided.

METROPOLITAN BOROUGH OF WIRRAL	
To: 1	[REDACTED]
Locality:	HQ
From:	[REDACTED]
	A.O.T.
Date:	22-11-00



Metropolitan Borough of Wirral

Social Services Department

Charging Policy Review – Implications for Supported Living Schemes Briefing Note

There is currently a special charging policy which applies to people who access Supported Living Services also known as Independent Living Schemes, Community Living or Group Homes. It may also apply to people who had been placed with foster carers but who are now aged over 18.

Service users subject to the above policy were not included in charging policy review which was presented to a special Social Services Committee 26 July 2000. Para 4.24 of this report stated that "a further report will be submitted to Adult Community Care Panel and Social Service Committee outlining charging management for this client group".

However, the proposals outlined in the revised charging policy should be considered applicable. In summary, the proposals are that:-

- ❖ When disposable income is below £7.40 over basic income support level there is no charge
- ❖ When disposable income in excess of £7.40 over basic income support a charge of 27% is applied or the price for the care package whichever is the lower (most usually in supported living it will be the former)
- ❖ A charge against severe disability premium of 27% be applied
- ❖ When AA or DLA care component is received a charge of 14% of that benefit is applied

The income implications of applying revised charging policy to supported living services is as follows:

	Special Charging Policy	Charging Policy Review	Income Deficit
D.L.A. Care (higher)	53.55	7.50	46.05
(middle)	35.80	5.00	30.80
(lower)	14.20	-	14.20
S.D.P.	40.20	10.85	29.35

Accordingly, each service user accessing supported living services will be better off 86% in respect of DLA (Care) and 73% of SDP. Income deficit should be recovered through transitional housing benefit scheme of Supporting People Framework. Therefore it is fundamental to implementing charging policy review that housing benefit claims are maximised. Moreover this policy should be applied to private/independent placements where "the Department has secured an intensive

holistic package based on an assessment of social care needs throughout each 24 hour period" (Special charging policy). This presently does not happen.

The principles outlined in charging policy review comply more fully with CIPFA guidance on developing charging policies in respect equity, consistency and simplicity. It is therefore recommended that the special charging policy be withdrawn. Further recommendations include:

- ❖ Monitoring of transitional housing benefit claims
- ❖ Effective systems for recovery of transitional housing benefit relating to support from care providers
- ❖ Further consultation with independent/private care providers in respect of applying revised charging policy

For comment –

cc

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]eb/chargpolmm

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memorandum

APPENDIX 4

to: [redacted]
Divisional Manager
Finance & Operational Support

date: 06 April 2001

[redacted]
Residential & Community Support Finance Manager

from: [redacted] Supported Living Development Officer

my ref: [redacted] JB
your ref:
tel:

subject: **RE: SUPPORTING PEOPLE - CHARGING CONSULTATION PAPER**

Attached, Supporting People consultation paper on charging and means testing. Further details of how charging will operate in Supporting People will be laid out following the outcome of the consultation.

Thanks.

[redacted]

[redacted]
Supported Living Development Officer

Enc





Metropolitan Borough of Wirral

Social Services Department

Charging Policy Review – Implications for Supported Living Schemes Briefing Note

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- ❖ Effective systems for recovery of transitional housing benefit relating to support from care providers
- ❖ Further consultation with independent/private care providers in respect of applying revised charging policy

For comment –

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]/eb/chargpolmm

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Appendix 5

ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

Wirral's weekly average income, allowance and financial assessment charge under the Special Charging Policy.

Period	Weekly Average Income	Average Weekly Allowance*	Weekly Average Financial Assessment Charge	Weekly Average Charge as % of Income
Oct/Dec 1997 to March 1998	£152.35	£89.02	£63.33	41.57%
April 1998 to March 1999	£164.31	£91.01	£73.30	44.61%
April 1999 to March 2000	£173.40	£92.77	£80.63	46.50%
April 2000 to March 2001	£181.39	£99.48	£81.91	45.16%
April 2001 to March 2002	£187.71	£104.48	£83.23	44.34%
April 2002 to March 2003	£191.59	£107.77	£83.82	43.75%
Average	£175.13	£97.42	£77.70	44.37%

Note:

* Allowance is the amount of income the service user retains for their own use.

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ADULT SOCIAL SERVICES - CHARGING POLICY - SERVICE USERS RESIDING AT "IN HOUSE" SUPPORTED LIVING UNITS DURING THE PERIOD 1997 TO 2003

Audit Commission Report - May 2000- Charging for Care

Extract - Page 25 - Section 45

2 • WHY ARE COUNCILS CHARGING?

Much of this guidance focuses on questions of process... Little is said about how 'reasonableness' should be interpreted

45. Much of this guidance focuses on questions of process – over how charges are managed, such as the operation of appeals systems or the monitoring of service take-up. Little is said about how 'reasonableness' should be interpreted. The implication is that this questions has no 'right answer'. Provided that decisions over the principles related to charging are properly debated and resolved, then the resultant approach can be considered to be 'reasonable'. Currently, the only clarification available to managers has come as a result of legal precedent. But even when a legal ruling is made, councils are often divided about how it should be interpreted. For example, while many councils use 'banded' systems to split users into groups based on benefits received, one council visited dismissed this option as contradicting a ruling that all income sources should be treated the same.

What drives councils' approaches to charging?

46. The analysis carried out of councils' most recent reviews of charging policies shows that financial considerations dominate, overriding concerns about the equity, affordability or understandability of charges (EXHIBIT 7). Given a straight choice between cutting services by tightening eligibility criteria or maintaining services by increasing charges, increasing charges is often seen as the lesser of two evils (although 15 per cent of councils did both in their most recent reviews). Reviews of charges are rarely linked with wider issues of service planning and delivery.

EXHIBIT 7
Results of recent reviews
Financial considerations dominate many charging reviews.

Reason	Percentage
Increase in revenue raised from charges	60%
Significant increase in level of charges (ie, above inflation)	45%
Greater account taken of ability to pay	42%
Closer relationship between charge and care received	40%
Introduction of charges for some previously free services	30%
Alignment with corporate anti-poverty policy objectives	25%
System more simple (easier to understand/administer)	20%
Changes to eligibility criteria	15%
Reduction/abolition of some/all charges	10%
Charging introduced (previously all services free)	5%

Source: Audit Commission survey

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WIRRAL COUNCIL

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

AUDIT AND RISK MANAGEMENT COMMITTEE 3 NOVEMBER 2009

PROGRESS REPORT ON ACTION PLAN IN RELATION TO PUBLIC INTEREST DISCLOSURE ACT 1998 (PIDA).

Executive Summary

The purpose of this report is to update members on the actions undertaken by the Department of Adult Social Services in response to the Public Interest Disclosure Act 1998 (PIDA). The report has been set out to inform members as to the actions completed by January 2009 at which point this report was delayed whilst the investigation into audit and disciplinary matters were undertaken. The actions completed since January 2009 and any matters which remain outstanding have therefore been identified separately.

1 Background

1.1 The PIDA report produced by the Audit Commission identified 5 broad actions:

- *Complete the outstanding matters in respect of the Supported Living contracting process, including the completion of contracts by current providers (AC R1).*
- *Clarify plans for the subsequent re-tendering of the Domiciliary Care Contract (AC R2).*
- *Formalise and embed contract monitoring arrangements for Supported Living contracts (AC R3).*
- *Complete outstanding financial assessment reviews for service users with Learning Disabilities, ensuring required financial compensation is provided (AC R4).*
- *Ensure appropriate safeguards are applied to protect vulnerable service users from the risk of any potential financial abuse. (AC R5).*

1.2 Progress has been made through a series of sub actions, most of which have been completed as outlined in the attached action plan (Appendix I).

1.3 In addition to the Audit Commission Report an Internal Audit Report dated 13 March 2008 identified 7 broad actions in relation to the PIDA:

- *Written procedures should be compiled for the accreditation process. They should be comprehensive and ensure fair competition and a consistent approach is maintained. They should be authorised by the DASS Strategic Leadership Team and be readily available to all relevant staff.*

- *To ensure a fair and consistent desktop evaluation and interview process, the same panel should be involved in both.*
- *All desktop evaluations should be validated by a second member of the panel. This should be evidenced with a signature and date.*
- *Each interview sheet should be scored, signed and dated by the individual undertaking the interview. This should be completed at the conclusion of the interview.*
- *The service provider should return a signed General Service Agreement prior to the inclusion of the Accredited List.*
- *A formal system for contract monitoring and the standard of care being proved by the service providers, should be introduced.*
- *A record of the Panel's decision on which service provider to procure services from should be retained to ensure an effective audit trail exists.*

1.4 All of these actions were completed by 28 November 2008 and are shown in detail in Appendix 1.

1.5 A further three recommendations were made by Internal Audit in their report to Audit and Risk Management Committee on 4 November 2008. These were endorsed by members and comprised:

- (i) *Immediately review the procedures in operation within the department for evaluating the performance of independent living providers on an ongoing basis, to ensure that provision is made for the inclusion of the views and opinions of officers of the Council undertaking work in these areas regarding the effectiveness of individual providers.*

RESPONSE: The Department monitors the performance of independent supported living providers against a contract monitoring framework introduced in January 2009. The framework includes a survey of key stakeholders to ensure that the views of people who use the service, relevant members of DASS, clinical staff, and staff working for providers are heard and they have an opportunity to comment and raise any concerns they may have. Measuring the effectiveness of each provider in delivering outcomes is an integral to the monitoring process and this approach has also been embedded in the Learning Disability Review Team.

- (ii) *Immediately implement all of the outstanding recommendations identified in the Audit Commission and Internal Audit reports dated March, August and October 2008 respectively.*

RESPONSE: The Department has implemented actions as detailed in Appendix 1

- (iii) *Immediately review the procedures in operation within the department for evaluating reported issues of this nature and determining the most appropriate actions to be taken to investigate them and assess the adequacy and effectiveness of these arrangements.*

RESPONSE: The Department logs all reports from Internal Audit in the Finance Section by the Principal Officer for Resources and forwards them to the Director for approval to action and for monitoring arrangements to be agreed. Regular monitoring reports are provided to the Strategic Leadership Team on progress by the Principal Officer who attends SLT to personally report on this.

2. Actions completed by January 2009

- 2.1 Members are advised that most of actions outlined in Appendix 1 were completed by January 2009 at which point a report was prepared for Cabinet. However this report was delayed whilst the investigation into audit and disciplinary matters were undertaken.
- 2.2 The key actions that were completed by January 2009 include:
- The accreditation of all providers
 - The development of a Quality Assessment Framework for Wirral
 - Financial Assessments completed for all people supported by in-house provision.
 - Signed contracts in place for all providers.

3. Actions completed since January 2009

- 3.1 Since January 2009 the key actions that have been completed include:
- Financial Review **of all people** supported by independent sector providers.
 - Value for money appraisal of existing domiciliary care arrangements

4 Ongoing actions

- 4.1 It will be seen from the above paragraphs and the detail in Appendix 1 that most of the actions set to respond to issues highlighted by the PIDA have been completed. The following actions are listed in Appendix 1 as “ongoing” for which explanations are given below.
- 4.2 **Review all LD People who Use Services (AC R4).** The Specialist Adult Learning Disabilities Review Team is working through a scheduled programme of reviews of all people with Learning Disabilities in Supported Living tenancies where the Department funds their support. The team has robust written procedures and staff from a number of disciplines (social

care, contracts, and finance) to ensure that the needs and outcomes of people receiving services are met. There is robust senior operational management oversight and quality control of the Team with the Supported Living providers involved and targets have been set for the completion of these reviews.

4.3 Review current Domiciliary Care contract in terms of the personalisation agenda and context of individual budgets (ACR2).

The department is currently undertaking a pilot of personal budgets the outcome of which will be used to inform the contracting process. The department is working with the corporate procurement team to ensure that future contracts in general are time limited and provide a more robust arrangement for the market. The department's response to personalisation agenda through contracts is also being developed and a report will be presented to Cabinet in November 2009 setting out a range of options for members to consider. Some initial work to develop and new domiciliary care contract has been undertaken with consideration being given to personalisation, the shape of delivery taking into account the department move to locality working, and closer working with NHS Wirral.

4.4 As part of the PIDA action plan Providers confirmed that they were acting as appointees for 22 people. Whilst this remains an individual's choice it is discouraged by the Council as there are potential conflicts of interest, The Council can offer to become the appointee for these people as an alternative option, but cannot enforce it. To date 5 people have agreed to take advantage of the offer and we will continue to promote its take-up.

5. Contract Monitoring

5.1 The department currently has 257 people supported by 26 accredited supported living providers. In Wirral there are a further 20 accredited providers with whom no people are currently placed by DASS. Since the monitoring process was launched in January 2009 the Contracts Monitoring Team has completed 10 spot check inspections and 9 full inspections. Most of these inspections have been carried out jointly with a seconded officer from the Supported Living Team. Following each inspection an action plan is agreed with the Provider and its implementation monitored with follow up visits being arranged where appropriate.

5.2 Annual Contract monitoring visits/inspections are being undertaken by the Contracts Team for all supported living providers.

5.3 However contract monitoring and quality control is also a matter for future work in the context of broader developments in the transformation/ personalisation agenda. These include the role and place of Wirral's Local Involvement Network (LINK) – members will be aware that this new organisation has a statutory role to monitor the quality of provision across health and social care. In turn as we develop our new contracting approach expectations upon providers and some more comprehensive

person centred arrangements will be developed. These will be reported separately.

6 Financial and Staffing Implications

- 6.1 The financial implications of this report will be contained within the revenue budget available to the Department of Adult Social Services.
- 6.2 There are no staffing implications arising from this report.

7 Equal Opportunities Implications

The action plan addresses historical issues relating to inequalities and ensures equity for the future

8 Local Member Support Implications

People who live in supported accommodation potentially live in all parts of Wirral

9 Human Rights Implications

No known human rights implications

10 Community Safety Implications

The action plan ensures that people within supported accommodation are safeguarded

11 Planning Implications

No known planning implications

12 Health Implications

- 12.1 The Quality Assessment Framework developed for Supported Living tests a broad range of issues relating to the health and wellbeing of people living in supported living homes funded by the department. Specifically Standard 11 of the framework requires providers to demonstrate and evidence how health needs are facilitated.
- 12.2 Wirral NHS is in the process of rolling out a programme to ensure that all people with a learning disability receive a health check from their GP and other professionals from the NHS. The Health Action Group, a sub group of the Learning Disability Board is in the process of revising the Strategic Health Action Plan for March 2010 which will build further on the work done on health passports and health checks.

13 Background Papers

Audit Commission PIDA Action Plan August 2008
Internal Audit of Accreditation process 13 March 2008
Internal follow up report dates 29 October 2009.

14 Recommendations

That

- 1) Members note progress.

John Webb
Director of Adult Social Services
23 October 2009

Mal Price
Principal Manager – Quality Assurance and Customer Care
Tel No 666 4785
23 October 2009

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Audit Commission Recommendations								
AC R1	Complete the outstanding matters in respect of the supported living contracting process, including the completion of contracts by current providers	2	Mal Price Principal Manager QA&CC (Overarching Responsibility for this action)		November 2008			
1			Rick O'Brien Head of service Access and Assessment	Establish a Learning Disability Review Team to review all supported living arrangements.	01/08/08	01/08/08	01/08/08	Completed
Page 87			Rick O'Brien Head of service Access and Assessment	Second experienced Contracts Manager to LD Review Team	01/08/08	24/08/08	24/08/08	Completed
			Gerry Flanagan Commissioning Manager (Please note that this officer left the Department in January 2009)	Second a member of the Supporting People Team into the LD Review Team	01/11/08	17/11/08	17/11/08	Completed. A member of staff from the Regeneration Department Supporting People Team was seconded to the LD Review Team for 6 months to May 2009. This allowed for the development of enhanced contract monitoring processes and provided the LD Review Team with a much improved insight into Supporting People Issues and has subsequently facilitated improved cross-department working

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Page 88			Rick O'Brien Head of service Access and Assessment	Review all LD people who use services	31/03/10	01/08/08		Ongoing. The Specialist Adult Learning Disabilities Review Team is working through a scheduled programme of reviews of all people with Learning Disabilities in Supported Living tenancies where the Department funds their support. The team has robust written procedures and staff from a number of disciplines (social care, contracts, and finance) to ensure that the needs and outcomes of people receiving services are met. There is robust senior operational management oversight and quality control of the Team with the Supported Living providers involved and targets have been set for the completion of these reviews. As part of the continuing transformation agenda all people with a learning disability will be offered the opportunity to have a personal budget by 31 March 2011. This work will commence in November 2009.
	5		Mal Price Principal Manager QA&CC	Ensure a signed contract is in place for all independent sector providers with whom people are placed	30/11/08	01/08/08	31/01/09	Completed
	6		Gerry Flanagan Commissioning Manager	Apply the accreditation process to in-house provision of supported living.	31/12/08	01/08/08	23/12/08	Completed
	7		Mal Price Principal Manager QA&CC	Apply full accreditation process to all existing providers (With Business)	31/01/09	01/11/08	31/03/09	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
AC R2	Clarify plans for the subsequent re-tendering of Domiciliary Care Contract.	2	Mal Price Principal Manager QA&CC (Overarching Responsibility for this action)		February 2009			
1			Mal Price Principal Manager QA&CC	Undertake a value for money appraisal of existing contracting arrangements for domiciliary care.	28/02/09	15/12/08	05/02/09	Completed. A single fee was approved by Cabinet on 19 March 2009 and implemented from April 2009 as a result of this action.
2			Mal Price Principal Manager QA&CC	Review current contract in terms of personalisation agenda and context of individual budgets.	30/09/09	01/02/09		Ongoing. Options to develop contracts to reflect personalisation to be reported to members in November 2009 for implementation in 2010.
AR3	Formalise and embed contract monitoring arrangements for supported living contracts	2	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)		November 2008			
1			Gerry Flanagan Commissioning Manager	Develop a Quality Assessment model for Wirral	30/11/08	05/11/08	02/12/08	Completed
2			Gerry Flanagan Commissioning Manager	Develop a Monitoring schedule of all Supported Living Providers	30/11/08	05/11/08	02/12/08	Completed
3			Gerry Flanagan Commissioning Manager	Undertake 10 spot check inspections to test monitoring framework	03/12/08	26/11/08	03/12/08	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
4			Mal Price Principal Manager QA&CC	Report on the key findings of spot check inspections to Strategic Leadership Team. To be used to inform the approach being taken when the schedule of full inspections commences in January 2009	30/11/08	04/12/08	27/01/09	Completed
5			Gerry Flanagan Commissioning Manager	Inform all Accredited Providers in writing how the contract monitoring framework will be implemented	31/12/08	12/12/08	12/12/08	Completed.
AC R4 Page 90	Complete outstanding financial assessment reviews for service users with Learning Disabilities, ensuring required financial compensation is provided	3	Sandra Thomas (Overarching Responsibility for this action)		December 2008			
1			Sandra Thomas	Undertake Financial Assessments for all 83 people supported in-house supported living services.	30/11/08	01/10/08	21/11/08	Completed. All people who use services who are being reviewed are offered access to Advocacy Services and a benefits check prior to the commencement of the review.
2			Sandra Thomas	Undertake a Financial Review for people supported in independent supported living provision.	31/03/09	03/12/08	29/05/09	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
AC R5	Ensure appropriate safeguards are applied to protect vulnerable service users from the risk of any potential financial abuse	3	Mal Price Principal Manager QA&CC (Overarching Responsibility for this action)	All desktop evaluations should be validated by a second member of the panel. This should be evidenced with a signature and date	December 2008			
1			Gerry Flanagan Commissioning Manager	Revise LD Review Team letter informing people about their pending review to include an offer to facilitate a review of their personal finances and details of how to access advocacy support	31/12/08	24/12/08	01/12/08	Completed
2			Gerry Flanagan Commissioning Manager	Develop and distribute a guidance note to all providers on Daily Living Allowances in supported accommodation.	11/12/08	01/12/08	11/12/08	Completed.
3			Gerry Flanagan Commissioning Manager	Develop an "Easy read" guide to Daily Living Allowances for people who use services in consultation with people who use services. To include information on how to access advocacy services for assistance..	31/01/09	01/12/08	11/12/08	Completed
4			Gerry Flanagan Commissioning Manager	Obtain confirmation in writing from providers of the numbers and details of people placed with them for whom they act as appointees.	12/12/08	03/12/08	30/12/08	Completed.
5			Steve Passey Service manager Safeguarding	Service Manager for Safeguarding to review the issues at the heart of the original concern and confirm improvements have been made.	20/11/08	01/11/08	20/11/08	Completed.

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
6			Gerry Flanagan Commissioning Manager	Ensure that all safeguarding requirements are robust at the interview stage of the accreditation process.	01/11/08	01/11/08	01/11/08	Completed.
7			Gerry Flanagan Commissioning Manager	Confirm that all accredited providers are working to the protection of Vulnerable Adults/Safeguarding Policy for Wirral.	31/12/08	11/12/08	31/01/09	Completed.
8			Steve Passey	Service Manager and Safeguarding Officer undertaking further review of accreditation process and contract monitoring framework.	17/12/08	16/12/08	17/12/08	Completed. A further full review of the Safeguarding process was completed in September 2009 which has been reported to members separately.
Page 92			John Webb Director of DASS	Ensure that Contracting, Quality Assurance and Safeguarding functions of DASS are brought together within a single portfolio managed by a Principal Manager.	01/01/09	19/11/08	19/11/08	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Internal Audit Report dated 13 March 2008								
Internal Audit R1	Written procedures should be compiled for the accreditation process. They should be comprehensive and ensure fair competition and a consistent approach is maintained. They should be authorised by the DASS Strategic Leadership Team and be readily available to all relevant staff	3	Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
Page 98			Gerry Flanagan Commissioning Manager	Develop comprehensive accreditation procedures.	29/10/08	01/11/08	28/11/08	Completed
Page 98			Gerry Flanagan Commissioning Manager	Obtain DASS Strategic Leadership Team approval for accreditation procedures	29/10/08	01/11/08	28/11/08	Completed
3			Gerry Flanagan Commissioning Manager	Ensure accreditation procedures are available to all contract and commissioning staff.	29/10/08	01/11/08	28/11/08	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Internal Audit R2	To ensure a fair and consistent desktop evaluation and interview process, the same panel should be involved in both		Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
1			Gerry Flanagan Commissioning Manager	Ensure that the accreditation procedures clearly state that the desk top evaluation and accreditation panel interviews must involve the same officers.	29/10/08	02/04/08	29/10/08	Completed
2			Gerry Flanagan Commissioning Manager	Ensure that records evidence that the same officers have undertaken desktop evaluations and were involved in the interview panel for all completed assessments	29/10/08	01/10/08	29/10/08	Completed
Internal Audit R3	All desktop evaluations should be validated by a second member of the panel. This should be evidenced with a signature and date		Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
1			Gerry Flanagan Commissioning Manager	Ensure that the procedure requires desktop evaluations to be validated by a second panel member, dated and signed.	29/10/08	01/10/08	29/10/08	Completed
2			Gerry Flanagan Commissioning Manager	Ensure that records evidence validation signatures have been provided for all panels held to date.	29/10/08	01/10/08	29/10/08	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Internal Audit R4	Each interview sheet should be scored, signed and dated by the individual undertaking the interview. This should be completed at the conclusion of the interview.		Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
1			Gerry Flanagan Commissioning Manager	Ensure that the procedure includes a requirement that interview panel members must score and sign their interview sheet.	29/10/08	01/10/08	29/10/08	Completed
2			Gerry Flanagan Commissioning Manager	Ensure that all interview records to date have been scored and signed.	29/10/08	01/10/08	29/10/08	Completed
Page 95			Gerry Flanagan Commissioning Manager	Ensure that all accreditation documents are kept on file to maintain an audit trail	29/10/08	01/10/08	29/10/08	Completed
Internal Audit R5	The service provider should return a signed General Service Agreement prior to the inclusion of the Accredited List		Gerry Flanagan Commissioning Manager					
1			Gerry Flanagan Commissioning Manager	Ensure General Service Agreements have been signed for accredited providers.	30/11/08	01/08/08	28/11/08	Completed (See AC R1-5)
2			Gerry Flanagan Commissioning Manager	Provide evidence of signed contracts for specific providers identified by internal audit in March 2008	28/10/08	01/11/08	28/11/08	Completed

Ref	Issue	Priority	Responsibility	Supporting Actions	Target date	Start Date	End Date	Status
Internal Audit R6	A formal system for contract monitoring and the standard of care being proved by the service providers, should be introduced		Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
1				Introduce a formal contract monitoring process.			28/11/08	Completed. (Contract Monitoring Arrangements have been introduced as outlines in AC R3 of this report).
Internal Audit R7	A record of the Panel's decision on which service provider to procure services from should be retained to ensure an effective audit trail exists		Gerry Flanagan Commissioning Manager (Overarching Responsibility for this action)					
Page 96				Ensure that the Accreditation procedure clearly states the requirement for all panel decisions to be recorded and retained on file for each provider as an audit trail	28/10/08	30/11/08	29/10/08	Completed

WIRRAL COUNCIL

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

AUDIT AND RISK MANAGEMENT COMMITTEE 3 NOVEMBER 2009

CHARGING ARRANGEMENTS FOR SUPPORTED LIVING, WIRRAL 1997 - 2003

Executive Summary

The purpose of this report is to provide to the Committee my professional comments and views on the policies and practices with regard to Supported Living which were in place in Wirral during the period 1997 – 2003 which have given rise to so much concern. The report is intended to complement both that of the chief internal auditor who has been asked by the Committee to undertake some further investigations and my report elsewhere on the agenda dealing with the wider matters raised in the PIDA. The report also refers to the position at Balls Road, which has been raised in previous reports.

1 Background

1.1 The 1997 Charging Policy.

The report of the chief internal auditor contains comments and comparative information obtained from other local authorities. My own comments are as follows.

1.2 The context of the time needs to be understood. There had, at an earlier period, been two ways in which councils supported adults with needs through their social services departments. For those whose needs were very significant, provision was made in residential and nursing homes. The arrangements for charging for this provision were set out (as indeed they still are) in national regulations Charging for Residential Accommodation Guide (CRAG). Councils had little discretion about how to operate such charging and it was, and remains, very significant for individuals, taking account of their income and any available capital. From the point of view of councils, it provided a significant offset against the cost of making the provision. Historically, councils had also provided help to those living at home, with lower levels of need. This had, at one time, comprised mainly help with cleaning and shopping. Some councils provided this service without charge (indeed a small number still do), some made charges, but with services provided being fairly modest, the charges themselves were correspondingly limited.

1.3 In the years before 1997, it was becoming more and more the practice for councils to seek some third way, whereby through offering more intensive help to people, they were enabled to stay in their homes and avoid or at least delay the critical step of going into residential accommodation. For people with high levels of learning disabilities the concept of “supported

living”, whereby relatively high levels of support were provided as an alternative to residential placement, was being developed. However, the problem for councils was that there was a “perverse disincentive” in making such provision in that the cost was high – perhaps as expensive as residential placement – but Charging for Residential Accommodation Guide (CRAG) could not apply as this was limited to residential placement. Nevertheless councils did, as in Wirral, seek to find ways to develop such provision in order to improve people’s lives. They were, however, faced with the conundrum of how and how much to charge.

1.4 Without any clear national guidance a plethora of different charging arrangements arose throughout the country. This was clearly unsatisfactory and in 2000 the Audit Commission produced a national report “Charging with Care” which described in detail the rather anarchic position across the country with regard to charging. This is an extensive document (although it recognises itself that it could not fully describe the huge range of different charging arrangements which had grown up both between and often within authorities).

1.5 On the question of Council policies it states:

“In the absence of a consensus over how to proceed and with little guidance over how to interpret their duty to ensure charges are “reasonable” and “practicable to pay”, councils have developed a range of approaches to the design and management of home care charges” (paragraph 21).

1.6 Further (speaking of existing guidance):

“Little is said about how “reasonableness” should be interpreted. The implication is that this question has no “right answer”. Provided that decisions over the principles related to charging are properly debated and resolved, then the resultant approach can be considered to be “reasonable” (paragraph 45).

1.7 The report led, in turn, to the first comprehensive guidance covering all non residential charges – Fair Charging, which was issued in November 2001.

1.8 This background to the state of matters at that time is provided in order better to understand the position in Wirral. With the benefit of hindsight and in particular, with the knowledge of the arrangements brought in following the reviews and guidance described above, my judgement would be that the policy adopted by Wirral in 1997 which appears to have been written very much to address the particular position of people moving from a residential home – Esher House, into their own tenancies, was inflexible and did not take as full an account of all people’s needs as I would have thought desirable. Nevertheless, it is quite clear that it was not the intention of the Council at that time to disadvantage these individuals – rather the Council was seeking to make an improvement in their lives and enable them to have greater independence than would have been the case had they remained in residential accommodation. I do not consider, again within the context of

the time, that the policy could have been regarded as being so “unreasonable” as to question its legality. This is, of course, ultimately a legal question, but that is my judgement as a social worker.

2. 1997 - 2000

- 2.1 It does not appear to me from the documentation I have seen, including that presented to internal auditors, that the policy agreed in 1997 was challenged or questioned in the years immediately following (up until late in 2000) This is, it must be borne in mind, a period in the history of the department where there is considerable confusion. The department was put into Special Measures at this time (1999 to 2002) and quite clearly matters of internal administration and governance lay at the heart of the problems which led to that designation. It is not entirely surprising, therefore, that there was a period where there was indeed confusion and inconsistency. Nevertheless, what appears to be clear is that for whatever reason, the policy recommended to the Social Services Committee in 1997 and adopted by the Council, was not applied consistently to subsequent Supported Living places that were being established.
- 2.2 Whilst it appears from the interviews conducted by auditors to have been impossible to clarify precise reasons why this was not done, it is possible to surmise that this arose, either from the confusion referred to above, or from a perception that the needs of service users in other settings were very different and that the 1997 policy was inappropriate or, quite likely, a combination of both. The former residents of Esher House had high levels of need which required 24 hours support. The cost of this will have exceeded the contributions provided. Other service users moving into other supported living settings will have had varying levels of need. The 1997 policy, as I indicate above, did not provide a satisfactory framework, with sufficient flexibility to meet varying levels of need. Clearly, if this is the position that developed – and that appears to be the case – then officers should have placed before Members the anomalies that were arising and the need to provide for a more flexible and appropriate policy.

3 2001- 2003

- 3.1 Following the Audit Commission report on Charging in 2000 and in the lead up to and following the issue of Fair Charging guidance in 2001 there were further opportunities to lay clearly before Members the position with regard to charging that was developing across the Borough, and to place that within the context of the requirements of Fair Charging (which was due to become operative by no later than April 2003). These opportunities appear to have been missed. A further complexity at the time would have been the development of the “Supporting People” programme which was launched on 1st April 2003, to provide housing related support to help vulnerable people to live more independently and maintain their tenancies. There were numerous reports about Fair Charging and working parties operating, but these failed to provide sufficient clarity for Members to make appropriate decisions. During this period (from 2000-2003) there is evidence that

concerns about anomalies and a failure to collect income through not applying charges to some service users were raised within the department, but these did not lead to timely action.

- 3.2 It has already been agreed by the Committee that the slowness in responding to Fair Charging in so far as a new policy was not implemented by April 2003 was in effect unfair to the former residents of Esher House, who continued to be charged according to the 1997 policy.
- 3.3 To sum up, the main points I would wish the Committee to bear in mind when considering this complicated and fraught issue are as follows:
- The original policy for Supported Living was produced in a vacuum of national guidance
 - Whilst, as I have described above, I would have reservations about that policy, the question is: does it fall outside the parameters of what could possibly be regarded as reasonable when Members made the decision to adopt the policy? My view is that it does not.
 - The purpose of the Council in moving people from Esher House was to provide them with greater independence with greater access to benefits which would enable them to enjoy that independence whilst providing an intensive, 24 hour, level of support.
 - There was a clear failure as the position developed, to review and broaden that policy so as to encompass varying needs of people as supported living settings were developed.
 - This was a period when the department was in Special Measures with considerable turmoil, confusion and staff turnover.
 - The department was slow and late in introducing the Fair Charging policy, but it was introduced and has been applied since 2006
 - This issue needs to be resolved, not only in fairness to service users, who have been disadvantaged by these failures, but also to those service users whose needs have to be met by the current serving members of the Department who are under great pressure to deliver a hugely ambitious agenda while maintaining what I genuinely believe are good and improving levels of service to the people of Wirral.

4 Balls Road

The report of the 23rd September 2009 contains reference to the position at Balls Road. There has been confusion about this. Internal Audit have made clear that the “special charging policy” (ie that devised for charging for care in supported living settings in 1997) was not applied here. However, investigations into the charges that have been made for rent and service charges have shown apparent anomalies that need to be resolved. The detail is complex. Once I am satisfied that the history of this has been satisfactorily unravelled, I will write to Members explaining the position. If any action is required as a result of this work, I will report appropriately to Cabinet.

5 Financial and Staffing Implications

The financial implications are dependent on any decision made regarding reimbursement. Options are set out in the Chief Auditor's report.

6 Equal Opportunities Implications

The report provides my views and comments on policy and practice with regard to charges for services in Wirral 1997-2003. These policies and practices may be seen as affecting equal opportunities.

7 Local Member Support Implications

There are no implications arising out of this report.

8 Human Rights Implications

The report provides my views and comments on policy and practice with regard to charges for services in Wirral 1997-2003. These policies and practices may be seen as affecting human rights.

9 Community Safety Implications

There are no implications arising out of this report.

10 Planning Implications

There are no implications arising out of this report.

11 Health Implications

There are no implications arising out of this report.

12 Background Papers

Committee Reports and internal documents.

13 Recommendations

Members are asked to consider the views and comments set out in this report.

JOHN WEBB
Director of Adult Social Services

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UPDATE ON WORK PROGRAM : HEALTH AND WELLBEING OSC- 10/11/09

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 WELL BEING 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 reports to meeting on 22 June 2009 and 8 September 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. Oct 09 - Alcohol Strategy will be subject to an in-depth Review by the Scrutiny Programme Board.	
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. OSC meeting in Sept 09 agreed "possible review to include meetings with young people who have moved through the transition and some who do not get support as adults".	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
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.	
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. Further update reports expected.	
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	Officer Report		Report due to committee in Nov 09.	
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		Members of LINKS Board will attend prior to OSC meeting on 10 th Nov 09.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	
March 2009	Dignity in Care	Officer Report		Report to Committee in Sept 09. Members invited to join Dignity in care Forum, which is being established.	
June 2009	Members training session on Personalisation agenda	Training session		Training session for all Council members to be held on 29 th Oct 09.	
Sept 2009	Provision of single sex wards at Arrowe Park Hospital	Officer Report		Report to Committee due in Nov 2009.	
Sept 2009	Heart of Mersey – Chief Executive Robin Ireland	Presentation			
Sept 2009	Follow-up report on the 'Out of Hospital' scheme operated by VCAW	Report			

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

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
None			

REPORT 3
PROPOSED OUTLINE MEETING SCHEDULE FOR THE MUNICIPAL YEAR
HEALTH AND WELL BEING 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 Q1 Performance and Financial Monitoring Report Health Inequalities Dignity in Care
28/10/09	Members training session on the Personalisation agenda
10/11/09	Hospital Discharge Action Plan – Update Q2 Performance and Financial Monitoring Report Additional Co-opted members Update on Swine Flu Adult Social Services Charging Policy for Service Users Residing at ‘In House’ Supported Living Units (PIDA) Single sex wards - WUTH (Pat Higgins) Homelessness and Health (Lesley Hilton) Personalisation training session (held on 28/20/09) – opportunity for follow-up questions / discussion Update on Care Quality Commission assessment process (Annual Health Check)

Meeting Date	Topic Description
19/01/10	Update on Children's Transition to Adult Social Services Performance and Financial Monitoring Report North West Ambulance Service – Foundation Status Consultation Progress report from Dementia Scrutiny Panel Proposed protocol for working between the Health & Well Being Overview & Scrutiny Committee and LINKS.
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 & WELL BEING SCRUTINY COMMITTEE : 10/11/09

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