



Health and Well Being Overview and Scrutiny Committee

Date:	Thursday, 25 March 2010
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. MEMBERS' CODE OF CONDUCT - 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 meeting held on 19 January, 2010.

3. SAFEGUARDING ADULTS IN WIRRAL (Pages 9 - 30)

4. PRESENTATION ON QUARTER 3 PERFORMANCE 2009/10

5. QUALITY ACCOUNTS (Pages 31 - 34)

6. FINAL REPORT DISCHARGE FROM HOSPITAL (Pages 35 - 40)

- 7. BLACK AND MINORITY ETHNIC (BME) HEALTH NEEDS ASSESSMENT (HNA) CONDUCTED IN WIRRAL (Pages 41 - 48)**
- 8. PRESENTATION ON PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS IN YOUNG PEOPLE**

Marie Armitage, Joint Director of Public Health and Ann Tattersall, Head of Health and Well Being, Children and Young People's Department, will give a presentation to the Committee.
- 9. END OF LIFE CARE AND DYING MATTERS COALITION AND AWARENESS PROGRAMME (Pages 49 - 52)**
- 10. SEVERE WEATHER RESPONSE (Pages 53 - 58)**
- 11. DEMENTIA SCRUTINY PANEL UPDATE**

The Chair will give a verbal update.
- 12. COMMITTEE WORK PROGRAMME 2009/10 (Pages 59 - 68)**
- 13. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR**

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 19 January 2010

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	S Clarke I O Coates J Keeley S Mountney M Redfern	D E Roberts P A Smith C Tegg G Watt
<u>Co-opted Members</u>		B Heerwagen (OPP) D Hill (LINKs)	S Lowe (Service Users under OPP age group)
<u>Cabinet Member</u>	Councillor	M McLaughlin	

41 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

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

Councillors McLaughlin and Roberts declared personal interests in minute 52 (Adult Social Services - Charging Policy) due to their friendships with an interested party.

42 MINUTES

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 10 November, 2009.

In connection with minute 30, Karen Livesey, Community Engagement Team, Voluntary and Community Action Wirral, had submitted an update on the situation with regard to Co-opted Members. The role's description had been circulated via Wirral Voluntary and Community Sectors' Network, the carers Network and the Wirral Black and Racial Minority Partnership for expressions of interest. Responses had been requested by 18 January 2010 with interested parties being asked to submit a nomination form containing a 100 word statement about their skills and suitability for the position. This would then be circulated with election papers with a four week deadline to return with recruitment to the positions ending on Monday 1 March.

Resolved – That the minutes be approved as a correct record.

43 **YOUR REASON, YOUR WAY - STOP SMOKING CAMPAIGN**

Kim Ozano, Senior Health Improvement Advisor, NHS Wirral and Mike Donnelly, Smoking Programme Manager, NHS Wirral, gave a presentation to the Committee on the 'Your Reason, Your Way – Stop Smoking Campaign'.

They outlined how the marketing campaign would work, the aim of which was to achieve an additional 5000 quitters from the more disadvantaged areas in Wirral. Details were given of the different methods of reaching the target group with the campaign, such as a mobile support unit to meet people face to face and web based support. A number of organisations were sponsoring the campaign and quitters of 4 weeks or more were able to enter a prize draw. They also informed the Committee of the results of a smoking prevalence survey which had elicited a 90% response rate from 3400 households. NHS Wirral had provided a budget of £436,839 for the campaign which with 5000 quitters would average a cost of £87 per quitter.

Both Kim Ozano and Mike Donnelly, in response to comments from Members, outlined how young people would be targeted and the mix of methods used to reach people. Part of the aim of the campaign was also to de-normalise smoking.

Resolved – That both Kim and Mike be thanked for their presentation and an update on the campaign be brought back to the Committee in six months time.

44 **CARE QUALITY COMMISSION ANNUAL PERFORMANCE ASSESSMENT 2008/09**

The Director of Adult Social Services submitted a copy of the Care Quality Commission's, Annual Performance Assessment Report for 2008/09 of the Adult Social Services Department. The overall judgement of the CQC was that Wirral Council was performing well, which was defined as 'consistently delivering above the minimum requirements for people'. The report would be presented to Cabinet at its next meeting on 4 February, 2010. The seven outcomes in the CQC's report were rated as follows:

1. Improved health and well-being – The Council is performing well
2. Improved quality of life – The Council is performing well
3. Making a positive contribution – The Council is performing well
4. Increased choice and control – The Council is performing adequately
5. Freedom from discrimination and harassment – The Council is performing well
6. Economic well being – The Council is performing well
7. Maintaining personal dignity and respect – The Council is performing adequately

Responding to Members' comments, the Director stated that performance had continued to improve over the last 12 months and the department had been and was continuing to go through a period of huge change. In respect of adults' safeguarding, he reported that the Government had just announced that there would be legislation

for this and he would welcome Members' support regarding training. Training had been offered to all staff and the target for 2009/10 had already been exceeded. Gaps in service provision were being addressed and an outline was given of 'end of life' care offered with a specialist palliative care team in place.

With the permission of the Chair, the Cabinet member addressed the Committee and stated that the report needed to be seen in the context of the department having, over 10 years ago, been in special measures and looking forward to where it needed to be.

The Director reminded the Committee that the CQC report dealt with the period up to April 2009 and that the overall judgement was of 'performing well'. The expectations were to achieve an 'excellent' rating in all areas.

On a motion by the Chair, seconded by Councillor Roberts, it was –

Resolved (6:4) – That the Committee notes the judgement from the CQC and anticipates that all the issues will be addressed and services improved and a report be brought back to the Committee in 6 months time.

45 **2009/10 INTERIM PERFORMANCE AND FINANCIAL REVIEW**

The Director of Adult Social Services gave a presentation on the interim performance and a financial review. Outlining what was working well, he reported the following:

- Equipment delivered within 7 days (target 93%, projected 99%)
- Support Packages commencing within 4 weeks of assessment (95.26%). Good performance compared to North West Local Authorities
- Rehabilitation & Intermediate care - 89.5% of people receiving this support were still at home 90 days later.
- Number of people whose care package was reducing as a result of HART (now 769 people, against a target of 750)
- Increase take up of Assistive Technology (601 new people this year, target 562)

Areas for improvement included:

- Self directed support – the target was 15% which was unlikely to be achieved due to extension of Personal Budgets pilot.
- People with learning disabilities in settled accommodation – the target was 52%, now at 20.6% (improving slowly due to delays in reviews, and recording issues)
- People with learning disabilities and mental health in employment and settled accommodation - regional work was commencing to establish guidance and baseline of performance.
- Carers receiving help - showing signs of deterioration. (LAA target was 21.5%, currently 20.2% unless improved Wirral would be low in LA Group. An improvement plan was being developed.

In respect of financial pressures this remained at £3m, although with targets agreed to deliver further efficiencies of £500,000, there was a projected overspend of £2.5m.

The Director responded to Members' comments on a number of issues raised in connection with the presentation in the light of an increasingly older population.

Councillor Clarke expressed her thanks to the Director on behalf of her local carers' group which he had visited and who appreciated the way in which personal budgets were being introduced.

Resolved – That the presentation be noted.

46 **COMMITTEE REFERRAL - COUNCIL EXCELLENCE OVERVIEW AND SCRUTINY COMMITTEE**

In connection with the financial review, the Committee considered the minute of the Council Excellence Overview and Scrutiny Committee of 16 September, 2009 (minute 25 refers) which had been requested to consider the serious concerns with regard to the projected overspend in Adult Social Services.

Resolved – That the concerns be noted.

47 **TRANSFORMATION OF ADULT SOCIAL SERVICES - PERSONAL BUDGETS**

The Director of Adult Social Services submitted a report which provided information on the progress being made on personal budgets in Wirral. It provided information on the lessons learnt from phase 1 of implementing personal budgets in Wirral and details of phase 2 of implementation. Phase 2 of Wirral's personal budget project would run until July 2010. The intention for phase 3 would be to roll out the new system and processes from August 2010.

Responding to Members' comments, the Director reported that there were a number of support networks available for people with personal budgets and financial safeguards were in place. It would be possible for people to operate personal budgets on a trial basis but for those who didn't want them they could have a self-directed service. The money made available by the Department of Health, through the social care reform grant, was to support councils in the transformation of adult social services and not just for the transition to personal budgets. For those people who were keen to start using personal budgets the department was open for business.

Resolved – That Committee notes the report and the current progress of implementing personal budgets in Wirral.

48 **DEVELOPMENT OF TRANSITION SERVICES**

The Directors of Adult Social Services and Children's Services submitted a report which detailed proposals to develop a Transitions Team with staff co-located from Children's and Adult Services, as a further step to improving the experience of young people with disabilities as they moved from children's services into adult services. It was proposed that the new team would take social care casework responsibility from the age of 16 and support joint planning from the age of 14. The team, drawn together as of 1 January 2010, would be based at Westminster House. In the following 3 month period, a more detailed Service Development plan would be

developed, which would confirm the team's working relationship with Connexions and other key parties.

Responding to Members' comments the Director confirmed that the team would support young people under the broad remit as defined by Government guidance which defined disabled children as including young people with special educational needs in its broadest terms as those young people who received support at a school action and action plus level besides those in receipt of a statement.

On a motion by the Chair, duly seconded, it was –

Resolved –

(1) That this Committee notes the report, and the formation of a new Transitions Team.

(2) That further discussions be held with the Connexions service on joint working arrangements.

(3) That a further report be brought to the Committee in 12 months time on the outcomes for young people and their carers.

49 **JOINT COMMISSIONING STRATEGY FOR CARERS**

The Director of Adult Social Services submitted a report which updated the Committee on the progress made towards achieving the objectives of the Commissioning Strategy for Carers, which was approved by Cabinet in July 2009. The report gave details of progress against the 8 key outcomes:

- (i) Carers know how to access advice and information when they need it.
- (ii) Carers receive relevant and appropriate information to enable them to make choices and remain independent.
- (iii) Carers feel confident that, should anything happen to them in an emergency, the person they care for will be supported.
- (iv) Carers feel appreciated and that their contribution in the caring role is valued and recognised.
- (v) Carers are consulted and involved at a local level in the development and evaluation of services designed to meet their needs, and the needs of people they care for.
- (vi) Carers are able to participate fully and equally as citizens.
- (vii) Carers from black and racial minority groups are pro-actively engaged, and supported to access culturally appropriate support services which meet their needs.
- (viii) Carers are supported to remain in employment or participate in training to promote future employment prospects.

The Director responded to Members' comments on various issues raised including the need for shared practice and the need for people to know what to expect on all sides, particularly when organising short breaks. The current strategy did concentrate on carers of 18+ years of age, but the needs of younger carers were recognised. Befriending services were also available for carers.

Resolved – That the report be noted.

50 **1. WIRRAL HEALTH ECONOMY 2. JOINT COLLABORATION BOARD BETWEEN
COUNTRESS OF CHESTER AND WUT HOSPITALS**

The Chief Executives of NHS Wirral and of Wirral University Teaching Hospital NHS Foundation Trust, Kathy Doran and Len Richards respectively, submitted a report which informed the Committee of discussions held across NHS organisations on Wirral and the Local Authority with the aim of exploring how NHS and Local Government could work together in the light of current and future financial challenges in order to identify potential savings as a result of collaborative working.

The Chief Executives of the Council and the four NHS organisations, together with the Directors of Adult Social Services and Children’s Services had agreed to continue to meet on a regular basis to ensure co-ordination across workstreams and to maintain momentum in taking forward discussions. The aim would be to produce a programme of targeted savings which could be implemented over the next three to four years. As proposals were put forward there would be a need for wider discussion across organisations and with the public in the spring of 2010.

The report also set out the purpose and scope of the recently established Joint Collaboration Board formed between the Countess of Chester and the Wirral University Teaching Hospitals. The purpose of the Board was to explore and examine all potential opportunities for the two Trusts to work together to develop safe, high quality services that would be sustainable in the long term and would derive benefits for patients and support the strategic direction of the two organisations.

Len Richards responded to comments from Members and assured the Committee that there was no intention of creating a ‘super’ hospital, as both hospitals wanted to remain as two fully functioning local hospitals. He would be bringing back regular reports on the progress of the joint working.

The Chair commented on the recent bad winter weather and thanked all health and social care staff for their hard work during this difficult time. She suggested that a report on the affect on services be brought to the next meeting of the Committee.

Resolved – That Committee notes the collaborative working and seeks further regular updates on progress and a report be brought to the next meeting on the winter weather and its affect on services.

51 **DRAFT PROTOCOL FOR JOINT WORKING BETWEEN WIRRAL HEALTH AND
WELL BEING O&S COMMITTEE AND WIRRAL LOCAL INVOLVEMENT
NETWORK (LINKS)**

The Chair submitted a draft protocol for joint working between Wirral Health and Well Being Overview and Scrutiny Committee and the Wirral Local Involvement Network (LINKs).

LINKs had been set up across the country to give local communities a stronger voice in how their health and social care services were delivered. In Wirral, the local group had been extremely active in creating an effective organisation and developing a

work programme. Although the Health and Well Being Overview and Scrutiny Committee and LINKs had different priorities, it was clearly beneficial that both groups worked together constructively. Many Councils and LINKs were developing protocols to help develop positive relationships.

Resolved – That the Committee approve the draft protocol, as detailed in the appendix to the Chair’s report.

52 ADULT SOCIAL SERVICES - CHARGING POLICY

Further to the deferral of this item at the last meeting (minutes 37 and 39 refer – 10/11/09) the reports of the Chief Internal Auditor on Adult Social Services – Charging Policy, the Statement from Mr M Morton and the report of the Director of Adult Social Services on Charging Arrangements for Supported Living in Wirral 1997 – 2003, were submitted for the Committee’s consideration together with the resolution of the Audit and Risk Management Committee of 25 November, 2009.

The Director also circulated his report, ‘Residents of Bermuda Road, Curlew Way and Edgehill Road’ the recommendations of which were approved by Cabinet on 14 January, 2010.

Resolved – That the reports and recommendations be noted.

53 OPTIONS FOR CHANGE - TOWARDS A STRATEGY FOR CARE SERVICES

At the request of the Chair the Committee considered the Director of Adult Social Services’ report to Cabinet on 26 November, on ‘Options for Change – Towards a Strategy for Care Services’. Also attached were the 8 recommendations made by Cabinet. The Director expanded on the progress made against a number of the recommendations and responded to Members’ comments.

Resolved – That the report and recommendations be noted.

54 COMMITTEE WORK PROGRAMME 2009/10

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

A Member suggested that an addition to the work programme could include a small group of Members visiting pupils of 18/19, with learning difficulties, in their schools who were at the transition stage to adult social services.

Resolved – That the report and addition to the work programme be noted.

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Safeguarding Adults in Wirral

Executive Summary

In February 2009 a review of Wirral Safeguarding Adults process began. This report provides feedback on the progress of the review. Wirral Safeguarding Adults Partnership Board is overseeing the review. This area of work is externally monitored by the Care Quality Commission (CQC) and is also reflected in Wirral's Comprehensive Area Assessment.

The aim of the review is to ensure that the current Safeguarding process is operating in such a way that it is fully addressing the issues of protecting vulnerable people in Wirral and within the remit of all national and local directives and guidance.

This report also provides information on a forthcoming Care Quality Commission inspection to be undertaken in May 2010 on Wirral Adult Safeguarding and Adults with Learning Disability services.

This item falls within the Social Care and Inclusion portfolio.

1 Introduction

- 1.1 This report is to update members on progress of the review of Adult Safeguarding in Wirral and to provide information on the forthcoming Care Quality Commission on Safeguarding Adults and Adults with Learning Disability services in Wirral.

Policy Context

- 1.2 With the Transforming Adult Social Care agenda the review of Safeguarding was timely in ensuring that processes and approaches to work are adapted and to ensure that people are involved and in control of their lives. This change has already begun. A key principle is to keep people as independent as possible. The move towards a fully personalised approach will represent a real shift of culture and approach. However, it opens up real opportunities for positive change. The review of Safeguarding is assisting in setting the scene for the changes that are needed to realise the benefits of personalisation.
- 1.3 The review also considered the review of the Department of Health 'No Secrets' guidance on developing and implementing multi-agency policy and procedures to protect vulnerable adults from abuse" (DoH, 2000). In addition the review took on board the learning from the Association of Directors of Adult Social Services publication 'Safeguarding Adults. A

National Framework of Standards for good practice and outcomes in adult protection work. The term Protection of Vulnerable Adults has been replaced with the term Safeguarding Adults. The use of the term 'safeguarding' has been adopted nationally and is aimed at putting Safeguarding Adults into the same broader context as Safeguarding Children.

- 1.4 There were a number of key messages from the consultation of 'No Secrets' which have been further reiterated by the Department of Health Ministerial Statement issued in January 2010 which highlighted a number of conclusions. These include:
 - Government to introduce new legislation to strengthen the local governance of safeguarding by putting Local Safeguarding Adult Partnership Boards on a statutory footing. To reflect this strengthening of local governance it is suggested that Wirral's Safeguarding Adults Partnership Board will report to the Local Strategic Partnership and Board membership is at a strategic level
 - Updating of 'No Secrets' guidance focussing on 'Safeguarding Adults' being everybody's business. This shift of emphasis is reflected in the terms of reference and wider membership of a revised Safeguarding Adults Partnership Board and fits with the personalisation agenda
 - The voice of vulnerable people being heard much more than it currently is both in developing safeguarding policy and practice and in situations where people are victims of harm. This is reflected in the terms of reference, membership and revised practice documentation on safeguarding adults
- 1.5 Wirral carried out a whole system review of safeguarding during February and March 2009 and an improvement plan put in place to reflect the changing landscape of adult safeguarding.
- 1.6 During a routine Annual Performance Assessment the Care Quality Commission raised some concerns about Adult Safeguarding which the Department of Adult Social Services accepted and had already identified and responded to as part of the review. Three main areas of concern were:
 - Increased number of referrals combined with a dip in the number of referrals closed in 2008/09
 - Levels of staff and member training
 - Data quality
- 1.7 Although these concerns were raised the Care Quality Commission's view was that the department was still performing adequately in this area. However, as part of the Comprehensive Area Assessment the Audit Commission's view was that "there are concerns about the safeguarding arrangements for vulnerable adults and its ability to address these concerns" and a red flag was awarded.
- 1.8 In February 2010 the Department undertook a second review of Adult Safeguarding to check that the improvement plan was delivering the changes needed. The methodology used was that used by the IDeA and

the initial results confirm that actions have been undertaken and have delivered real improvements in the system and a few new areas for development, which will yet again strengthen the new personalised working arrangements. This review was undertaken by people working in the Department of Adult Social Services and a person from Cheshire and Wirral Partnership Trust.

2 Progress on review

2.1 A detailed project plan was developed to ensure the improvement plan was delivered to timescales and below are key highlights from the plan: -

Multi agency approach / partnership working

2.2 The terms of reference, membership and constitution of Wirral Safeguarding Adult Partnership Board has been subject to a review. This review has been done in consultation with existing board members with a clear recognition by all partners that the terms of reference need to be updated to reflect new policy agenda. There was also recognition that the membership of a revised board needs to be at a strategic level across a wider range of organisations to reflect the shift away from 'adult protection' towards 'safeguarding adults' being everybody's business. The main changes to the Board are that:-

- membership will be at a strategic level (senior staff)
- broader representation including community safety, LINKs, Merseyside
- Fire and Rescue, Ambulance Service etc
- an independent chair
- reporting to the Local Strategic Partnership

2.3 A multi agency approach is used to ensure there is a holistic Safeguarding effect with partnership agencies sharing information to best address safety issues at an operational level. Partnership agencies include, NHS Wirral, Wirral University Teaching Hospital, Merseyside Police, Housing, Probation, Department of Adult Social Services and Children and Young People's Department. A draft strategy for safeguarding adults has been developed and will be presented to the Local Strategic Partnership on 31st March 2010.

Project management

2.4 The project plan for safeguarding is being overseen by Wirral Safeguarding Adults Partnership Board which meets quarterly. A project group was formed which established representatives from appropriate agencies and a member of the Older People's Parliament to progress the work on the project plan, this group meets on a monthly basis. Leads and timescales are clearly identified in the project plan. Any changes that do require interagency approval have been agreed by the Safeguarding Adults Partnership Board.

Performance Management

- 2.5 A group was set up to deal with issues relating to performance information. The role of this group is to be responsible for the dissemination of information back into operational teams, developing clear business processes and producing accurate timely information on adult safeguarding. This group has also been involved in overseeing the production of new information which is required from October 2009 which will record safeguarding alerts and referrals, completed referrals, case conclusion and recording outcomes for the victim and alleged perpetrator. Weekly reports are sent to operational teams in the Department of Adult Social Services, 2 weekly reporting through to the Department of Adult Social Services Strategic Leadership Team and quarterly performance reporting to the Safeguarding Adults Partnership Board. Attached at the appendix is the Safeguarding Adult Partnership Board Performance Report April to December 2009.

Capacity

- 2.6 The review of Safeguarding was undertaken by the Department of Adult Social Services Reform Unit and the improvement plan commenced in June 2009. In addition the overall responsibility for the safeguarding adults unit was moved to the Reform Unit Manager in February 2009.

Revised processes

- 2.7 A new set of safeguarding adult referral pathways and processes agency approach / partnership working has been produced and launched. These revised processes will see an end of strategy meetings and the focus more on strategy discussions and case conferences with the person who uses services at the centre of the concern.

Strategy meetings

- 2.8 Since the launch of the project there have been fewer strategy meetings and more strategy discussions taking place at a much earlier point following the initial concern being raised. A review has been undertaken on the standard format of information gathered at the strategy meetings and as a result this has improved methods of gathering information more appropriately to reflect the outcomes reached. Between January-March 2009 there were 98 strategy meetings. This has reduced to 49 between October-December 2009.

Communication

- 2.9 There have been regular discussions taking place with team managers to ensure that the profile of safeguarding is raised. Staff from the Safeguarding Adults Unit have visited team managers meetings on a regular basis and a recent analysis of training requirements has been completed. An additional training programme is now being developed to deliver key training for all team managers. Public information has been updated on the Council's website and a leaflet redesigned and is being redistributed. In addition a feature article has been published in the department's staff electronic newsletter 'Focus'.

Contractual role

- 2.10 Evidence from the review revealed that over 50% of referrals coming into the Safeguarding Adults unit related to a contractual issue and were being dealt with by staff within Access and Assessment branch. From 7 October an investment was made for a member of Contracts Team to take on this role on a full time basis. The role related specifically to provider issues from residential, nursing or a domiciliary provider. This has resulted in a more timely response and inappropriate strategy meetings were avoided.

Training

- 2.11 Safeguarding adults training has been updated to reflect changes in processes and working practices. A scoping across all agencies took place to see what training resources were available across the economy and the information gathered is being used to develop a multi agency training plan. A standard booklet and DVD has been developed based on that produced by Wirral University Teaching Hospital which will be used for training on safeguarding basic awareness, this will be available in by March 2010.
- 2.12 A training needs analysis has been undertaken in the Access and Assessment branch to identify the training needs of Team Managers. A plan of action is currently being drawn up to address these training needs. Safeguarding Adults is also a core component of the newly created 'Personalised Practitioner' course that the Department of Adult Social Services and NHS Wirral are co-designing with the Open University.
- 2.13 Following an initial briefing with elected members training / awareness to highlight the issues of Safeguarding is due to be delivered to Elected Members on 20 April 2010, 15 June 2010 and 15 September 2010. This will raise the profile and assist Elected Members to identify what actions need to take place should they be made aware of situations that appear to be placing vulnerable people at risk of abuse or neglect. All members of this Committee should make attendance a priority.

3 Work in progress

- 3.1 The project will formally come to an end at the end of March 2010 however there will clearly be improvements that will need to continue and some areas identified are as follows:-
- Training will continue to be updated and delivered
 - The Safeguarding Adults Unit will assume a quality assurance role once the new procedures embed. Guidance around what this will cover has been drawn up. Initially this role will be intensive to ensure that recording, reporting and actions are taken appropriately. It is estimated that close monitoring will take place for the first 6 weeks following the implementation of the new process
 - Work is needed on Deprivation of Liberty / Mental Capacity Act to ensure that all of the standards set out within the Mental Capacity Act (MCA) action plan are up to date

- The future structure and roles and responsibilities of the Department of Adult Social Services Safeguarding Adults Unit needs to be reconsidered

4 Care Quality Commission Inspection

4.1 The Care Quality Commission undertake a National programme of Inspections of Adult Social Care. The objective of this service inspection is to evaluate Wirral's performance in delivering social care outcomes for its communities. The inspection will focus on experiences of people who need social care services and with leadership and commissioning for delivery of those outcomes. The key areas for inspection are:-

- Safeguarding Adults
- Making a Positive Contribution for Adults with a Learning Disability
- Increase Choice and Control for Adults with a Learning Disability

4.2 A project group has been set up to oversee the preparation work needed for the inspection. Wirral Liaison Officer is Paula Neate, Reform Unit Manager, supported by Nicki Hancocks, Reform Unit Admin Co-ordinator. Lead Care Quality Commission Inspector is Sue Talbot, supported by Laura Middleton, Paul Stacey and Amanda Platt (expert by experience).

4.3 Key dates for members to note are as follows:-

- Initial Set up meeting - 22 February 2010
- Self Assessment - 6 April 2010
- Preparation for Initial Council Assessment - 20 April 2010
- Fieldwork is six days between 11-13 and 18-20 May 2010

4.4 The inspectors will wish to meet with a key elected member at the initial Council assessment meeting on 20 April 2010. This is likely to be the Cabinet Lead (Social Care and Inclusion).

5 Financial Implications

None arising from this report.

6 Staffing Implications

None arising from this report. However, additional capacity has been added to ensure the review and improvement plan has been successful.

7 Equal Opportunities Implications/Health Impact Assessment

None arising from this report. However an equality impact assessment has been undertaken on the review project.

8 Community Safety Implications

None arising from this report.

9 Local Agenda 21 Implications

There are no local agenda 21 implications.

10 Planning Implications

There are no planning implications.

11 Anti Poverty Implications

There are no anti poverty implications.

12 Social Inclusion Implications

There are no social inclusion implications.

13 Local Member Support Implications

Members are asked to consider attending the Safeguarding Adults elected member training.

14 Health Implications

There are no health implications.

15 Background Papers

Safeguarding Adult Partnership Board, 15 February 2010, *Terms of Reference and Constitution*, Wirral Borough Council, 2010

Safeguarding Adults Partnership Board, 15 February 2010, *Review of Adult Safeguarding Progress Report*, Wirral Borough Council, 2010

Safeguarding Adults Partnership Board, 15 February 2010, *Performance Report*, Wirral Borough Council, 2010

16 Recommendations

That;

- 1) Members note and comment on progress to date.
- 2) Members confirm their attendance on the training programme.

JOHN WEBB
Director of Adult Social Services

Name Francesca Tomlin
Title Principal Manager, Reform Unit
ext no 666 5140

Date 5 March 2010

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**Safeguarding Adults Partnership Board
Quarterly Performance Report
October-December 2009**

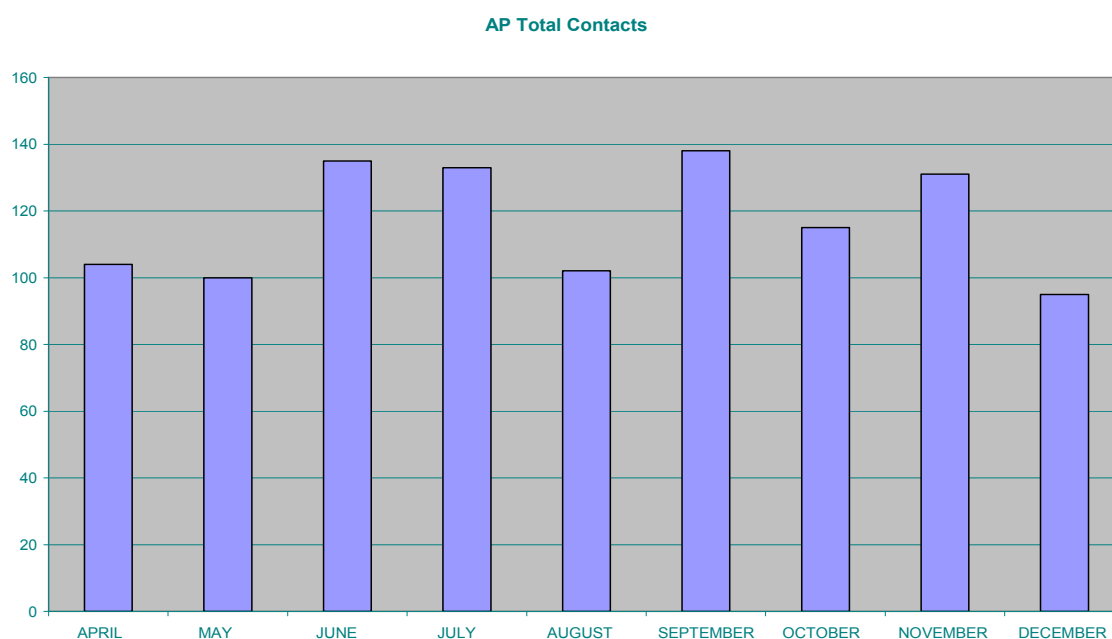


Introduction

This report contains the cumulative safeguarding Adults information for the period of April 2009 to December 2009.

1. Safeguarding referrals

1.1 Total numbers of referrals show per month



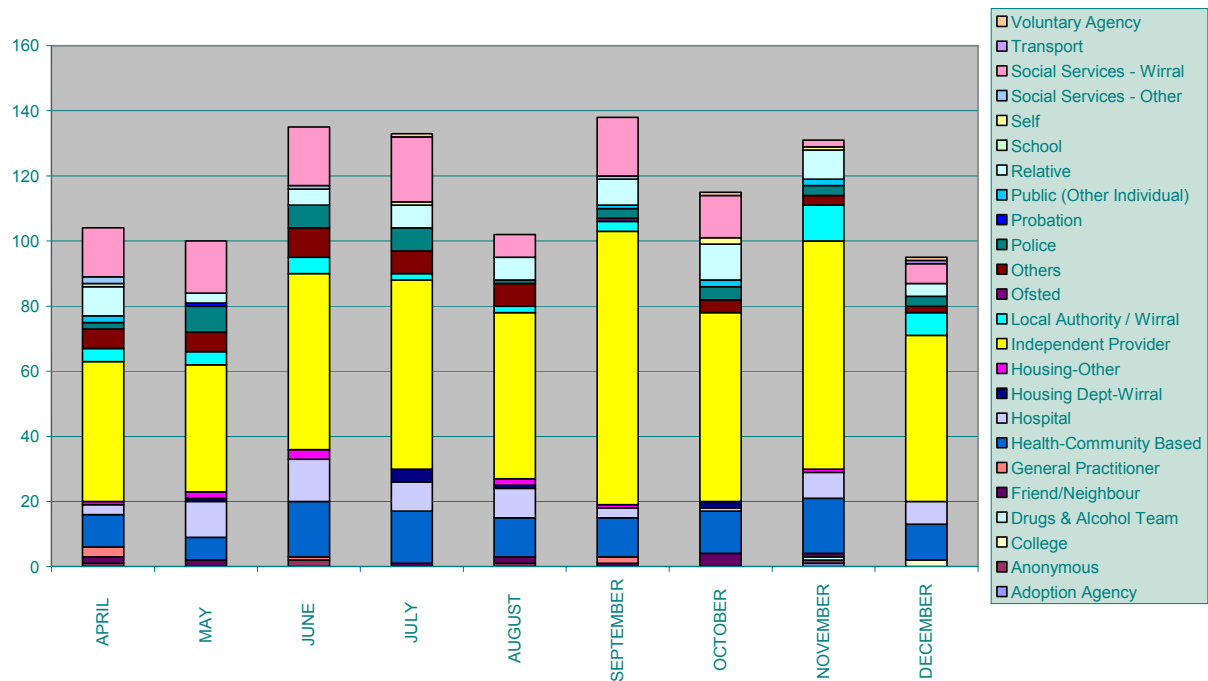
1.2 It can be seen that the total number of referrals received in the period April to December 2009 is 1053. The current systems on Wirral record all contacts through the Central Duty Advise Team that raise any concerns regarding a resident on Wirral who is deemed to be a vulnerable adult as a referral. Not all these referrals may need to be progressed through the Safeguarding processes to be addressed and may be better progressed through other routes such as Domestic Violence MARAC, Hate Crime MARAC, Contracts compliance or by a Community Care assessment resulting in a package of care. It is felt that the new systems to be initiated later this month on the Wirral will be able to give clearer representation of this information.

2. Organisations reporting abuse

2.1 It can be identified from the graph below that the largest source of Safeguarding referrals on the Wirral are the Independent Care Providers. In 48% of Safeguarding referrals it has been the Independent Care providers who have informed the Department of Adult Social Services of a concern. The group that make up the independent providers are the Residential care providers, the Nursing Home care providers, Domiciliary Care providers and those providing Supported living.

2.2 Safeguarding Referrals by Source type per month.

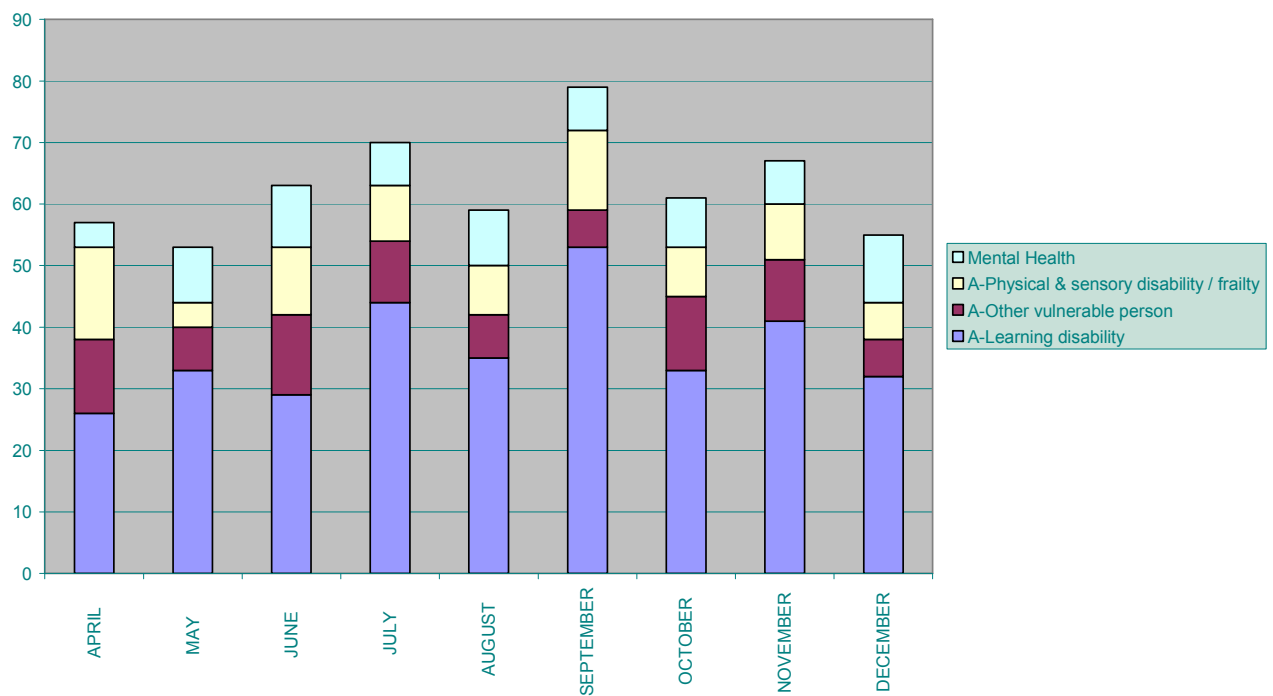
Safeguarding Referrals by Source Type



3. Service user group.

3.1. Adult Protection Contacts by Client Category 18-64

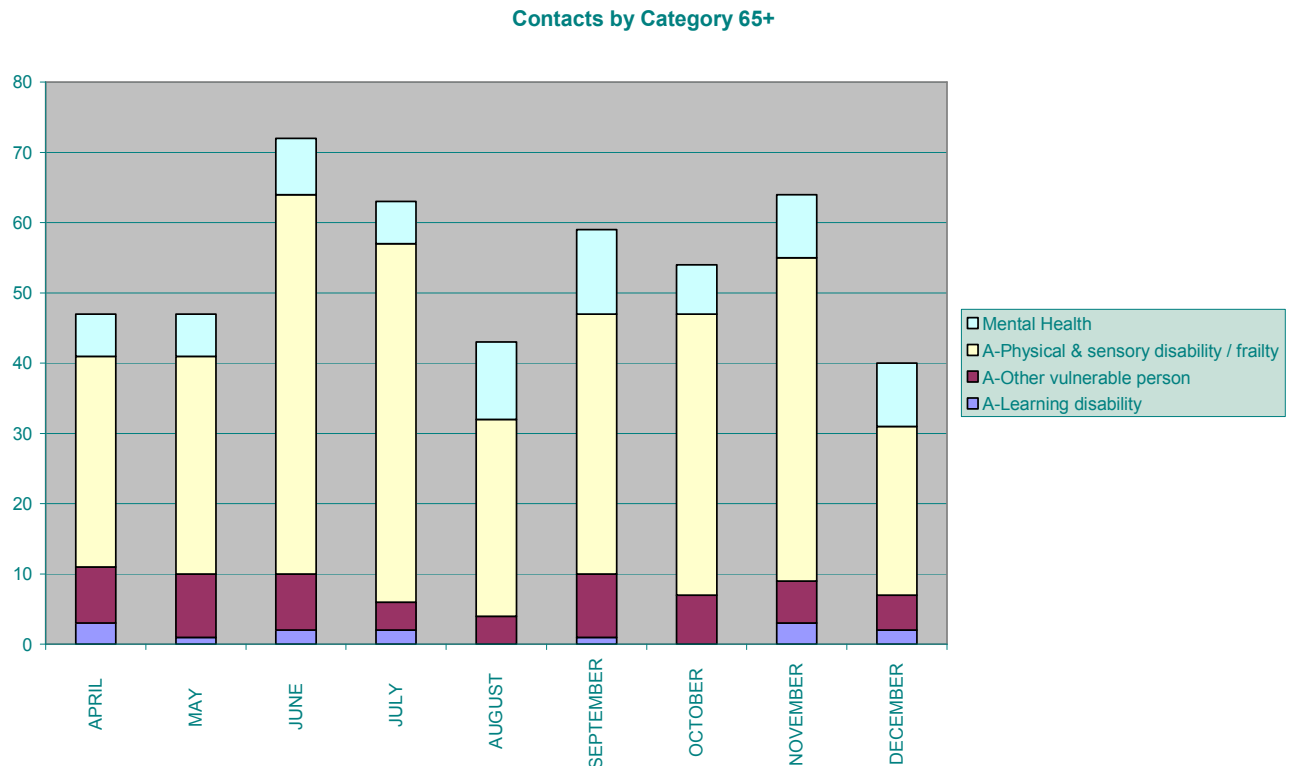
Contacts by client category 18-64



3.2 The age range of over 18 years of age and under 65 years of age accounts for 52% of the total number of Safeguarding referrals received on the Wirral. The client category that receives the greatest number of Safeguarding referrals for this age

range is that of Learning disabilities. 58% of Safeguarding referrals in the over 18 and under 65 age range relate to people with a learning difficulty.

3.3 Adult Protection Contacts by Client Category 65+

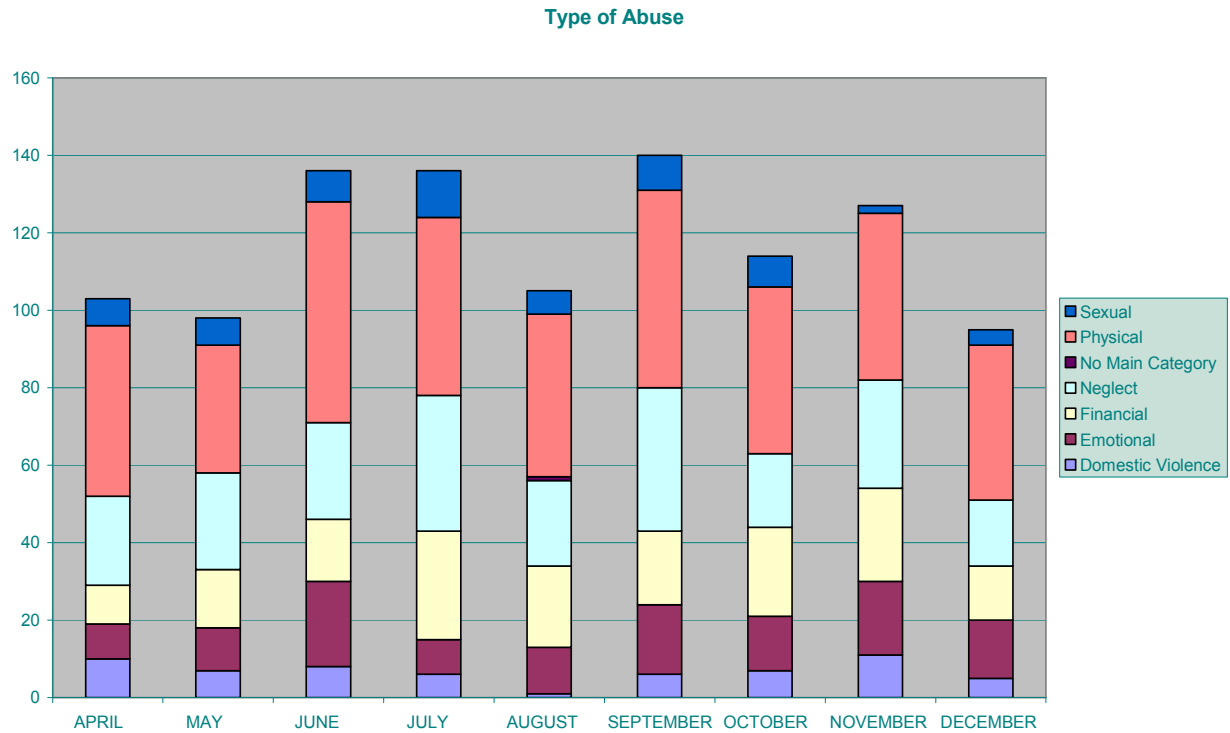


3.4 The age range of over 65 years of age accounts for 46 % of the total number of safeguarding referrals received on the Wirral. Within this age range it can be shown that 70% of this age range can be categorised as being for people who are over 65 and who have a Physical and sensory disability or are frail. Those people who are over the age of 65 and have no mental capacity through dementia are generally recorded as having a mental health illness and are representative of 15% of the over 65 year olds who have had a safeguarding concern raised in relation to them.

4 Type of Abuse

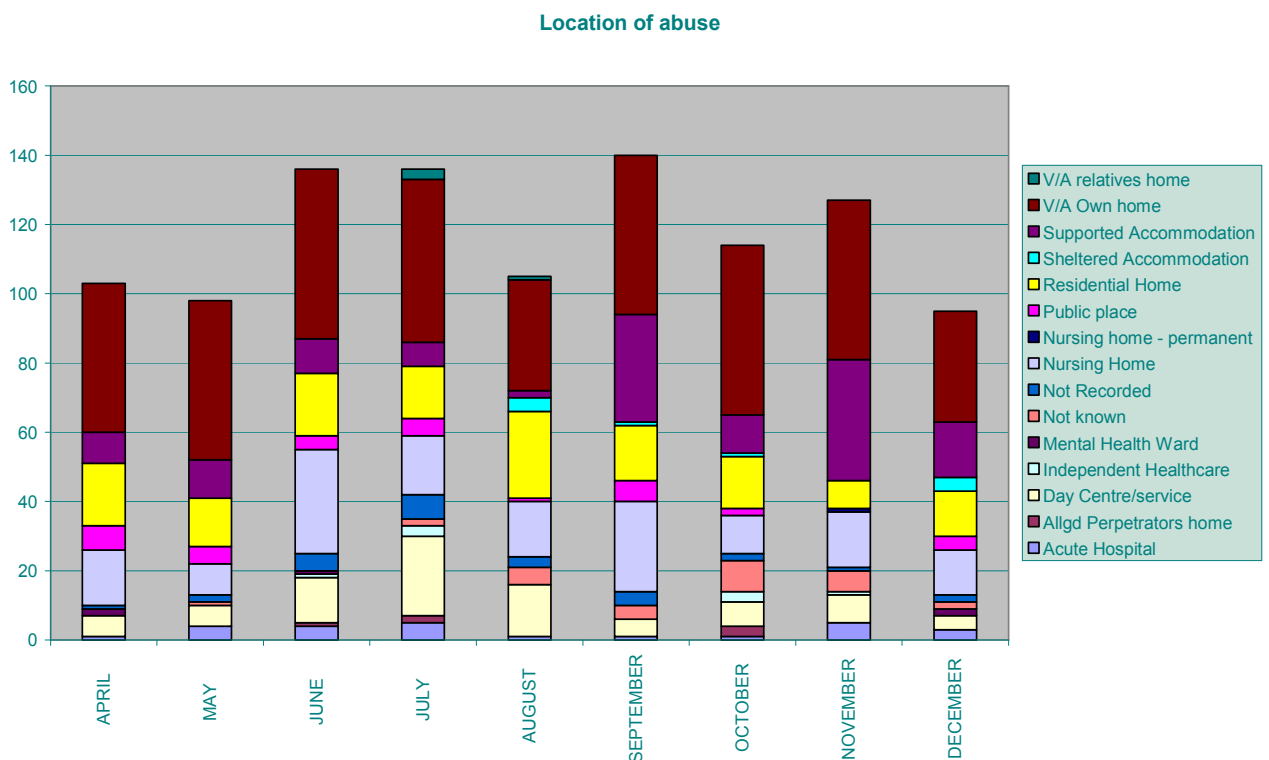
4.2 The graph below shows that the main recorded type of abuse of Vulnerable Adults is that of Physical Abuse. 35% of the total number of safeguarding referrals relate to concerns about Physical abuse. 21% of the total Safeguarding referrals received relate to concerns about neglect of a Vulnerable adult with 16% of referrals showing as concerns about the financial abuses of Vulnerable adults. Domestic Violence and Sexual abuse are both recorded as 6% of the total number of concerns.

4.3 Graph to Show the recorded types of abuse



5 Location of abuse.

5.1 Graph to show the recorded location of abuse

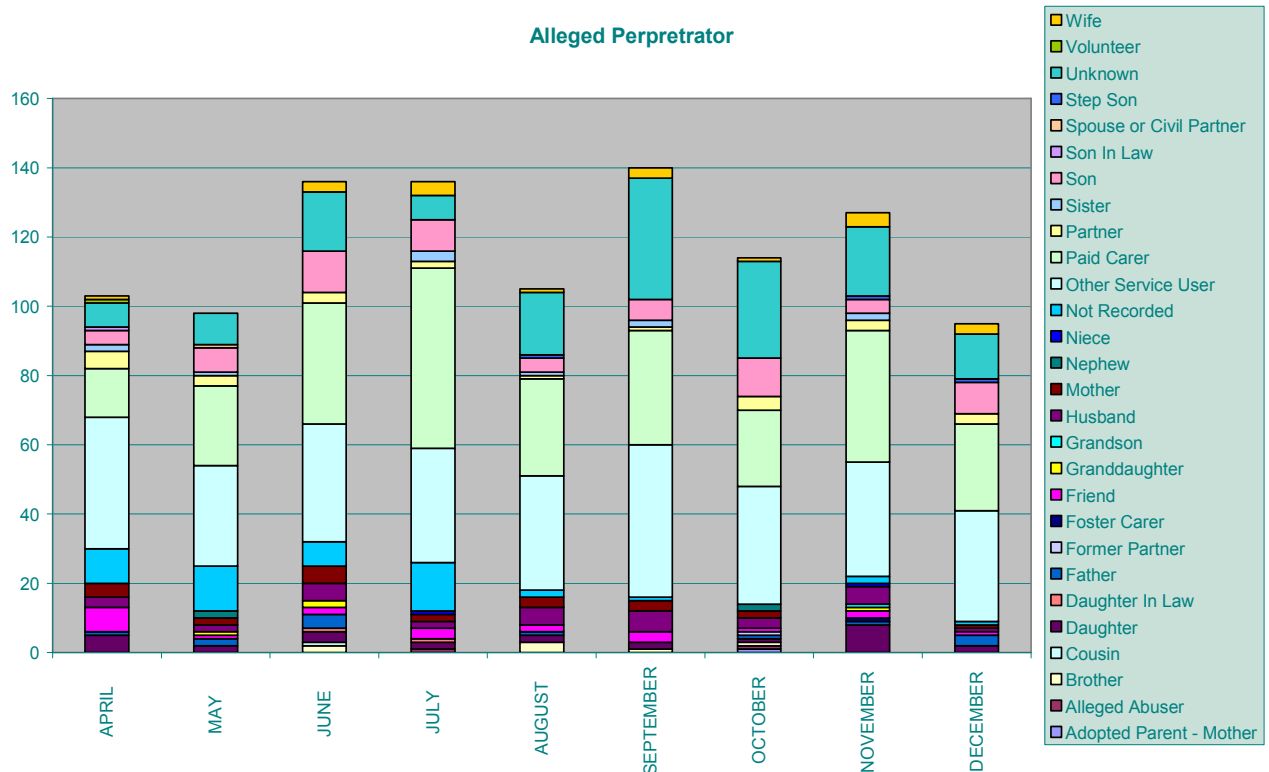


5.1 It is recorded that abuse occurs most frequently in the persons own home. If we then add the figures of Supported accommodating which is in effect the Vulnerable adults own home it can be seen that collectively these two locations account for 50%

of Safeguarding referrals. If we add together those referrals that are recorded as occurring in Residential care or Nursing care it can be seen that these two categories account for 28% of Safeguarding referrals.

6. Alleged Perpetrators of Abuse.

6.1 Graph to show the Alleged Perpetrators of Abuse



6.2 The 3 largest identified groups of alleged perpetrators of abuse are, family members, paid carers and other people who use services.

7 Partnership developments

7.1 DASS training

7.1.1 Department of Adult Social Services: Safeguarding Training: 11 basic awareness courses have been delivered since the last report running from 1 October 09 – 31 December 09 with a total of 97 staff attending from the Department of Adult Social Services. Attendance and feedback continue to be good with the courses filling up quickly. See 8.4 below. The cumulative total from April 09 for attendance on the basic safeguarding course is 260 DASS staff.

7.1.2 The Department has trained 114 staff from other agencies and other council departments, including the Independent and Voluntary Sector, Health and Children's and Young Peoples Department within the same time frame. The cumulative total from April 09 is 287 staff.

7.1.3 Safeguarding Process Training: 4 courses have been delivered in the 3 months since the last report in the time frame 1 October 09 – 31 December 09. 22 staff from the Department of Social Services and 27 staff from the Independent and Voluntary Sector have attended the training. The cumulative total from April 09 is 96 staff from the Department of Adult Social Services and 45 from the Independent and Voluntary Sector.

7.1.4 Basic awareness courses to be delivered from January 10 – March 10 have been advertised and process Training to be delivered from February 10 – June 10 have been advertised both internally within Adult Social Services and to the Independent sector. Basic Awareness has only been advertised until March as Staff Development is in the process of putting together an electronic booklet and CD Rom to support the delivery of the course. Staff will be able to follow the guidance within the booklet and CD Rom rather than attend the training. The booklet which has been adapted from the NHS version has been amended and will be sent to managers for feedback before being sent to graphics. The courses advertised to date are well subscribed however it is mostly staff from the Independent and Voluntary sector who have applied to attend.

Following the Safeguarding re-launch on the 31 January 10, Staff Development is in the process of re-designing the process training as well as designing courses to meet the needs of staff groups following a training needs analysis that took place in December 09. Applications received for process training for courses running from February 10 have mainly been from the Independent and Voluntary Sector. The department is to address this by contacting all Principle and Service Managers to advise of the need for staff to attend process training.

7.2 Merseyside Police

The Family Crime Investigation Unit is based at Bebington Police Station. The FCIU consist of one Detective Inspector with overall charge of the four separate Policing disciplines, Child Protection, Domestic Violence, Hate crime and finally, the Vulnerable Adults Unit.

Historically the Vulnerable Adults Unit have, largely, performed an administrative role and attended Strategy meetings and then distributed the information to other Officers who had taken charge of the criminal case. It was decided recently that the VAU should be staffed by fully trained investigators who would take ownership of any particular case and investigate the matter to a natural conclusion. In essence there would be a single point of contact for a majority VA investigations.

At this moment in time the VAU comprises of one Sergeant and two Detectives. The Unit receive approximately 20/30 referrals a month which are assessed and the appropriate actions taken to ensure the safety of that person and prosecute if necessary. More recently, the Police are working closely with DASS and fully support the efforts to streamline our joint protocols to ensure our efforts are concentrated in the correct places.

Completed by Detective Sergeant Stephen Parkinson FCIU

Wirral University Teaching Hospital Quarterly Report**October 2009 – Feb 2010**

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) continues to be a committed and involved partner in the Safeguarding Vulnerable Adult review.

We have finally put the last personnel in place and are now a fully integrated Safeguarding Team consisting of :-

Safeguarding Adults / MCA / DoLs	2 WTE
Safeguarding Midwife for the unborn child	1 WTE
Safeguarding Children Named Nurse	1 WTE
Domestic Violence Specialist Practitioners	2 WTE
Control and Restraint Specialist Practitioner	1 WTE
Perinatal Mental Health Midwife	1 WTE
General Advocate (managed by Advocacy in Wirral)	1 WTE
Admin	1 WTE
PA to team manager	1 WTE
Team Manager	1 WTE

and have at long last completed the final part of the jigsaw and moved into our purpose built accommodation in January.

DASS has been very helpful in giving our team access to the SWIFT data base and this has made a vast difference to our process.

This team has total responsibility for Safeguarding, Mental Capacity Act and DoLs, all associated policies of Consent, Do Not Resuscitate, Withholding and Withdrawing of Treatment and Advance Decisions.

At present this is a five day week team but we are planning to develop into a 24 hour / 7 day on call service.

National Health Service Litigation Assessment (NHSLA)

WUTH had its NHSLA inspection and achieved L2. As part of the assessment the assessors requested to review six adult protection files, these were picked at random. The assessor scored us top marks and quoted *“the audit trail is robust and the best they had come across”*.

Referrals

The number of overall referrals continues to rise slightly on each quarter.

Since we placed the Elder Abuse posters (PEACE project) around the hospital we have seen a rise in the care and dignity area of referrals.

Self neglect referrals continue to cause us concern, as it is an unrecognised form of abuse but leaves our patients extremely vulnerable. It is our intention to raise this ongoing problem to the Safeguarding Sub Group.

WUTH continues to filter its referrals, ensuring those we can deal with “in house” are dealt with, this stops CADT being flooded with inappropriate referrals and provides a quick and appropriate response for the patient and carer. We are pleased the negotiated process has identified this as good practice.

There is a move from the DoH to increase the profile of “neglect” within acute hospitals as “safeguarding” and WUTH has supported this.

Mental Capacity Act (MCA)

WUTH has opened up its training on the MCA to DASS and had a significant uptake with very positive feedback., however the uptake of this invitation has now waned off. There is an identified problem within WUTH of Social Workers not undertaking MCA and best interest decisions.

There is an identified problem around admission to hospital of vulnerable adults with learning difficulties / challenging behaviour in regard to issues around capacity to consent to treatment. We have a working group, in partnership with the PCT, to establish an admissions pathway to improve the care and legality of treating this client group.

Deprivation of Liberty Safeguard (DoLs)

WUTH has an established risk assessment now in place for patients who may be deprived of their liberty; this risk assessment is used by all grades of staff and is based on a RAG (red, amber, green) system of scoring. It is widely used. The risk assessment has been shared with other Trusts and is now used in the Manchester and Carlisle Hospitals.

In the last quarter five patients have had Deprivation of Liberty Safeguards in place for periods ranging from seven to fifty six days. WE are now up to our 16th DoLs.

If a patient subject to a DoLs and to be discharged into a care home then it is our practice to inform DASS Safeguarding Unit of the impending discharge as they are the supervisory body for the discharge destination.

All of our patients subject to DoLs are risk assessed and have a control and restraint care plan in place; this is completed by the Control and Restraint Specialist Nurse. WUTH is pleased to support DASS by offering the Best Interest assessments for clients within DASS managed homes.

Training

We have developed a level one teaching DVD and booklet combining Safeguarding Adults, Children, Domestic Violence and the Mental Capacity Act which has been praised by the NHS Confederation as “a *truly innovative and excellent tool*” and are

happy to share this with our partners to use if they wish. The NHSLA accepted this as training as evidence for level 1 training in all aspects covered by the booklet and DVD and consequently the mandatory training elements for safeguarding for approx 6000 staff were successfully met.

WUTH has shared this work with our partners in the PCT and DASS.

7.4 NHS Wirral

Statement for Department of Adult Social Services (DASS) Safeguarding Adults Partnership Board (SAPB) Quarterly Report (For the period 1st October 2009 – 31st December 2009)

Safeguarding Service Location

NHS Wirral Safeguarding Service is currently based at St Catherine's Hospital and will relocate to new premises February 2010 at Old Market House (Hamilton Street, Birkenhead). All staff with responsibility for safeguarding issues will remain as a team and will be based in the new location.

Referrals

NHS Wirral staff regularly raise queries with the Safeguarding Practitioner – Lead for Safeguarding Adults/Domestic Abuse (Safeguarding Adults Practitioner) regarding vulnerable adults. Not all queries result in a safeguarding referral, however, the fact that staff can notice a vulnerable person in need of services (not necessarily from a safeguarding perspective) means that when a safeguarding adults referral is made by a member of staff from NHS Wirral it should be an appropriate referral. This is a positive step and reflects the amount of training and awareness raising which is delivered to staff, both from a mandatory perspective and as a result of teams requesting attendance at team meetings to discuss issues relevant to their area of service delivery.

Training

Safeguarding Adults Training continues to have mandatory status within NHS Wirral. The Safeguarding Adults Practitioner provides training to all employed and contracted staff

NHS Wirral is in the final stages of undertaking a review of all safeguarding training (including child protection) with a view to providing a training package relevant to each area of service delivery which will be delivered in a training session which will last for a whole day and which will incorporate all aspects of safeguarding (safeguarding children, safeguarding adults, domestic abuse, MAPPA, Looked After Children) in order that staff can see the potential links to each area irrespective of the age group of their caseload. The review findings/outcome will be made available to Safeguarding Adults Board and Local Safeguarding Children's Board along with the proposed Safeguarding Training Strategy.

It is anticipated that Level 1 training will be given to staff via the teaching DVD and booklet developed by Wirral University Teaching Hospital which will be reviewed for NHS Wirral purposes and made available to all staff.

In addition, NHS Wirral will continue to work with DASS and other NHS and private organisations to explore the potential and effectiveness of multi-agency training events.

Supervision for NHS Safeguarding Practitioners

The reciprocal arrangement in place with Wirral University Teaching Hospital to ensure that Safeguarding Adults Practitioners/Leads receive appropriate supervision regarding

safeguarding adults/caseload is developing well. The arrangements for safeguarding adults supervision processes will be included in the NHS Wirral policy which is soon to be ratified regarding Safeguarding Supervision (this document includes supervision processes for all aspects of safeguarding).

Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS)

NHS Wirral meets its statutory obligation as “supervisory body” for DOLS and has approved all applications made to date and met national reporting requirements.

DASS Safeguarding Adults Review

NHS Wirral participates fully with the current DASS Safeguarding Adults Review. NHS Wirral representation at working groups/meetings is either the Safeguarding Adults Practitioner or the Head of Safeguarding Service.

From an operational perspective NHS Wirral can already identify positive changes made to DASS processes which make the referral process easier to track, this in turn makes it easier for NHS Wirral staff to monitor progress and outcomes and therefore makes the process ultimately safer for the vulnerable person who is perceived to be at risk by ensuring that agencies involved take prompt relevant action to remove or reduce the risk identified.

7.8 Cheshire and Wirral Partnership NHS trust

Statement for Wirral Safeguarding Adults Partnership Board
Quarterly Report September 2009 to December 2009

Cheshire & Wirral Partnership NHS Trust provides services for people with mental health needs related to Adult and Older People’s Mental Health, Learning Disabilities, Drug and Alcohol, and Child & Adolescent Mental Health Services. It also provides primary care for ‘Improved Access to Psychotherapy’ (IAPT Team). Some of the services such as adult & older people’s are jointly staffed by health and social care.

The Safeguarding lead nurse, safeguarding practitioner and two full time secretaries form the safeguarding team that service the Trust across Wirral and all of Cheshire with expanding services into Trafford and Warrington. We work with three Safeguarding Adults Boards and corresponding Children Boards. We provide safeguarding advice (Child and adult) to all services. We have recently reviewed our safeguarding structure.

Our services are split into division, e.g. Drug & alcohol division. Each one having its own dedicated safeguarding group that consider child and adult safeguarding.

Referrals

Policy states that all referrals are copied to the trust safeguarding office. We have never reliably been able to quantify these. A system of monthly reporting has now been developed and rolled out to all services for child and adult referrals. We welcome the move away from centralised strategy meetings to a system that gives ownership & responsibility to the teams /professionals that have regular contact with the vulnerable adult. It would also reduce the time dramatically for a strategy meeting/discussion to take place. Meetings are being set up with individual teams to meet with the Trust safeguarding lead and AP Co-ordinator and DASS safeguarding manager to take this forward.

Some teams do have access to Swift, to extend this to other key staff including safeguarding would be advantageous.

Training

Safeguarding adults training is classed as 'essential learning' and delivered through the virtual learning environment'. A new package is being purchased which will be available to staff beginning of November this year. The trust will also continue to support any Multi agency training initiatives.

In order for mental health teams to embrace the new changes within the Safeguarding process the Trust and the Safeguarding Board needs to focus on teams training needs.

Audit

The Trust through its audit department has developed an audit tool which has been piloted for all services. The results of which will be soon reported and shared with the Safeguarding board.

8 Safeguarding Adults Partnership Board

The Wirral Safeguarding Adults Partnership Board is currently being reviewed under the Safeguarding Adults Project Plan. The project work will look at reviewing all aspects of the Safeguarding Adults Partnership Board inclusive of

- **Purpose-** The aim of the Board is to ensure that vulnerable adults are safeguarded from abuse or threat of abuse by effective interagency working
- **Objectives and terms of reference-** The overall objectives of the Board are; to co-ordinate safeguarding and preventative work; to ensure the effectiveness of the work of each Board partner in relation to its safeguarding function; and to raise public awareness about safeguarding and responsibilities.
- **Membership-** The Board shall consist of consistent representatives from all Partnership agencies and organisations: Identifying the person specification for agency representatives attending the Board
- **Representation-** All agencies should recognize the importance of securing effective co-operation by appointing officers and professionals of a sufficiently senior level as representatives to the Board.
- **Accountability-** to ensure all Partnership agencies are jointly responsible for the action of the Board.
- **Responsibilities-** The Board will focus on ensuring that 'vulnerable adults' are safeguarded from abuse or threat of abuse via the provision of inter-agency leadership and governance at strategic and operational level
- **Governance arrangements**
- **Funding**
- **SAPB sub groups-** Structure and function of sub groups.

9 Safeguarding Adults Project Update.

9.1 As a direct result of the Transforming Adult Social Care agenda a review of Wirral's Safeguarding Adults process was requested by the Director of Adult Social Services who is also the chair of the Safeguarding Adults Partnership Board to ensure that the existing processes were fully addressing the issues of protection vulnerable people in Wirral within the remit of all national and local drivers.

9.2 Following the review of Wirral's Safeguarding Adults process in February 2009 an improvement plan was implemented to ensure that people in Wirral were being safeguarded. The improvement plan began in June 2009 and is still in operation. There has been significant investment in this piece of work which is likely to continue till the end of March 2010.

9.3 The review of safeguarding is almost at an end. Work has been done to streamline processes, implement new guidance, strengthen partnership working and most importantly ensure that people who use services are put at the centre of decision making.

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Quality Accounts

Executive Summary

This item falls within the Social Care and Inclusion portfolio.

This report sets out the role of Overview and scrutiny Committee in Quality Accounts and the progress of NHS provider services in developing these Accounts.

1 Background

- 1.1 In *High Quality Care for All*, published in June 2008, Ministers set out the Government's vision for putting quality at the heart of everything the NHS does. The report sets out that a key component of the new Quality Framework would be a requirement for all providers of NHS services to publish Quality Accounts: annual reports to the public on the quality of health care services they deliver. The aim of Quality Accounts is to improve public accountability and to engage boards in understanding and improving quality in their organisations.
- 1.2 Over the last year the Department of Health has engaged widely with healthcare providers, Commissioners, patient groups and third sector organisations in the development of Quality Accounts.
- 1.3 During the consultation year round stakeholder engagement during the process of producing a Quality Account was seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.
- 1.4 As a first step it is intended that providers will have to share their Quality Accounts prior to publication each June with:-
 - Their commissioning PCT(or Strategic Health Authority)
 - The appropriate LINKs (Local Involvement Networks)
 - The appropriate Local Authority OSC (Overview and Scrutiny Committee)The PCT or SHA will have a legal obligation to review and comment on the providers Quality Account. LINKs and OSC will be offered the opportunity to comment on a voluntary basis.
- 1.5 The legal duty to publish a Quality Account will be brought in to force from April 2010. (Health Act 2009 - given royal assent on 12 November 2009). Providers will be required to publish their Quality Accounts each year -

starting in June 2010 reporting on their services for the previous financial year.

- 1.6 It is intended that for the first year the requirement to publish information relating to the quality of services will not apply to primary care services and community health care.

2 Voluntary Role of Overview and Scrutiny Committees

- 2.1 Providers will be required through regulations to send a draft of their Quality Account, to the appropriate OSC and to include any statement supplied in their published Quality Account. OSCs will be invited on a voluntary basis to: comment on a provider's Quality Account.

OSCs might like to comment on the following areas:

- whether the Quality Account is representative,
 - whether it gives a comprehensive coverage of the provider's services,
 - whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.
- 2.2 Any narrative provided (maximum 500 words) should be published verbatim as part of a provider's Quality Account. We recommend that OSCs should let the provider know if they do not intend to provide a statement.
 - 2.3 Providers should give OSCs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written if the OSC is of the view that the Quality Account is not representative and highlight any areas of concern.
 - 2.4 DH guidance will advise that providers and OSCs discuss at an early stage, the providers proposed content of their Quality Account to ensure that the report covers areas of importance to the local community. To ensure that the local relevance of the Quality Account is maintained, a year-round dialogue between OSCs and providers is envisaged.
 - 2.5 LINKs and OSCs are invited to comment on a provider's Quality Account on a voluntary basis. Depending on local arrangements, an OSC may wish to leave this role entirely to the LINKs (or vice versa) and this should be agreed between the two organisations.
 - 2.6 Before providing a statement on a provider's Quality Account, OSCs may wish to consult with other OSCs where substantial activity, for instance specialised services, is provided to patients outside their area.
 - 2.7 LINKs and OSCs already have an important role in providing information about providers, local Authorities and NHS organisations to Care Quality Commission. This information was previously provided to the Health Care Commission in the form of an annual health check. LINKs and OSC's can

now share information throughout the year with the Care Quality Commission and are able to do so through the local area manager at Care Quality Commission or through the website at www.cqc.org.uk/localvoices.

3. Local progress on Quality Accounts

- 3.1 Wirral University Teaching Hospital are currently working on the draft of their Quality Accounts, however the draft will not be able to be received by this committee in time for this report and as the proposed date of the next Overview and Scrutiny Committee is in late June the 30 day prior to publication date for comments will also be exceeded.
- 3.2 North West Ambulance Service are also developing their Quality Accounts, they will be writing to OSCs and Links during early March outlining their key priorities. They will be working closely with the OSC and LINKs close to their headquarters in Bolton to develop a commentary on their accounts.
- 3.3 Clatterbridge Centre for Oncology are also not in a position, as yet to share their Quality Accounts and the same issues are identified as with WUTH.
- 3.4 Cheshire and Wirral Partnership Trust, are also not in a position, as yet to share their Quality Accounts and the same issues are identified as with Wirral university teaching hospital.

4. Wirral Local involvement Networks

- 4.1 Wirral LINKs are aiming where possible to be able to provide a statement for each of the Quality Accounts.

5 Financial Implications

There are no financial implications from this report.

6 Staffing Implications

- 6.1 There are no staffing implications from this report.

7 Equal Opportunities Implications/Health Impact Assessment

- 7.1 There are no equal opportunity/health impact assessment implications from this report.

8 Community Safety Implications

- 8.1 There are no community safety implications from this report.

9 Local Agenda 21 Implications

- 9.1 There are no Local Agenda 21 implications from this report.

10 Planning Implications

10.1 There are no planning implications from this report.

11 Anti Poverty Implications

11.1 There are no anti-poverty implications from this report.

12 Social Inclusion Implications

12.1 There are no social inclusion Implications from this report.

13 Local Member Support Implications

13.1 This report applies to all wards across Wirral.

14 Health Implications

14.1 Overview and Scrutiny Committee will have an important role in the development of Quality Accounts and in commenting to the Care Quality Commission on the provision of health care services.

15 Background Papers

15.1 Letter from the Department of health dated 14 January 2010 re Quality Accounts.
Department of Health "frequently asked questions" on Quality Accounts.

16 Recommendations

16.1 That:

- (1) The contents of this report be noted
- (2) That Wirral Links will provide copies of their statements in respect of Quality Accounts for 2009/10 to the next meeting of this committee
- (3) That proposals for regular feedback on the priorities within the Quality Accounts are developed in order to be able to provide this committee with year round dialogue in preparation for the 2010/11 Quality Accounts
- (4) That a further report on progress is brought to the June 2010 meeting of this committee

JOHN WEBB

Director of Adult Social Services

Name Cathy Gill
Title Principal Manager, Integrated Communities and Wellbeing
ext no 666 5093
Date 5 March 2010

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

FINAL REPORT DISCHARGE FROM HOSPITAL

Executive Summary

This paper provides the Health and Well-Being Overview and Scrutiny Committee with the final progress report in regard to Discharge from Hospital.

The last report was presented to the Health and Well-Being Overview and Scrutiny Committee on 10 November 2009 at which time the meeting resolved that:

- (1) The Committee notes progress in improving the experience of patients and carers following admission to hospital and subsequent discharge*
- (2) That this Committee requests that the specific recommendations from the Committee's Discharge Review be aligned with the actions in the report as detailed in the Chair's circulated paper (provided to the Chair following the last meeting)*
- (3) That a further progress report, to include feedback from patients and carers on this issue be brought to the Committee before the end of the municipal year*

1 Background

- 1.1 Reports to the Health and Well-Being Overview and Scrutiny Committee over the last year have identified a range of actions taken across the acute hospital, primary and community care, social care and housing services to improve the length of time patients stay in hospital and the quality of their discharge. The actions taken have responded to a number of recommendations outlined in reports in 2008/09 including the Wirral Hospital Discharge Review Report Commissioned by the Older Peoples Parliament (Mott McDonald 2008) which focussed on patient experience.
- 1.2 This report focuses on the outstanding actions from the plans as detailed below along with information which supports progress made and future whole system plans.

2 Actions

- 2.1 The action plan agreed with the Overview and Scrutiny Committee has now been completed with only two actions still to be finalised. These are:
 - 2.1.1 By April 2010 the revised Patient Information Leaflets will be finalised. These are sent to every patient for a planned admission and given to every urgent care patient on admission. These include all the required additions relating to discharge. In addition standard ward information sheets have been developed for the Model Wards and will be rolled out to all in patient areas during 2010.
 - 2.1.2 A Task and Finish Group is finalising the work on Discharge Summaries and ensuring appropriate and timely information is sent to GPs and patients. This is in line with the national standards. This will be further enhanced with the final

implementation of Cerner (performance management system) for inpatients within the next two years.

2.2 Additional Actions to Note

- 2.2.1 Clinical Pathways are in place for the identified clinical conditions and compliance and documentation are audited through the annual Ward Audit, record audits and quality performance management.
- 2.2.2 Key Performance Indicators (KPIs) are performance managed on a weekly basis in relation to the reasons and numbers of discharge delays of medically fit patients, length of stay, elective and non elective activity and inappropriate patient moves.
- 2.2.3 Patient Flow Practitioner roles have been reviewed and split between supporting urgent care patient flow and supporting clinical staff with complex patient discharge.
- 2.2.4 Interim (step down) bed provision has been agreed between the PCT and DASS with new access arrangements to ensure effective timely discharge of patients. This enables more patients to make long term decisions about the support they require outside of an acute hospital setting.
- 2.2.5 The three discharge related teams (WUTH, DASS and PCT) are being co-located in the hospital in a previous ward area. The Business Case has been approved and the work about to start. This will also provide office space for the newly appointed Homelessness link worker, Advocacy support and DASS Emergency Response Team. It will also serve as a link for Assistive Technology and the HART team.
- 2.2.6 Multi agency Locality Action Plans are being drawn up to ensure that the three Wirral localities have sustainable community services delivered in an assessed and personalised manner which will prevent avoidable admissions to hospital from the place of residence and ensure that people are appropriately managed through agreed care pathways and returned to their place of residence with appropriate support.

2.3 Performance

- 2.3.1 The Trust received 26 formal complaint issues relating to the category 'Transfer & Discharge' for the period October – February 2009/10 compared to 31 during the same period the previous year.
- 2.3.2 The Patient Advice & Liaison Service recorded a total number of 40 issues relating to the category 'Transfer & Discharge' during the period October - February 2009/10 compared to 51 during the same period the previous year.
- 2.3.3 The Trust had 127 incidents reported relating to the category 'Transfer & Discharge' during the period October – February 2009/10. This figure has remained static when compared to same period in 2008/09 with 123 incidents being reported.
- 2.3.4 In addition, all complaints, incidents and Patient Advice & Liaison Service reports were individually examined and acted upon where appropriate.

2.4 Chief Executive Officers Report from WUTH, DASS and PCT

In order to ensure that concentration remains firmly on prevention of admission, throughput and discharge a report was recently commissioned (Jan2010) by the Chief Executives of NHS Wirral and Wirral University Teaching Hospital and the Director of Social Services. Senior managers from each organisation formed a 'Discharge Turnaround Team' charged to deliver a whole system report with recommendations to ensure that prevention of admission, throughput, shorter lengths of stay and timely, safe and appropriate discharges are considered in a multi-agency approach.

This report has been received and approved and the actions identified will be implemented over the next six months.

3. Financial Implications

There is the potential to release funding into the Health & Social Care Economy by achieving a reduction in Lengths of Stay.

4. Staffing Implications

There are no staffing implications arising from this report.

5. Equal Opportunities Implications/Health Impact Assessment

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 and shorter lengths of stay help reduce the probability of contracting hospital acquired infections.

13. Background Papers

None.

14 Recommendations

That :

- (1) Committee is asked to note the continued progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.
- (2) The committee notes the remit of the work undertaken by the 'Discharge Turnaround Team' and agree to receive a progress report from them in September 2010.

JOHN WEBB
Director of Adult Social Services

Heather Rimmer
Interim Head of Integrated Commissioning
PCT/DASS

Pat Higgins
Assistant Director of Strategy & Planning
Wirral University Teaching Hospital NHS FT

5 March 2010

‘Discharge Turnaround Team Remit

A team of three senior managers appointed by the Chief Executives of NHS Wirral and Wirral University Teaching Hospital Foundation Trust and the Director of Wirral Social Services undertook a short piece of work to

- a) Identify the factors which contribute to the unsatisfactory patient / person experience and the delays in patients receiving appropriate care.
- b) Make recommendations which facilitate the achievement of the shared objective ‘that all patients/people who require unplanned care should receive that care in a timely fashion in the right place, provided by staff with the right level of skills and expertise. Wherever, possible the aim should be to support rehabilitation and recovery and maintain the patient/person at home or in their normal place of residence. Hospital and residential/nursing care should be reserved for those who cannot be treated at home/at their GP surgery/as an outpatient and who require these specialist services’
- c) Consider the cultural/organisational issues which may contribute to the sub-optimal operation of the current system and make recommendations for improvement.
- d) Suggest a range of Key Performance Indicators/ Performance Dashboard which will facilitate strong local performance management and early identification and rectification of operational problems

The team have identified recommendations under the following headings

- a) Processes
- b) People /Cultural; Issues
- c) Discharge Planning/Prevention of admission
- d) NHS Wirral Provider Services
- e) Wirral University Teaching Hospital Trust
- f) Department of Adult Social Services
- g) Joint Organisational Issues
- h) Documentation
- i) Commissioning
- j) Leadership
- k) Key Performance Indicators

These recommendations are being shared with each organisation and a remedial action plan will be developed and agreed

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE
DIRECTOR OF ADULT SOCIAL SERVICES

BLACK AND MINORITY ETHNIC (BME) HEALTH NEEDS ASSESSMENT (HNA) CONDUCTED IN WIRRAL

Executive Summary

This report provides an overview of the findings of an assessment of the health needs of Wirral's Black and Minority Ethnic (BME) communities, commissioned by NHS Wirral and undertaken by Icarus between May and November 2009.

The Joint Strategic Needs Assessment (JSNA) 2008 undertaken by NHS Wirral and Wirral Local Authority identified that there was a lack of robust data on the population prevalence of the BME community which makes assessing levels of access to services particularly difficult. The current methods of capturing data around ethnicity and migration is not fit for purpose as population change is happening faster than in the past.

Conducting a comprehensive Health Needs Assessment (HNA) provides a structured way of assessing the health needs of BME groups in Wirral and whether existing services are meeting these needs and are delivered in a non-discriminatory way.

Quantitative and qualitative research methodologies were used to determine the BME experience and access to health and wellbeing services and to explore the correlation between seven of NHS Wirral's health priorities and Wirral's BME communities.

The randomised survey of 1728 households conducted has shown a relatively small increase in the size of BME population in Wirral since the 2001 census, which gave a figure of 3.56% of the population, compared to a total today of 5.83% (n = 18,291) (statistically adjusted figures).

The HNA has provided information on the health and wellbeing of BME groups and their access to services. Some of the findings are highlighted in the report. The full report will be made available through the JSNA web site in order to assist commissioners of services to take account of the health needs of BME groups.

1 Background

- 1.1 The Wirral JSNA, in October 2008, acknowledged that there was a significant gap in knowledge about Wirral's BME population and limitations in the available data on ethnicity. The following key issues were identified:

- There is a lack of robust data on the population prevalence of BME groups, which makes assessing levels of access to services particularly difficult. The current methods, both nationally and locally of capturing data around ethnicity and migration are not fit for purpose as population change is happening faster than it has in the past.
- Services need to ensure that they are collecting monitoring data around ethnicity to enable organisations to appropriately plan services and ensure equity of access to services. It is important that service users understand the reasons why this data is being collected.
- There is a lack of local data on the health and wellbeing needs of the BME community. This can in part be addressed by reviewing national data, although not ideal, it is unlikely to present a different picture for Wirral residents. However, there is limited evidence around the needs of the Polish and other migrant populations.
- There is some preliminary evidence to suggest that BME groups are not accessing health and social care services in accordance with their level of need; this however requires further exploration.
- Further detailed health needs analysis should be carried out, particularly to find out the health needs of the migrant population.

1.2 Aim of the research

This research was commissioned to address important gaps in what is known about the health needs of Wirral's BME population through the following objectives:

- To provide statistically robust data on changes in the size of the BME population.
- To determine how NHS Wirral services are experienced by BME communities, including their access to health provision.
- To review NHS Wirral's health priorities, with a particular focus on seven of these and their relationship to the main BME communities in Wirral.
- To provide a clear account of current knowledge about differences in health outcomes between ethnic groups.

1.3 Methodology

NHS Wirral carried out a procurement process to recruit an appropriate organisation (Icarus) to complete the HNA. Icarus drew on the knowledge, experience and assistance of key stakeholders throughout the course of the research. A BME health needs steering group of key stakeholders was established and consultation with Wirral Ethnic Health Advisory Group (WEHAG) was carried out at the outset of the research.

Quantitative and qualitative research methodologies were used to determine the BME experience and access to health services and to

explore the correlation between seven of NHS Wirral's health priorities and Wirral's BME communities. The priorities include mental health, obesity, alcohol, sexual health, children and young people, smoking and older people. The methodologies used included a household survey, workshops, focus groups, one to one interviews and desk research/literature review.

A stakeholder workshop was delivered towards the final stages of the research. The aim of this was to provide health and social care professionals, representatives of BME community groups and interested individuals with an opportunity to comment on the main findings. This provided participants with a chance to give a further perspective on the research, to contribute additional information and to make suggestions as to actions needed to improve health outcomes for BME communities in Wirral.

The data was analysed and the findings reported against the national context to enable comparison.

1.4 Report findings

Some headline findings include:

1.4.1 BME experience

- GP / Health Centre appointments

There was no appreciable difference in the percentage of BME patients making appointments with their GPs/Health Centre in the last 12 months, compared to patients nationally, though they were slightly more likely to do so than for White British patients in Wirral.

- Waiting time for appointment

Fewer BME patients were seen without an appointment compared to both national patient survey findings and the experience of White patients in Wirral, or to be seen via a pre-planned appointment. BME patients were more likely to be seen on the same working day as requesting an appointment, though were also more than twice as likely to say that they had to wait more than two days for an appointment than other Wirral patients

- Trust and confidence in Doctor

All patients reported high levels of trust and confidence in their doctor

- Involved in decisions

BME patients in Wirral were less likely to say that they were definitely involved in decisions about their treatment though some respondents did not have the expectation, or necessarily want to be

involved and said they trusted their doctor to make decisions for them.

- Cultural awareness and sensitivity

Health professionals' awareness about cultural diversity was regarded by a number of research participants as weak; a link was made between this and poor experience of services by some focus group members and several BME community representatives.

A lack of awareness or cultural sensitivity was illustrated in respect of the Muslim community by the limited availability of Halaal food in hospital, access to female practitioners, no prayer room in hospital or A&E and a lack of understanding around issues of washing and cleanliness.

1.4.2 Accessing health service

- Communication problems

It has not been possible to quantify how extensive a problem language difficulties are for members of BME communities in Wirral. However, some indication was given by reference to the fact that a third of interviewees in the BME community survey felt that either professionals only partially understood what they were saying (29%), or did not understand at all (4%).

Communication difficulties were exacerbated where neither had English as their first language. The observation was also made that people would travel outside of Wirral to register with a dentist who spoke their own language even though this might represent a considerable inconvenience.

1.4.3 Health priorities

In considering the health priorities Icarus drew on interviews with health professionals and other stakeholders as well as directly from BME community members through focus groups and interviews with community representatives. For each priority area they have identified the key informants and where appropriate given examples of relevant local initiatives.

1.4.3.1 Mental health

- (i) Delayed access; a key concern to emerge from the comments of a number of interviewees was the perceived tendency for BME individuals to be more likely to access mental health services at a late stage, often at crisis point. There is reluctance by some members of BME communities to engage with early intervention services.

- (ii) There is a lack of knowledge within BME communities about mental health provision.

1.4.3.2 Obesity

- (i) Cultural differences surround attitudes to weight desirability and body image.
- (ii) Limited knowledge about food, ingredients and healthy eating was highlighted as a particular concern in respect of mothers of younger children, Muslim women and Chinese elders.

1.4.3.3 Alcohol

Community organisations working with BME clients from the Irish and Polish communities identified alcohol misuse as a significant issue within both communities linked to social isolation, poverty and mental health problems. There was a particular concern about alcohol abuse by older members of the Irish community who had not integrated into the wider community and as a consequence were isolated. It was also suggested that alcohol misuse was linked to drug misuse by some members of Eastern European communities, which in turn was associated with a higher incidence of Hepatitis C.

1.4.3.4 Older people

A concern common to all interviewees was that BME elders are less likely to access preventative services such as smoking cessation, weight management and physical activity. This has obvious implications in respect of their health.

1.4.3.5 Smoking

A number of key informants suggested that there were particular difficulties in getting BME individuals involved in smoking cessation initiatives. Though it was not clear why this was the case, it was seen as being linked to the wider issue of engaging BME communities in health promotion and preventative measures. It was thought that smoking rates were particularly high within some BME communities in Wirral including Irish, Bangladeshi and Eastern Europeans. (Since the research was conducted, successful smoking campaigns have been delivered with BME groups)

1.4.3.6 Children and Young People

Overall BME community members participating in the focus groups reported good experiences of children's health services in Wirral. The one exception to this was difficulties encountered by Polish parents with differences in childhood vaccinations between this country and Poland, which was a cause of some confusion and

anxiety. Other BME groups reported that GPs were generally very responsive to concerns raised around children's health.

1.4.3.7 Sexual Health

Key informants working in sexual health services on Wirral report low numbers of BME community members accessing services. While people from Eastern European communities have a good take up and generally appear to be confident about their contraceptive needs, members of the Bengali and Chinese communities often appear less confident and need more support to access services. As previously noted, young BME men, from black and Asian communities on Wirral, are unlikely to access contraception and screening services.

2 Financial Implications

There are no direct financial implications as a result of this report. However, improving the health experience of BME groups may have cost implications.

3 Staffing Implications

The findings of this report may lead to partner organisations considering further training for staff.

4 Equal Opportunities Implications/Health Impact Assessment

This needs assessment will assist in ensuring that agencies are able to provide fair and accessible services to BME groups.

5 Community Safety Implications

There are no direct implications arising from the report.

6 Local Agenda 21 Implications

There are no direct implications arising from the report.

7 Planning Implications

There are no planning implications arising from the report.

8 Anti Poverty Implications

NHS Wirral will review the recommendations in the final BME HNA report. To date, no anti poverty implications have been identified as a direct consequence of this report. However, considering the findings of the report along with health inequalities data may result in actions targeted at BME communities within the more deprived areas in Wirral.

9 Social Inclusion Implications

This Health Needs Assessment will assist in ensuring that commissioners and service providers in Wirral have improved intelligence with regard to BME groups. This will support work to reduce social exclusion.

10 Local Member Support Implications

The final HNA report will be made available as part of the Wirral Joint Strategic Needs Assessment and may be of further interest to members working in local neighbourhoods.

11 Health Implications

Commissioners of health and well-being services will take account of the findings of the BME HNA through the use of Joint Strategic Needs Assessment (JSNA) intelligence when commissioning services.

12 Background Papers

<http://info.wirral.nhs.uk/ourjsna/>

13 Recommendations

That Overview and Scrutiny Committee is asked to note the continued commitment of the Health and Well-being Partnership Co-ordination Group in addressing the health and wellbeing needs of the BME population in Wirral.

The BME HNA report will inform the JSNA 2009-10 and will be available for circulation in due course.

MARIE ARMITAGE
Joint Director of Public Health

JOHN WEBB
Director of Adult Social Services

Name: Sue Drew
Title: Deputy Joint Director of Public Health
Tel no: 0151 651 0011 Ext 1475

Date: 5 March 2010

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

End of Life Care and Dying Matters Coalition and Awareness Programme

Executive Summary

This report provides elected Members with a progress update on the work being undertaken by the Department of Adult Social Services in partnership with NHS Wirral on a number of initiatives to improve social care support in end of life care and to promote public awareness on issues of death, dying and bereavement.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 The End of Life Care Strategy was launched by the Department of Health in 2008 and provided a platform for the formation of a new national coalition to support the implementation of the strategy with a focus on raising public awareness in relation to death and dying and standards of care and support across public sector organisations.
- 1.2 The need for a national strategy and a targeted programme of work in this area was overwhelming. In 2005 a BBC survey found that only 34% of the public had discussed their wishes on dying. In 2007 the Health Care Commission highlighted that 54% of complaints in acute hospitals relate to care of the dying. Of the 500,000 or so people who die each year in England, 58% die in hospitals yet surveys show that 56-70% would prefer to die at home.
- 1.3 During the development of the strategy, it became clear that changes to the way society views death and dying, have impacted on the experience of people who are dying and bereaved. There is much less familiarity in society with death and dying than in times gone by when people died at home and at a much earlier age. Moreover, the need to provide the right support at the right time during the progression of an illness and to allow people to make informed choices about their place of death, was a major challenge for public sector organisations. Also the changing age demographic of society, reflected in the increasing numbers of older people with conditions such as dementia, highlighted the need to work with families and carers to support them through longer periods of non-curative and progressive conditions to the end of their life.
- 1.4 In April 2009, the Association of Directors of Adult Social Services network further identified the need to understand the issues in relation to the End of

Life Care strategy from a social care perspective and Wirral, through Rick O'Brien as Head of Branch, has made a contribution to some of the national initiatives, whilst drawing on local resources and examples of good practice to inform this work. This report provides a focus on some of the work being undertaken by the Department of Adult Social Services in response to the delivery of the national strategy.

2 Developments

2.1 Through its national, regional and local networks, the Department of Adult Social Services is contributing to a national awareness campaign called 'Dying Matters'. A national awareness week from 15-19 March is taking place and a programme of events will be taking place in Wirral to raise awareness and promote the debate about living and dying well. The main events are:

- On Tuesday 16 March at the West Kirby Concourse between 10am-4pm, there is a rolling programme of speakers and displays on 'End of Life Issues,' with short presentations and Question and Answer session following each speaker. This is for all age groups
- On Wednesday 17 March at the Clatterbridge Oncology Post Graduate Centre between 10am-3pm, there is a series of presentations by NHS Wirral End of Life Care Team and Community Specialist Palliative Care Team (this event is already fully booked-up!).
- On Thursday 18 March at St John's Hospice, Clatterbridge between noon-2pm, there is an open information session, presented by staff of the Hospice.
- On Friday 19 March, Wirral's Older People's Parliament are hosting an 'End of Life Matters' all-day event at the Williamson Art Gallery with advice and information about what we should do to plan for our death.

2.2 The Department of Adult Social Services is working closely with partner agencies to more explicitly identify the role of social care services in the care and support of people at the end of their lives and to raise standards across the social care workforce, with a view to undertaking targeted work programmes to improve standards of practice in care homes; with domiciliary care providers and social care assessment teams.

2.3 Most recently, training and development monies have been provided through NHS Northwest for the development of a targeted training programme for local domiciliary care agencies. This initiative is being developed in cooperation with Wirral Metropolitan College, NHS Wirral, NHS Northwest Regional Cancer Network leads, the Department of Adult Social Services and local domiciliary care agencies, with the aim of providing improved social care support for people with progressive conditions.

2.4 Other recent initiative include the recruitment and deployment of a social worker into the NHS Wirral Specialist Palliative Care Team which is

providing significant benefits in terms of a coordinated and more seamless response across health and social care.

3 Financial Implications

None, external funding has been secured for training.

4 Staffing Implications

None.

5 Equal Opportunities Implications/Health Impact Assessment

None.

6 Community Safety Implications

None.

7 Local Agenda 21 Implications

None.

8 Planning Implications

None.

9 Anti Poverty Implications

None.

10 Social Inclusion Implications

None.

11 Local Member Support Implications

None.

12 Health Implications

None.

13 Background Papers

www.dyingmatters.org provides a wide range of material on the “Dying Matters” awareness campaign.

14 Recommendations

1. That Members note the initiatives to raise awareness of death and dying and the programme of work being developed to improve end of life care support.

JOHN WEBB
Director of Adult Social Services

Name Rick O'Brien
Title Head of Branch, Access and Assessment
ext no 666 4761

Date 5 March 2010

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
25 MARCH 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Severe Weather Response

Executive Summary

This report details the actions taken to maintain services to the vulnerable people of Wirral during the recent severe weather conditions and is provided at the request of the Chair of this committee.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 On the afternoon of Tuesday 5 January, Wirral as with much of the country experienced sudden and very heavy snowfalls, on top of already icy conditions. Public transport was badly affected, with many train and bus services being cancelled. Road conditions were extremely difficult; most major roads were gridlocked and many minor roads were impassable. Pavements were also covered by ice and snow, making any journeys hazardous.
- 1.2 These conditions developed very quickly, and left many people stranded away from their homes.

2 Departmental Response

- 2.1 A meeting with members of the Strategic Leadership Team and senior operational staff was convened on Tuesday afternoon to consider the implications for services and put plans in place should the severe weather continue. These meetings were held regularly each day until the weather eased on Monday 11 January. Valuable information regarding weather and road conditions was regularly received from the Health, Safety and Resilience Manager throughout the period. Departmental arrangements were linked to those of colleagues in the Health service.

3 Directly Provided Services

- 3.1 Transport

Adult Social Services transport staff worked late into Tuesday night in difficult driving conditions to ensure that people from day care services and children with Special Needs attending Special Schools got home safely. The last bus returned to the depot at 11pm. It was decided that due to the

condition of side roads, which were not being gritted, transport to day services would be suspended until conditions improved. However, transport staff remained on call to respond to any emergency situations, and ensured that they kept people who usually used their services informed of the situation. Regular transport for day services resumed on Monday 11 January.

Several 4-wheel drive vehicles were lent to DASS Transport by colleagues from Technical Services, to be used at the weekend in case of emergency.

Day Centre Managers and carers spoke very highly of the professionalism and commitment of the DASS Transport Service drivers and escorts on the Tuesday evening, who worked flexibly in arranging routes to ensure that everybody who needed transport arrived home safely. Several letters praising departmental staff were received.

3.2 Day Care Centres

Day Services remained open on the Tuesday until all people who use services had left. Several Centres offered refuge for people from other services who had become stranded. Centres opened for the remainder of the week to provide a service for those people who wished to make their own way to the Centre. Staff from the Centres also provided an outreach service where possible for particularly vulnerable people during the rest of the week, and liaised with family members and neighbours if they could not visit in person.

One centre arranged overnight accommodation for two people who could not get home on the Tuesday evening.

3.3 Residential Units

Residential Units continued to provide a service as usual; major problems were ensuring that the buildings were warm enough as some heating systems had difficulty in coping with the extreme temperatures, and organising rotas to ensure adequate staff cover. A number of staff stayed at the units for several days and others walked long distances to report for duty. There were no instances in which safe staffing levels were not maintained. Several short term stays were arranged to save people having to travel in the bad weather where there was felt to be an unreasonable risk involved.

4 Fieldwork and General Staffing Response

After the initial difficulties caused by the sudden and heavy snowfalls and consequent transport difficulties on the Tuesday, the majority of staff managed to get into work for the remainder of the week, and fieldwork services were maintained throughout the period of severe weather. Central Advice and Duty Team (CADT) services and local offices remained open. The reablement service was able to ensure that all

people receiving services were supported throughout this period. If travelling caused major problems, staff were asked to report to the office or establishment nearest to their home. School closures created some difficulties for staff with school age children.

Staff in general displayed a willingness to work flexibly to ensure that people were supported. Several staff who had 4-wheel drive vehicles worked late into Tuesday evening, assisting with taking people home.

More than 50 members of staff volunteered to remain on call over the weekend, without financial remuneration, in case people needed extra support.

Social Work staff at the hospital also worked extended hours to ensure that the needs of patients who were being discharged home were met.

Out of Hours services were supplemented with additional staff and Senior Managers covered a 24-hour rota to support colleagues during the whole of this period.

5 Contracted Services

The Contract Section remained in close contact with the Department's contracted services. All services liaised closely with each other as well as friends and relatives to ensure that no one was left in need. Domiciliary Care services combined staff rotas on an interagency basis in order to ensure continuity of service delivery, and worked closely with the ICare service to provide meals for those people whose usual service was reduced. Once again many people commented positively on the very considerable efforts made by staff in the agencies

6 3rd Sector Agencies

Voluntary sector day centres provided skeleton staffing and kept in touch with those who would normally attend and liaised with families to ensure everyone was kept as safe as possible.

Offers of help came in from all areas of the Voluntary Sector - including the Red Cross, the Scouting Movement and the Womens Royal Voluntary Services (WRVS).

7 Community Response

Several offers of help were received from the community, including the use of 4-wheel drive vehicles.

8 Partner Agencies - including media support

NHS Wirral and Wirral University Teaching Hospital worked closely with DASS to implement emergency plans and maintain service continuity.

The hospital opened additional beds and provided extra orthopaedic clinics and theatres to treat the significant increase in patients who presented with fractures. In order for that to happen, out-patient clinics were cancelled for one day and some elective operations were cancelled. The Trust ensured that cancellations were kept to a minimum where possible.

NHS Wirral worked with the Hospital to support discharge for patients and where appropriate divert patients from Accident and Emergency Department to Primary Care Services. There were many examples of staff walking to work and Hospital staff staying overnight which demonstrated a real commitment to maintaining services throughout this period.

Wirral Partnership Homes made guest rooms in sheltered housing available should it be required for older people with no heating etc.

Local media both broadcast and press provided tremendous support at this challenging time. Websites provided crucial information whilst radio offered reassurance and essential contact details.

9 Debriefing Exercise

Following the period of severe weather it was felt that it would be appropriate to undertake a debriefing exercise to ascertain from managers what they felt went well and what went less well. What was clear was that managers thought that the response of their staff was excellent, with staff going the 'extra mile' to ensure that vulnerable people continued to receive a service or a regular check on their welfare. The transport section received particular praise for their efforts on the Tuesday evening. The recruitment of over 50 volunteers who were willing to be called upon to help provide support to vulnerable people over the weekend was also seen as a positive. Of the things that were less positive was the lack of clarity for staff regarding when they could go home or plans for getting people into work for the remainder of the week.

10 Financial Implications

Some staff worked extra shifts to cover for colleagues who could not get into work. This will have a small impact on staffing budgets; many staff agreed to take 'time off in lieu' instead of payment.

11 Staffing Implications

No staffing implications.

12 Equal Opportunities Implications/Health Impact Assessment

There are no equal opportunities / health impact assessment implications.

13 Community Safety Implications

There are no community safety implications.

14 Local Agenda 21 Implications

There are no local agenda 21 implications.

15 Planning Implications

There are no planning implications.

16 Anti Poverty Implications

There are no anti poverty implications.

17 Social Inclusion Implications

There are no social inclusion implications.

18 Local Member Support Implications

There are no local member support implications.

19 Health Implications

There are no Health implications.

20 Background Papers

Results of DASS Severe Weather Debrief.
DASS "FOCUS" Newsletter February 2010.

21 Recommendations

That Members note the content of this report.

JOHN WEBB
Director of Adult Social Services

Name Kevin Wilson
Title Team Manager, Human Resources
ext no 666 5081

Date 5 March 2010

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UPDATE ON WORK PROGRAM : HEALTH AND WELLBEING OSC- 25/03/10

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 presented in Nov 09. Further update report due in March 2010.	
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, 8 September 2009 and 19 Jan 2010.	
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. Report on alcohol-related hospital admissions due to Committee in Jan 2010. Report deferred until June 2010.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
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". Further report to Committee in Jan 2010 detailing the merging of children's and adult's staff into a central team. A further report was requested for 12 months time (ie, January 2011). A member also requested that a panel of members be created in the new municipal year to undertake visits to special schools to talk to 18/19 year olds about their experience of the transition process.	
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 in March 2010 to include progress on the BME Needs Assessment.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
Sept 2008	Individual Budgets	Officer report		Report to Committee in Nov 08. Report back on pilot project due in Sept 09. Report on Personal Budgets accepted by Committee in Jan 2010.	
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. Report on 'Joint Commissioning Strategy for carers' accepted by Committee in Jan 2010. Further report requested in 12 months time.	
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		Report to a future meeting once the issue has been fully discussed by the Audit & Risk Committee. Reports due to meeting in Jan 2010. Reports to Committee in Nov 2009 and in Jan 2010.	
March 2009	Homelessness and Health	Officer Report		Report due to committee in Nov 09. Further report due in June or Sept 2010.	
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.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
March 2009	LINKS – How is LINKS progressing and how can the Scrutiny Committee best work with LINKs	Joint meeting		Members of LINKS Board attended reception prior to OSC meeting on 10 th Nov 09. Protocol for joint working due to be discussed at OSC meeting on 19 Jan 2010. Protocol agreed at Committee meeting in Jan 2010. (Protocol also agreed by LINKS Board in early Jan 2010).	
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. A further report is due to the OSC meeting in Jan 2010. The Wirral 'Dignity in Care' Working Group was formed at the end of 2009. Possible report back to Committee in 2010/11 municipal year.	
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 in Nov 2009. A further report is due in June 2010.	
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 due to Committee in March 2010. Report deferred until June 2010.	
Sept 2009	Swine Flu	Officer Report		Regular update reports to Committee.	

Date of New item	Topic Description	How the topic will be dealt with	Estimated Complete Date	Comments on Progress	Complete?
Nov 2009	Early Intervention Strategy for older people living independently	Officer Report		Issue raised by Sandra Wall. Committee agreed to a report to a future meeting. Suggest a report in the 2010/11 municipal year.	
Jan 2010	'Your Reason, Your Way – Reducing Smoking Campaign'	Presentation		Presentation to Committee in Jan 2010. Further report back requested in six months time.	
Jan 2010	Care Quality Commission Annual Performance Assessment 2008/9	Officer report		Report to Committee in Jan 2010. Further report back requested in six months time.	
Jan 2010	Joint collaboration between Countess of Chester and Wirral University Teaching Hospitals	Officer report		Report to Committee in Jan 2010. Further reports requested in the future.	

REPORT 2
SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME
HEALTH AND WELL BEING SCRUTINY COMMITTEE: 25/03/10

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
Offer of training on knowledge and understanding of NICE and how NICE guidance can be used to devise some important questions for scrutiny.	Ann Bridson		
Prostrate Cancer in Wallasey and Moreton – Council agreed that a report should be requested for the Health & Wellbeing Scrutiny Committee	Notice of Motion agreed by Council – 14 th February 2010		

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	<p>Update on Children's Transition to Adult Social Services (Peter Tomlin) Performance and Financial Monitoring Report (John Webb) Proposed protocol for working between the Health & Wellbeing Overview & Scrutiny Committee and Wirral LINKS (Report from the Chair – Cllr Ann Bridson) Update on Additional Co-opted members (John Webb) PIDA – Adult Social Services – Charging Policy – Service Users residing at “in house” supported living units during the period 1997 to 2003 PIDA – Charging Arrangements for Supported Living in Wirral 1997 to 2003 Options for Change (Cabinet report from 26 Nov 09) Collaboration between Wirral University Teaching Hospital and Countess of Chester Presentation – “Your Reason; Your Way – Stop Smoking Campaign” Care Quality Commission Judgment Transformation of Adult Social Services – Personal Budgets Joint Commissioning Strategy for Carers Committee referral from Council Excellence OSC (Financial Monitoring)</p>
25/03/10	<p>Update report from Dementia Scrutiny Panel Performance and Financial Monitoring Report Joint 'End of Winter' report on hospital admissions (WUHT / Wirral NHS / Social Services) Hospital Discharge Action Plan – Update Health Inequalities – Update on BME Needs Assessment Progress report on 'Out of Hospital' scheme (Deferred until June 2010) HIV Services (Initial response to referral from Notice of Motion at Full Council – 14/12/09) Update on Additional Co-opted members (John Webb) Work Programme Update</p>

REPORT 4
PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS
HEALTH & WELL BEING SCRUTINY COMMITTEE: 25/03/10

Title of Review	Members of Panel	Progress to Date	Date Due to report to Committee
Dementia Review	Councillors Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Teggin	<p>Scope agreed. Planning of review is ongoing. 'Evidence' gathering meetings have commenced. Meetings have taken place with representatives of the Third Sector. A focus group involving carers was held at the Devonshire Centre (Age Concern)</p> <p><u>Update as at 16/02/10:</u> A number of managers and consultants have been 'interviewed' at Arrowse Park hospital and at Cheshire & Wirral Partnership Trust. An individual meeting with a carer has been held. A meeting with Wirral NHS (PCT) has also been held. Further meetings with carer groups are also anticipated.</p>	