



Health and Well Being Overview and Scrutiny Committee

Date:	Monday, 21 June 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 - 10)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 25 March, 2010.

3. APPOINTMENT OF VICE-CHAIR

The Committee are invited to appoint a Vice-Chair for the ensuing municipal year.

4. TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE (Pages 11 - 14)

The Director of Adult Social Services will give a presentation on this item.

5. PRESENTATION ON FOURTH QUARTER PERFORMANCE 2009/10

The Quarter 4 Performance Report on activities relevant to Health and Well Being Overview and Scrutiny Committee will be available to view in the web library and a presentation will be made by the Director of Adult Social Services.

6. QUALITY ACCOUNTS UPDATE (Pages 15 - 38)

7. DELIVERING SAME SEX ACCOMMODATION (DSSA) UPDATE (Pages 39 - 48)

8. FAIR ACCESS TO CARE SERVICES (Pages 49 - 54)

9. AN EARLY INTERVENTION STRATEGY FOR WIRRAL (Pages 55 - 100)

10. WORK PROGRAMME (Pages 101 - 110)

11. FORWARD PLAN

The Forward Plan for the period June to September 2010 has now been published on the Council's intranet/website and Members are invited to review the Plan prior to the meeting in order for the Committee to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

12. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 25 March 2010

<u>Present:</u>	Councillor	A Bridson (Chair)	
	Councillors	S Clarke I O Coates J Keeley S Mountney	M Redfern D E Roberts G Watt
<u>Deputy:</u>	Councillor	A Taylor (for C Teggin)	
<u>Co-opted</u>		D Hill (LINKs)	S Lowe (Service users under OPP age group)
<u>Apologies</u>		S Wall (OPP)	

55 **WELCOME**

The Chair welcomed Mrs Bev Bray to her first meeting as the proposed co-optee representing carers, although she had yet to be formally co-opted by Council, the Chair invited Mrs Bray to participate in the meeting.

56 **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.

No such declarations were made.

57 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 19 January, 2010.

In respect of minute 41, 'Members' Code of Conduct – Declarations of Interest / Party Whip', Councillor Roberts requested that the minute be amended so that her declaration of a personal interest in minute 52 (Adult Social Services - Charging Policy) read, "due to her being referred to in the report".

In respect of minute 54, 'Committee Work Programme 2009/10' the Chair referred to the addition to the work programme of 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 and it was agreed that this would be arranged as soon as possible after the elections.

Resolved – That subject to the above amendment, the minutes be approved as a correct record.

58 SAFEGUARDING ADULTS IN WIRRAL

The Director of Adult Social Services submitted a report which provided feedback on the progress of the review of the Wirral Safeguarding Adults process. Wirral Safeguarding Adults Partnership Board was overseeing the review. This area of work was externally monitored by the Care Quality Commission (CQC) and was also reflected in Wirral's Comprehensive Area Assessment.

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

Following an initial briefing with elected Members, training / awareness to highlight the issues of Safeguarding was due to be delivered to Members on 20 April 2010, 15 June 2010 and 15 September 2010. This would raise the profile and assist Members to identify what actions needed to take place should they be made aware of situations that appeared to be placing vulnerable people at risk of abuse or neglect.

A paper had also been circulated to the Committee from Steve Maddox and Kathy Doran, Chief Executives of Wirral Council and NHS Wirral and the Chief Superintendent, Merseyside Police, Jon Ward, entitled, 'Wirral Protects – Safeguarding Adults in Wirral, A Strategic Approach 2010-2013'.

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

Responding to Members' comments, Paula Neate, Reform Unit Manager and the Director stated that all partner organisations received training and within the Adult Social Services Department take up of training was high. They outlined the complaints process and the separation of functions within the department of the safeguarding unit which was not an operational team. The Safeguarding Board would be chaired by an independent chair, though the job description for this role had yet to be approved. In the short term the lead member would be a member of the Board and further proposals would be brought forward at a later date.

Resolved –

(1) That the report and progress to date be noted.

(2) That Members confirm their attendance on the training programme with the Director of Adult Social Services.

59 PRESENTATION ON QUARTER 3 PERFORMANCE 2009/10

Mike Fowler, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2009/2010 in the third quarter and key projects which were relevant to the Health and Well-Being Overview and Scrutiny Committee.

Outlining what was working well, he reported the following:

- 551 people supported by NHS Stop Smoking Service (target 516)
- 99% of equipment delivered within 7 days (target 93%)
- 601 new installations of Assistive Technology (target 562)
- 769 reduced packages as a result of re-ablement (target 750)
- 89.5% of people receiving intermediate care still at home 90 days later
- Improved mortality rate from circulatory diseases

In his presentation, the Director also referred to key performance issues which weren't achieving on target and these included:

- Self directed support
- Support to carers
- People with learning disabilities in settled accommodation
- People receiving a review in a year

In respect of the financial position the projected overspend for the third quarter was £2.5m (1.7% of gross budget). This remained a volatile position as activity over the winter months showed a further increase in unavoidable expenditure.

Responding to Members' comments Mike Fowler and the Director stated that the March accounts were not yet finalised and elaborated on those areas of volatility. The Director also confirmed that he would inform Members of the latest position in respect of what overspend had been reported to Cabinet.

The Director also outlined how the issue of undertaking more reviews was being taken forward and the need to plan over a 12 month period. He assured the Committee that no additional resources were being spent to chase targets and that more reviews could in fact lead to economies.

Resolved – That the report be noted.

60 QUALITY ACCOUNTS

The Director of Adult Social Services submitted a report which set out the role of the Overview and Scrutiny Committee in Quality Accounts and the progress of NHS provider services in developing these Accounts.

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 delivered. The legal duty to publish these would be brought into force from April, 2010. The aim of Quality Accounts was to

improve public accountability and to engage boards in understanding and improving quality in their organisations.

Over the last year the Department of Health had engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts.

The Chair suggested that it would be useful if Wirral University Teaching Hospital, North West Ambulance Service and Clatterbridge Centre for Oncology could bring their quality account reports to future meetings of the Committee in the new municipal year.

Kathy Doran, Chief Executive, NHS Wirral, commented that with regard to the Cheshire and Wirral Partnership Trust, their report could be taken to the Cheshire and Wirral Joint Scrutiny Committee.

Resolved -

(1) That the report be noted.

(2) That Wirral Links 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 be brought to the June 2010 meeting of this Committee.

61 FINAL REPORT DISCHARGE FROM HOSPITAL

The Director of Adult Social Services submitted a final progress report on discharge from hospital which focussed on the outstanding actions from the action plans. The report also highlighted some additional actions and performance.

Reports to this Committee over the last year had 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 stayed in hospital and the quality of their discharge.

The action plan agreed with the Committee had now been completed with only two actions still to be finalised. These were:

(i) That by April 2010 the revised Patient Information Leaflets would be finalised. These were sent to every patient for a planned admission and given to every urgent care patient on admission. These included all the required additions relating to discharge. In addition standard ward information sheets had been developed for the Model Wards and would be rolled out to all in patient areas during 2010.

(ii) A Task and Finish Group was finalising the work on Discharge Summaries and ensuring appropriate and timely information was sent to GPs and patients. This was

in line with the national standards and would be further enhanced with the final implementation of Cerner (performance management system) for inpatients within the next two years.

In order to ensure that concentration remained firmly on prevention of admission, throughput and discharge a report was recently commissioned in January 2010 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 were considered in a multi-agency approach. This report had been received and approved and the actions identified would be implemented over the next six months.

Tina Long, Director of Strategic Partnerships, NHS Wirral, responded to Members' comments and expanded on the close working relationship which the Trust had with the department. She acknowledged the need for more cross border work to be undertaken.

The Chair expressed her satisfaction at the progress made and that it was moving in the right direction.

Resolved -

(1) That the 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) That 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.

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

The Joint Director of Public Health and the Director of Social Services submitted a report which provided 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 made assessing levels of access to services particularly difficult. The current methods of capturing data around ethnicity and migration was not fit for purpose as population change was happening faster than in the past.

Conducting a comprehensive Health Needs Assessment (HNA) provided a structured way of assessing the health needs of BME groups in Wirral and whether existing services were meeting these needs and were 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 had 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 had provided information on the health and wellbeing of BME groups and their access to services. Some of the findings were highlighted in the report. The full report would 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.

Sue Drew, Deputy Joint Director of Public Health, responded to comments from Members and acknowledged the need for training for frontline staff to ensure they were culturally sensitive to the needs of BME communities.

Resolved –

(1) That the Committee notes the continued commitment of the Health and Well-being Partnership Co-ordination Group in addressing the health and well being needs of the black and minority ethnic (BME) population in Wirral.

(2) That the BME Health Needs Assessment report inform the Joint Strategic Needs Assessment 2009-10 which will be available for circulation in due course.

63 PRESENTATION ON PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS IN YOUNG PEOPLE

Sue Drew, Deputy Joint Director of Public Health and Deborah Williams, Health Promotion Strategy Manager, NHS Wirral, gave a presentation to the Committee on sexual health promotion.

They gave information on HIV and AIDS prevalence in Wirral including by age, gender and routes of infection and also on other sexually transmitted infections (STIs).

In their presentation they outlined some of the measures being taken to prevent STIs in adults:

- Campaigns to raise awareness – e.g. World Aids Day
- Extending Genito-Urinary Medicine into the community
- Terence Higgins Trust delivering high quality harm reduction and sexual health promotion work with the lesbian, gay, bisexual and transgender population as well as offering training and expertise to partners.
- Wirral Drugs Service (screening – HIV and Hepatitis C)
- Outreach sexual health clinic for working women

Measures being taken to prevent STIs in young people included:

- Campaigns – e.g. Chlamydia screening in Schools and Colleges
- Health and Well-being Charter for Wirral Children and Young People launched 2008
- Wirral Sexual Health Policy and Guidance for staff working with under 19's
- Condom distribution
- Education – SRE curriculum developments

They also went on to give details of additional school based programmes and outreach and education projects.

Both Sue Drew and Deborah Williams responded to Members' comments and expanded on some of the statistics within the presentation and also on the Chlamydia screening programme within schools and the need to engage fully with parents and carers regarding sexual health education.

The Director of Adult Social Services informed the Committee that Sue Drew had been appointed as Joint Director of Public Health in Knowsley.

Resolved –

(1) That the presentation and the targeted work programme across all groups be noted.

(2) That the thanks of this Committee be accorded to Sue Drew for all her work on Wirral.

64 **END OF LIFE CARE AND DYING MATTERS COALITION AND AWARENESS PROGRAMME**

The Director of Adult Social Services submitted a report which gave an 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.

Responding to comments from Members, Kathy Doran, Chief Executive, NHS Wirral, informed the meeting that NHS Wirral was currently working with Voluntary and Community Action Wirral (VCAW) in designing a bereavement development programme and identifying what services needed to be commissioned for all age groups across Wirral. This would include work with Age Concern.

Resolved – That this Committee notes the initiatives to raise awareness of death and dying and the programme of work being developed to improve end of life care support.

65 **SEVERE WEATHER RESPONSE**

At the request of the Chair, the Director of Adult Social Services submitted a report which gave details of the actions taken to maintain services to the vulnerable people of Wirral during the recent severe weather conditions at the beginning of January.

With regard to lessons learnt, the Director remarked that Mark Camborne, Health, Safety and Resilience Operations Manager, would be putting this into context nationally and a report could be brought back at that point.

On a motion by the Chair it was –

Resolved – That the thanks and congratulations of this Committee be accorded to the staff of the Adult Social Service Department and the NHS and volunteers for their commitment and achievement in delivering services safely to service users during the severe weather.

66 **DEMENTIA SCRUTINY PANEL UPDATE**

The Chair updated the Committee on the work of the dementia scrutiny panel and circulated a note on progress made. Key sources of evidence had included:

- A focus group involving carers, held at Devonshire Centre (Age Concern)
- An individual meeting with a carer
- Written evidence from various sources
- Meeting with local representatives of Age Concern and the Alzheimer's Society
- 10 individual meetings with staff from Wirral University Teaching Hospital, Cheshire and Wirral Partnership Trust and NHS Wirral

The report went on to outline the next steps and the timetable for the remainder of the review which would be finalised in the new municipal year.

Resolved – That the report be noted.

67 **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.

A Member suggested that the North West Ambulance Service should be invited to a future meeting to report on incident response times.

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

68 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - NATIONAL SUMMARY CARE RECORD**

The Chair agreed to consideration of this item as a matter of urgent business in view of the topicality of the issue concerned.

Martin McEwan, Director of Communications and Engagement, NHS Wirral, gave a presentation to the Committee on the Implementation of National Summary Care Record on Wirral.

This was a national scheme across England which took an extract of essential medical history from GP records and made it available for staff who needed it within the NHS in England. There was no current plan to extend the information included, if so, further consultation would be required. Access would be limited to NHS staff with

a need to view the information. He stated that the scheme would save lives, avoid delays and inconvenience for patients. There were strict security measures and an audit trail in place.

Martin McEwan gave details of the timeline for the implementation of the scheme, including

- GP practices had been made ready for implementation in mid February 2010.
- Letters and information mailed out to patients in Wirral w/c 15 March
- Patients able to opt out of having record created before 30 June 2010 (via GP practice)
- Subsequently able to opt-out of the scheme at any time
- Data uploads to “national spine”, and system live from September 2010

Responding to comments from Members, Martin McEwan explained that anyone opting out after the scheme had gone ‘live’ would have their data anonymised and it would not be available to view by NHS staff. There would be no additional keying in of data by GP practices as records were automatically loaded onto the ‘national spine’ from current GP records of medication, conditions and allergies and updated when a GP keyed in any further information, such as changes to medication.

He assured the Committee that there was no risk of the data falling into the wrong hands as the system was purely for NHS use. Kathy Doran, Chief Executive, NHS Wirral, re-emphasised this assurance as the NHS data systems were highly encrypted and Chief Executives themselves were personally accountable for the security of this data.

Resolved – That the presentation and comments be noted.

69 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - DISCHARGE FROM GUARDIANSHIP**

The Chair reminded the Committee of the need for training in respect of the Discharge from Guardianship under Section 7 of the Mental Health Act 1983 Panel.

The Director of Adult Social Services agreed that he would take this forward.

70 **CHRIS BATMAN**

The Director of Adult Social Services paid tribute to Chris Batman, Deputy Director, who was attending his last meeting before retiring.

The Committee placed on record it thanks to Chris Batman for all his work for the authority and wished him a long, healthy and happy retirement.

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
21 JUNE 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Transforming Adult Social Services - An Overview and Update

Executive Summary

This report provides an overview of the transformation of Adult Social Services in Wirral and further opportunity for discussion following a presentation by the Director of Adult Social Services.

This item falls within the Social Care and Inclusion portfolio.

1 A New Direction

- 1.1 The vision for modernising community services as laid out in the White Paper '**Our Health, Our Care, Our Say**': a new direction for community services' sets out a clear direction for a service that delivers to outcomes, working with whole communities, and through integrated working arrangements. This has been added to by the Concordat '**Putting People First**' which has been signed by a range of national organisations which provides the guidance for transforming adult social care into a personalised service. It signalled a sector-wide agreement on the direction of travel and the commitment to deliver significant change by April 2011.
- 1.2 The Lead Member role and that of the Director of Adult Social Services involves a key leadership role to deliver the Council's part in: -
 - improving preventative services and delivering earlier intervention
 - managing the necessary cultural change to give people greater choice and control over services
 - tackling inequalities and improving access to services; and
 - increasing support for people with the highest levels of need.
- 1.3 Given this direction of travel, Adult Social Services in Wirral is undergoing radical reform. This reform will ensure delivery of a personalised service that is truly people-focused and delivers to outcomes. Demand is increasing through the significant demographic changes and there are also challenging financial constraints. There are three key strands to the transformation programme; **personalisation, localisation and integration**. The Department has a three year plan for transformation focussing on these areas to deliver the milestones set down in '**Putting People First**'.

2 Putting People First

- 2.1 **'Putting People First'** makes it clear that personalisation will only flourish where investment is made in all aspects of support for individuals and their carers. To deliver the transformation envisaged councils should have both a strong focus on the overall wellbeing of their communities and recognition that people should be assisted in a way that may prevent, reduce or delay their need for social care support.
- 2.2 To measure the success of this a number of milestones have been put in place which all social services need to achieve. In Wirral we have built these milestones and actions into the transformation programme and departmental business plan. The milestones reflect the radical reform needed and the changing shape of adult social care. The milestones are as follows:-
- Milestone 1: Effective partnerships with People using services, carers and other local citizens
 - Milestone 2: Self-directed support and personal budgets
 - Milestone 3: Prevention and cost effective services
 - Milestone 4: Information and advice
 - Milestone 5: Local commissioning
- 2.3 The Government has recognised that to meet these goals, social care will need to undergo significant changes in process, practice and culture to ensure people have access to high quality information and advice, appropriate early interventions and can exercise choice and control over the services and support they need. It also requires investment in training and support for the workforce to enable councils to meet the challenges of the new ways of working. To support this transformation a Reform Grant has been made available for councils to invest in the necessary developments.
- 2.4 The delivery of this agenda is not limited to public services targeted at people eligible for state support. It is also about how people help themselves and each other as individuals and in groups and communities and how they make best use of the resources available for all citizens in their area. This is vitally important because people are and want to be connected to each other, with a sense of wellbeing and belonging. It is important because state resources are only a small part of what is available in communities and these resources are under increasing pressure. Sustainable local strategies to transform social care needs to involve supporting community capacity otherwise people will continue to be limited to the passive role of 'service user' and their support limited to that available from formal social care provision.

3 Financial Implications

None from this report. However, the Department has implemented a three year Budget Stabilisation Plan which is integral to the transformation programme. Details of the plan have been reported throughout the year. Transformation without efficiency is not sustainable and efficiency without transformation will not release the figures required to stabilise the budget. The transformation agenda is underpinned by effective budget management and a sustainable budget.

4 Staffing Implications

None from this report. However, the transformation of social care is resulting in a major shift in emphasis for staff both professionally and vocationally qualified staff. There are major implications for the skills needed to deliver on the personalisation agenda and we have a major cultural change and training plan in place for staff.

5 Equal Opportunities Implications/Health Impact Assessment

None from this report. However, each of the projects supporting the programme will be subject to equality impact assessments to ensure that vulnerable people and those from minority groups are not adversely affected.

6 Community Safety Implications

None from this report. However, the personalisation agenda for social care crosses into all domains of community life. Community safety implications are being quantified within each project. Example of work being undertaken are the cross agency data sharing protocol that has been developed with Merseyside Fire and Rescue Service, capacity building within the Departmental structure to deliver on community development issues and links with Merseyside Police.

7 Local Agenda 21 Implications

None from this report. However, the shift towards a locality model may impact on environmental issues.

8 Planning Implications

None from this report. However, there may be some planning implications which will unfold as the Council, through the Department of Adult Social Services, moves towards delivering the personalisation agenda and services are redesigned around individuals.

9 Anti Poverty Implications

None from this report. However, given that the direction of travel is towards early intervention and prevention there will be anti poverty implications. The Department is pro-active in assessing people's welfare benefits and have a robust welfare benefits advice team and integrated arrangements with the Department of Work and Pensions.

10 Social Inclusion Implications

None from this report. However, a key to the personalisation agenda is social inclusion and a key within the operating framework is the need to develop universal socially inclusive services for all.

11 Local Member Support Implications

None from this report. However, members may wish to consider the implications for supporting a transformed service that has moved into three localities that are co-terminous with NHS Wirral boundaries. Additional work is needed on how these three localities relate to communities through local area forums and with the model in Children and Young People's Department consisting of four Districts.

12 Health Implications

None from this report. However, the personalisation agenda for social care crosses into all domains of community life including health. We have identified where work has links with health and are working towards a shared and integrated approach towards providing support and services to communities in Wirral.

13 Background Papers

- LAC(DH)(2010)1 Final year's allocations of the Social Care Reform Grant, 2010
- Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006
- Putting People First, Department of Health, 2007
- Transforming Social Care, Department of Health, 2008

14 Recommendations

That Overview and Scrutiny Committee;

- (1) support the direction of travel for Adult Social Services, as detailed in this report and presentation
- (2) further discuss the transformation of adult social care in Wirral

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
21 JUNE 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Quality Accounts Update

Executive Summary

This report is to update this committee on Quality Accounts as agreed at the meeting of 25 March 2010. This items falls within the Social Care and Inclusion portfolio.

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 annual reports to the public on the quality of health care services they deliver, called "Quality Accounts". The aim is to improve public accountability and to engage boards in understanding and improving quality in their organisations.

A report was submitted to Overview and Scrutiny Committee on 25 March with the following recommendations: -

- (1) The contents of the 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

2 Progress

- 2.1 Wirral LINKs have provided their commentary on the Quality Accounts that they have been able to review.
- 2.2 Copies of Draft Quality Accounts, where they have been received have also been provided. (See appendix for Draft Quality Account from North West Ambulance Service).

- 2.3 Cheshire & Wirral Partnership's Quality Account has been presented to the Joint Overview and Scrutiny meeting for Cheshire & Wirral and there was a special meeting on 25 May to review the Quality Account document and to give a joint commentary.
- 2.4 It is proposed for 2010/11 that each of the health provider services produces a quarterly update on the key priorities within Quality Accounts to this committee in order to provide an ongoing involvement throughout the year.
- 2.5 It is also proposed to invite representatives from each of the service providers to the Committee to give a brief overview of their Quality Accounts, so that they can be placed in context for the members.

3 Financial Implications

There are no financial implications from this report.

4 Staffing Implications

- 4.1 There are no staffing Implications from this report.

5 Equal Opportunities Implications/Health Impact Assessment

- 5.1 There are no Equal Opportunity Implications from this report.

6 Community Safety Implications

- 6.1 There are no Equal opportunity Implications from this report.

7 Local Agenda 21 Implications

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

8 Planning Implications

- 8.1 There are no planning implications from this report.

9 Anti Poverty Implications

- 9.1 There are no Anti-poverty implications from this report.

10 Social Inclusion Implications

- 10.1 There are no Social Inclusion Implications from this report.

11 Local Member Support Implications

- 11.1 This report applies to all wards across Wirral.

12 Health Implications

- 12.1 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.

13 Background Papers

- 13.1 Feedback from LINKs
13.2 Quality Account - Clatterbridge Centre for Oncology (Draft)
13.3 Quality Account North west Ambulance Trust (Draft)
13.4 Quality Account Liverpool Heart and chest hospital (Draft)
13.5 Quality Account Wirral University teaching Hospital (Draft)

Recommendations

That

- (1) This Committee accepts the commentary from LINKs.
- (2) The process for future updates on a quarterly basis is agreed.
- (3) That the commentary on the quarterly reports is used as the feedback to the health providers for 2010/11 purposes.

JOHN WEBB
Director of Adult Social Services

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North West Ambulance Service **NHS**
NHS Trust

NORTH WEST AMBULANCE SERVICE NHS TRUST

“Right Care, Right Time, Right Place”

QUALITY ACCOUNT

2009/2010

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1 Chief Executive's Statement

I have great pleasure in presenting the North West Ambulance Service (NWAS) NHS Trust's first Quality Account. This is my opportunity to share with you the work that we have done to make sure that we are delivering the "Right Care" in the "Right Time" and the "Right Place", and our plans to make sure that we continue to do so.

In providing an Ambulance service for the people of the North West, patient safety and experience is our first and most important principle. I am committed to providing a prompt response for patients, and to delivering safe and effective patient care.

NWAS has taken the lead in developing national measures of clinical performance (CPI's) for ambulance services. The Trust is also actively involved in national programmes to improve the safety and experience of patients. These include making sure that the wishes of those patients nearing the end of their lives are met, and safeguarding the most vulnerable children and adults in our Region.

2009/10 was a year full of challenges and events. In particular, the floods in Cumbria and the severe winter weather in December and January created difficulties for both our Emergency Ambulance and Patient Transport Services. Both occasions highlighted the strong commitment of our staff to delivering the service, and the important contribution made by our Community First Responders. The strength of our partnership with voluntary and charitable organisations such as the Mountain Rescue service was also clearly illustrated.

An important part of what we do is to work with local community groups, Overview and Scrutiny Committees and MPs to improve the services that we provide. During this year we have hosted a number of events for the public, and participated in other regional and local events.

There were some important lessons learned during the year about quality of care. The Care Quality Commission report on cleanliness in August 2009 showed that we needed to improve training for staff and cleaning of our ambulances. We acted swiftly to put this right and I am pleased to say that we were found to be meeting the national cleanliness standards following an unannounced inspection in January 2010.

In the year ahead I will be making sure that we meet, and continue to meet, the quality standards set out by the Department of Health, the National Patient Safety Agency and the Care Quality Commission. In doing this, we will seek and act on the views of patients and communities across the North West.

I welcome your comments on our first Quality Account.

Darren Hurrell
May 2010

2 Looking Forward to Improving Care

During 2010/11, we will be improving care in five areas:

2.1 End of Life Care (Emergency and Patient Transport Services)

We know that some people do not have a good experience of health services when they are nearing the end of their lives. The Department of Health's End of Life Care Strategy and NHS North West's Healthier Horizons set out clear expectations of care for people reaching the end of their life. Our aim is to provide a service that helps people to receive the right care at the right time and to achieve a dignified death in the right setting.

Our services can contribute to this in three main areas;

- timely transfer
- providing the right transport for patients and carers
- making sure that the wishes of patients are known and met.

Our success will be measured on the following quality markers:

1. A plan for end of life care that is part of PCT locality plans.
2. A system to identify people who are nearing the end of life, making sure that their care plans are taken into account.
3. Completion of transfers within locally agreed timescales.
4. Processes in place to identify people who have requested and signed a Do No Attempt Resuscitation (DNAR) order and to inform GPs where they are taken to hospital by ambulance.
5. Training for staff.
6. Audit and review of the quality of end of life care.

During 2010/11 we are determined to make the experience of our services as good as possible for those people nearing the end of their lives.

2.2 Frequent Callers (Emergency Services)

We know that some people and some locations generate a very high number of 999 calls compared to others. There are a number of reasons why this happens and we are working with Primary Care Trusts to address these.

During 2010/11 we will take the first steps towards a "Single Point of Access" for urgent and emergency care.

We will put in place better and safer signposting to the full range of available services using a system called "NHS Pathways". The system will provide valuable information for local Primary Care Trusts on the range of community based services being used by callers, and areas where services could be put in place that will both improve services for patients and reduce unnecessary demand on hospital Accident and Emergency departments.

2.3 Chain of Survival and Complementary Resources (Emergency and Patient Transport Services)

We know that quick access to a defibrillator (AED) and someone who is trained to use it can save lives. The Chain of Survival Partnership is a partnership between NWS, the British Heart Foundation and some other organisations to build a network to improve access to defibrillation for patients in cardiac arrest.

There are many trained volunteers and voluntary organisations already supporting the scheme such as Voluntary Ambulance Services and our own Community First Responders (CFR).

During 2010/11 we will expand the Chain of Survival scheme further to cover more areas in the North West.

During 2010/11 we will expand our network of volunteers in line with emerging health policy.

2.4 Acute Stroke Care (Emergency Services)

We know that quick access to an Acute Stroke service can both save lives and radically improve outcomes for people who have had a stroke.

Progress has already been made in making sure that people are taken to the right hospital as quickly as possible, in partnership with Primary Care Trusts and Acute Hospitals.

During 2010/11 we will introduce “hyper acute pathways” for patients who could benefit from thrombolysis (clot busting) therapy in the early stages of thrombotic stroke (stroke caused by a blood clot) at a specialist hospital.

We will provide a rapid response, clinical assessment and direct transportation to nominated specialist treatment centres where needed.

2.5 Heart Attack (Emergency Services)

We know that people who have a heart attack have better outcomes when they are given thrombolysis (clot busting) therapy at an early stage.

Where appropriate, we administer thrombolysis to patients following a heart attack and a report on our performance in this area can be found in Section 3.

New developments in the treatment and care of people following a heart attack include an option for some people of a surgical procedure called Primary Percutaneous Coronary Intervention (PPCI) in the early stages.

During 2010/11 we will to provide a rapid response, clinical assessment and direct transportation for eligible patients to nominated specialist treatment centres.

In instances where pre-hospital thrombolysis is the best option, NWS will continue to support its delivery by Paramedic practitioners. Quality statements

3 Looking back to 2009/2010

3.1 Formal Statements on Quality

The North West Ambulance Service NHS Trust provides Paramedic Emergency Services and Patient Transport Services. The following statements apply to these services:

3.1.1 Review of Services

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2009/10. The income generated by the NHS services reviewed in 2009/10 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2009/2010.

3.1.2 Participation in Clinical Audits

During 2009/10, the Trust participated in two national clinical audits and no national confidential enquiries relevant to NHS services that the Trust provides. During that period the Trust participated in 100% of national clinical audits that it was eligible to participate in.

The national clinical audits and national confidential enquiries that NAWAS NHS Trust was eligible to participate in during 2009/2010 were:

- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN: (Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.

Ambulance services are not required to register cases for these audits, but provide appropriate information on request.

The reports of no national clinical audits were reviewed by the Trust in 2009/2010
The reports of no local clinical audits were reviewed by the Trust in 2009/2010

3.1.3 Research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was nil.

3.1.4 Use of CQUIN Payment Framework

A proportion of Trust income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between the Trust and NHS Bury acting as lead Commissioner for North West Primary Care Trusts, through the Commissioning for Quality and Innovation payment framework. Details are available on request from the Trust.

3.1.5 Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission took enforcement action against the Trust during 2009/10. In July 2009 the CQC carried out an unannounced inspection of ambulance premises and vehicles. On inspection, they “found evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection”. A recovery plan was implemented immediately, and on re-inspection the CQC were satisfied that the Trust had provided assurance that it had addressed the areas for improvement

The Trust is subject to periodic reviews by the Care Quality Commission and the last review was the Annual Health Check rating for 2008/09. This was the final occasion when this approach was used. The CQC’s assessment of the NWAS NHS Trust following that review was:

Quality of Services		Fair
	Meeting Core Standards	Almost met
	Existing Commitments	Partly met
	National Priorities	Fair
Use of Resources		Good

Full details of the CQC’s findings are available on www.cqc.org.uk

The Trust has made the following progress to 31st March 2010:

- Declaring full compliance with all Standards for Better Health, including two areas previously identified as having insufficient assurance; staff appraisal and cleanliness of vehicles.

The Trust has not been subject to special reviews or investigations by the Care Quality Commission during 2009/2010

3.1.6 Data Quality

The Trust is not required to submit records during 2009/2010 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust score for 2009/2010 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 73%.

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission.

3.2 Review of Quality Performance

The Trust uses a range of indicators to report on the quality of care. These have been agreed with stakeholders and have been grouped under the three aspects of clinical quality: Patient Safety, Clinical Effectiveness and Patient Experience.

3.2.1 Indicators of Quality – Patient Safety

3.2.1.1 Safeguarding Services (Emergency Services and Patient Transport Services)

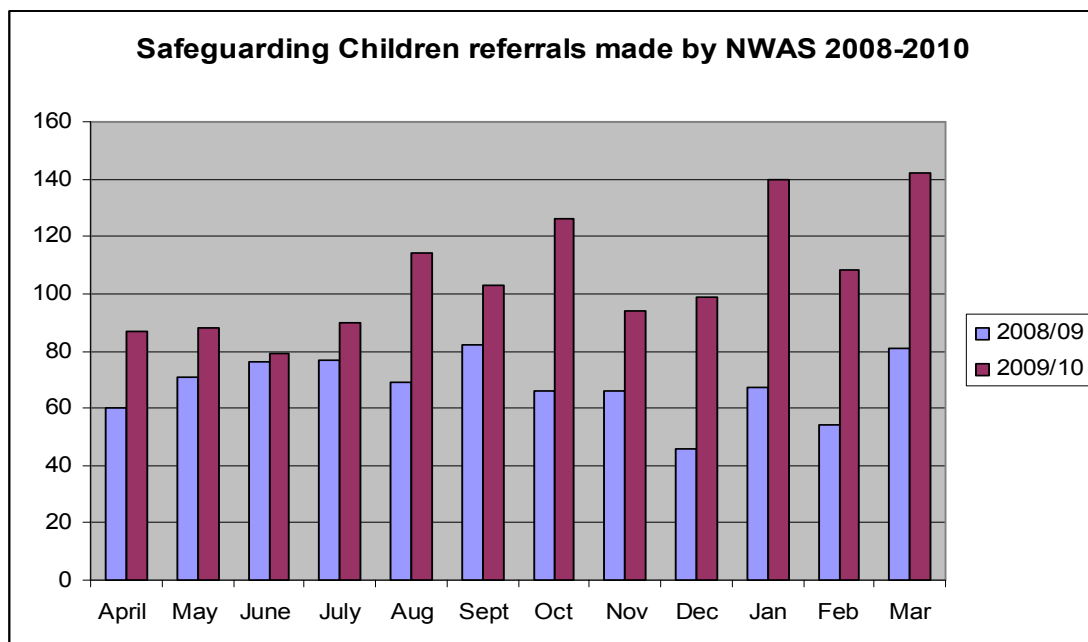
The Trust takes its safeguarding responsibilities seriously and has reviewed what needs to be done to make sure that arrangements are in place to safeguard the most vulnerable people. We work with Safeguarding bodies across the region to support local arrangements.

During 2009/10 the Safeguarding Policy and associated procedures were updated and approved by the Board of Directors. The Trust has a part time Safeguarding Practice Manager. A full time Safeguarding Practitioner post has been approved and is being recruited to and a full time Safeguarding Administrator. The team provide training and support for staff, review and manage referrals and support serious case reviews.

Following the review of the Trust's current and developing safeguarding arrangements, a declaration of CQC Registration compliance was approved by the Board of Directors during February 2010.

The Trust's safeguarding activity reporting is currently supported by secure safeguarding electronic databases. The development of information systems to support centralised reporting is an identified priority for the year ahead.

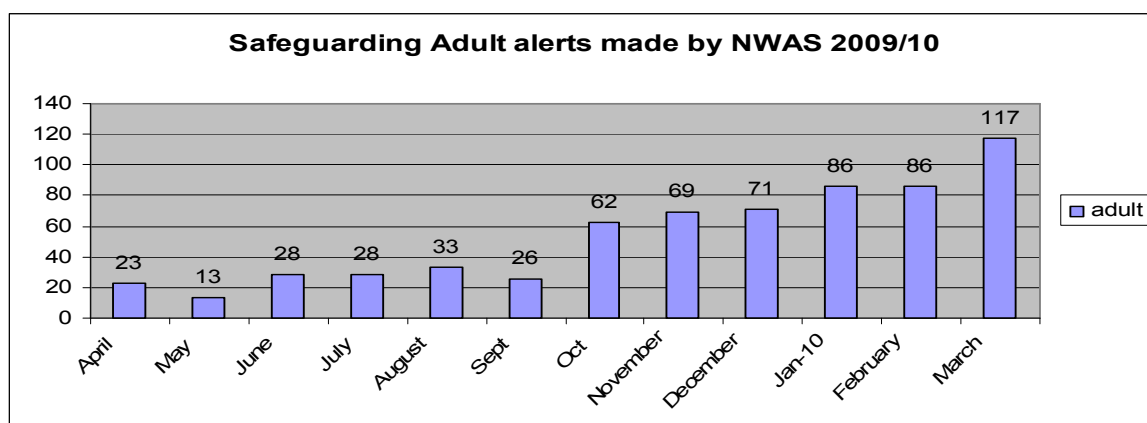
Child Referrals



Comparative information (April to March 2008/09 and 2009/10) shows an increased rate of child referrals per month compared to the previous year.

The majority of referrals relate to parental incapacity due to alcohol, drug and/or attempted overdose.

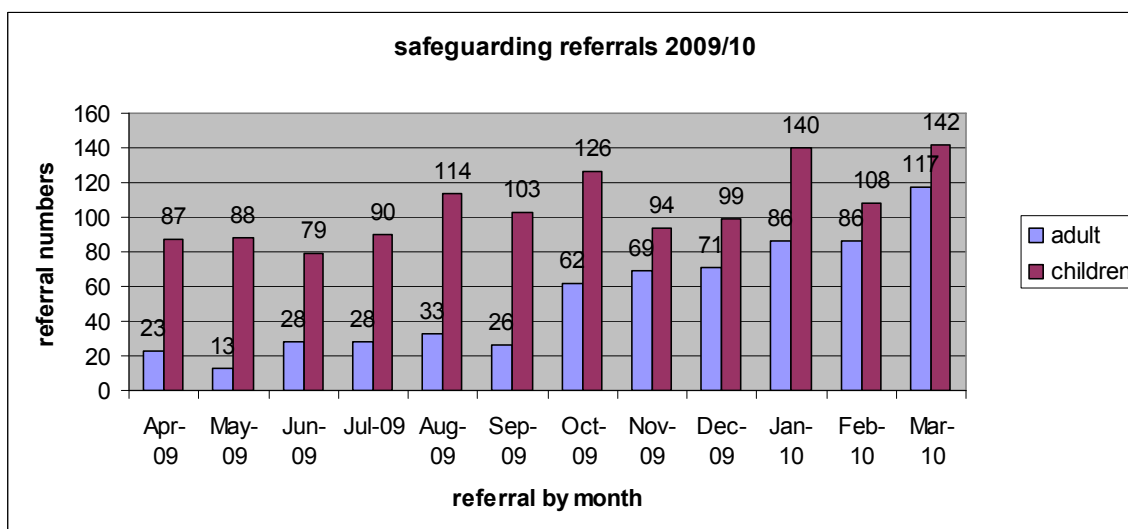
Adult Referrals



Vulnerable Adult Referrals were in two broad categories of safeguarding concerns:

- (i) **Concern for welfare** involving health and/or social care needs assessment. Within this group, themes of neglect and mental health or emotional concerns predominate;
- (ii) **Third Party incidents of abuse** involving themes of carer support, domestic violence and care home standards.

While the majority of the referral relate to category (i), the issues represented are on the increase in both categories.



Referrals in both categories have risen during the year.

3.2.1.2 Infection Prevention and Control (Emergency Services and Patient Transport Services)

In May 2009 the Care Quality Commission carried out an inspection of Infection Prevention and Control in the Trust that identified a number of shortcomings in terms of procedures and the cleaning of vehicles. Steps were taken immediately to

address these concerns and at the second inspection in October the Trust was found to be fully compliant with the relevant regulations.

Infection Prevention and Control Structure

The Trust's Medical Director fulfils the role of Director of Infection Prevention and Control (DIPC). The role is supported by the Head of Clinical Safety and the Clinical Safety and Governance Manager. This year, three full time Specialist Paramedics in Infection Prevention and Control (SPIPC) were appointed. The team are responsible for training and supporting staff and providing assurance that stations and vehicles are clean.

The Trust has more than 120 staff acting as Infection Control Champions, supporting the Specialist Paramedics.

During 2009/10 the Infection Prevention and Control Policy and associated procedures were updated and approved by the Board of Directors.

Deep Cleaning arrangements for all vehicles are in place.

Healthcare Associated Infection (HCAI) Incident Reporting

During 2009/10 there were 116 incidents reported.

HCAI Incidents 2009/10

Number	Reported Theme
49	Inoculation/ Sharps / needlestick incidents
14	Contacts with bodily fluids
9	Not notified of patient infection status
2	Infestations
13	Contaminated equipment
13	Contaminated vehicle
4	Crew contact with known infectious disease
5	Lack of PPE
6	Staff welfare (IPC concerns)
1	Equipment issue

The Trust has learnt a number of useful lessons from this process. Examples are:

- Following the reporting of sharps injuries by non clinical staff new 'Grab sticks' and gloves were purchased for workshop and deep clean staff to prevent needlestick injuries when cleaning vehicles.
- New Information cards have been introduced for all staff showing guidance on general Infection prevention, hand hygiene, and inoculation injury procedures.
- New E-Learning modules on aspects of Infection Prevention and Control have been made available on the intranet for staff to complete.
- Bulletins and posters have been produced to highlight information on correct waste management and sharps disposal following several incidents of poor practice identified.
- Following incidents involving 'faulty' cannulas a review was completed which identified a training need so training information and supporting documentation have been produced and disseminated.

Audit

The Trust has introduced the following programme of Infection prevention and control audits, reportable to the Board of Directors.

- Quarterly Service Delivery audits of the cleanliness of vehicles (including the deep clean process) and stations.
- Quarterly independent Specialist Paramedic audits of the cleanliness of vehicles and stations.
- Random manager spot check audits of the cleanliness of vehicles and stations.

3.2.1.3 Emergency Preparedness (Civil Contingencies Act 2004)

The Trust is defined as a Category One Responder Agency under the Civil Contingencies Act 2004 (CCA). The duties provided by the CCA relate to the Trusts responsibilities for ensuring and maintaining civil protection in the event of an emergency situation (as defined under the Act). The Trust worked alongside and cooperated with multi agency partners in undertaking effective risk assessments, emergency planning, warning and informing the public and has its own business continuity management arrangements in place to protect core services during disruptive challenges.

All major emergency plans were audited and reviewed during 2009/10 and the re-structure within the Trusts EP Team, in addition to the introduction of the Hazardous Area Response Team (HART) enabled quality enhancements to the delivery and sustainability of contingency and resilience capabilities.

NWAS is committed to ensuring it is able to demonstrate compliance with the duties of the CCA and developed robust contingency arrangements throughout 2009/10 and remains at the forefront of Emergency Preparedness, which is thoroughly embedded across the organisation thus providing a strong strategic direction which supports quality patient care, whatever major emergency situation it may face.

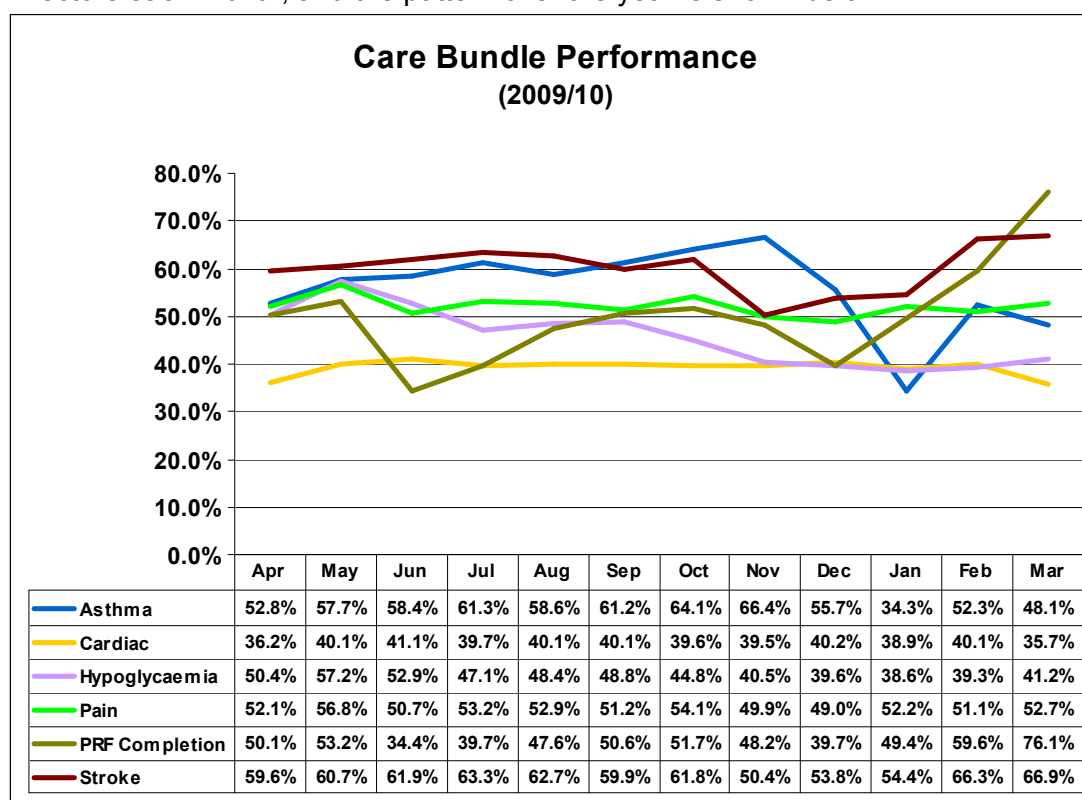
3.2.2 Indicators of Quality – Clinical Effectiveness (Emergency Services)

3.2.2.1 Clinical Performance Indicators

For Ambulance Trusts, clinical effectiveness is measured in terms of expected interventions for a range of presenting clinical conditions. These are: Asthma, Cardiac Arrest Management, Hypoglycaemia Management, Pain Management, PRF (Patient Report Form) Completion and Stroke Management.

The expected interventions for each clinical condition are known as “Care Bundles”, and clinical effectiveness is measured in terms of all the interventions in the care bundle being carried out on each patient. A score of 50% means that half of all patients seen with a condition have received the complete bundle of interventions required. The remaining patients will have had a proportion but not all the interventions specified for that clinical condition. As the needs of patients vary, a score of 100% would not necessarily be expected at all times.

Performance against the six care bundles is reported to the Trust's Board of Directors each month, and the pattern over the year is shown below:



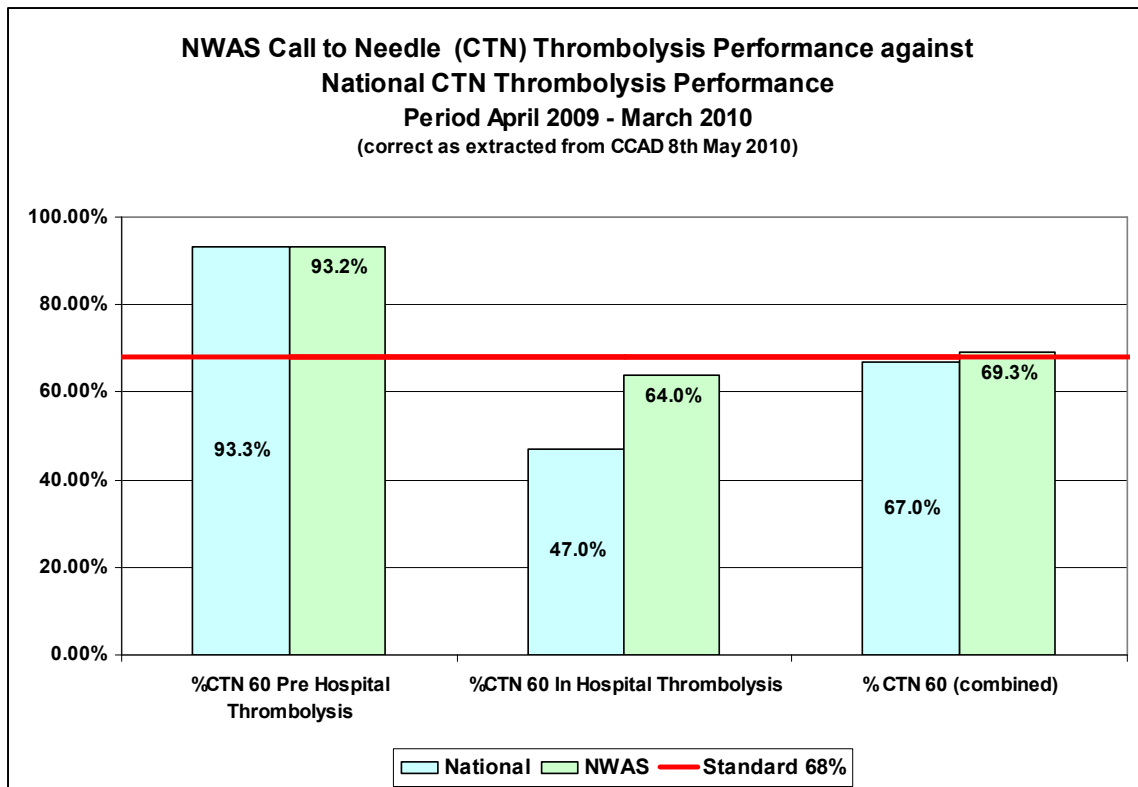
The Trust has taken a number of steps over the last year to ensure that staff are supported to deliver continuous improvement in these indicators. This advancement of skills is linked to a programme to modernise the ambulance workforce. Steps taken include:

- Agreeing a Trust-wide target of 10% improvement in all CPI performance over 2010/11.
- Appointment of 65 Advanced Paramedics with specific responsibility for supporting clinical staff in their areas to deliver the required improvements
- Inclusion of CPI awareness in the mandatory training programme for all operational staff in 2010/11
- Establishment of Clinical Quality Improvement Forums in each Area.
- A programme for paramedics to undertake University based Diplomas to develop their knowledge and skills.

3.2.2.2 Thrombolysis

This is a national standard for patients suffering from an Acute Myocardial Infarction (AMI). These patients should receive thrombolysis within 60 minutes of calling for help. The standard to be met is a combined target involving both pre and in hospital thrombolysis and a minimum of 68% combined performance should be achieved.

The current position for 2009/10 (correct as at 8th May 2010) is described in the chart below.



We are proud of a significant achievement in this area which demonstrates not only over achievement of the Trust's thrombolysis targets but also performance above the national average, which indicates our position as a leader in this field.

3.2.3 Indicators of Quality – Patient Experience (Emergency Services and Patient Transport Services)

3.2.3.1 Responsiveness (Emergency Services only)

For a patient waiting for a response to a 999 call, the time taken to respond is of paramount importance.

Ambulance trusts have to meet three national response time targets. All 999 calls are categorised using an internationally accepted system into three headings. These are:

- Category A (RED): Immediately life-threatening
- Category B (AMBER): Serious but not immediately life-threatening
- Category C (GREEN): Other calls

The national targets are that we provide a response to:

- 75% of Category A calls within 8 minutes (A8)
- 95% of Category A calls within 19 minutes (A19)
- 95% of Category B calls within 19 minutes (B19)

There is also a best practice standard to answer 95% of 999 calls within 5 seconds.

The trust's performance in recent years has been:

Indicator	Target	Performance 07/08	Performance 08/09	Performance 09/10
Response time (A8)	75%	75.61%	74.32%	73.04%
Response time (A19)	95%	97.54%	96.47%	95.44%
Response time (B19)	95%	90.99%	87.62%	85.89%
Call pick-up			94.72%	95.2%

The Trust missed the A8 target in 2009/10, and is currently working to maintain the performance above 75%. A8 performance is significantly affected by levels of demand, which continue to increase year on year. 2009/10 saw a 3% increase in activity over the previous year. The Trust also faced major challenges with the severe weather conditions experienced over the winter which inevitably affected the final position. The floods in Cumbria in November and the severest snow in the region for thirty years stretched our resources to the limit. On 6th January the Trust was obliged to call a Major Incident because of the impact of the snow fall. Our staff responded magnificently to these challenges. It is pleasing to note that the Trust has succeeded in meeting the A8 target in February, March, April and May 2010.

3.2.3.2 Patient and Public Engagement (Emergency Services and Patient Transport Services)

Feedback

The Trust takes the collection of feedback from patients on their experience of care very seriously and in 2009/10 established a new Director of Performance and Patient Experience post, a Patient Experience Sub Committee and a Patient Experience Team to strengthen its commitment. Stakeholder engagement is profiled in our Communications and Engagement Strategy 2009–2012.

Valuable patient experience feedback is provided via numerous channels including:

- Complaints
- PALS concerns
- Comments cards
- Compliments
- Website

The Trust actively engages with patients and communities through:

- Surveys
- New technologies
- LINKs, OSCs and community groups
- Focus groups
- Critical Friends Network (CFN) and Core Group

Feedback is captured, analysed and shared with Service Management Teams, the Patient Experience Sub Committee, Incident Learning Forum and Board to improve services and aid organizational learning.

Examples include:

- The Liverpool Somalian community perceived employment barriers. Working together, this resulted in the recruitment of Somalian staff to Patient Transport.
- The Manchester Deafness Support Network highlighted issues accessing 999. Working together, this resulted in an SMS text trial.

The CFN has increased by 100% and has over 800 members, five of whom have been recruited to the Core Group, playing active roles in local communities and Local Involvement Networks (LINKs).

The Trust has worked hard building relationships with its 24 LINKs and hosted the first Regional LINK event, attended by 16 LINK organisations. Event feedback is being used to inform Trust and LINK communication and working practices.

Nationally, the results of the CQC survey of Category C service users demonstrated high positivity in our services, including:

- 73% of callers rating the advice given over the phone 'excellent' (53% nationally).
- 90% felt the service 'definitely' understood their needs, (84% average for other ambulance trusts).

Patient Transport Service satisfaction surveys are carried out on a yearly basis. Of 1400 patients surveyed, 1000 patients replied (71%) and the data used to produce individual area reports and to inform improvements for the wider Patient Transport function. Online surveys have also confirmed high levels of satisfaction on Patient Transport and Paramedic Emergency Services.

Identification of common trends is another way of improving services. Over 250 people have taken part in access, perception and understanding surveys resulting in further promotion of our pictorial handbook, language line and multi-lingual emergency phrase book. Our application and recruitment procedures have also been revised as a result of feedback on perceived barriers.

Working with Communities

The emphasis on community engagement has continued and the Trust has both delivered and ensured representation at numerous community events across the region including:

- Hosting a major Celebration of Community Diversity event directly involving 16 community groups and engaging with 350 people – our biggest amount of feedback received from one event so far.
- Meetings with groups from the Polish and Chinese Communities in Liverpool, Lancashire Mosques, Somalian Community Group, Deafness Support Network and Older People's Forum.

- Leading Manchester PRIDE, attending the Annual Disability Awareness Day and the Preston, Bolton and Manchester Health Melas.

Needs identified from these events have resulted in further work undertaken to help support these groups and improve their experiences and relationship with the Trust. Specific actions include:

- Informing the booking form review of the Patient Transport Service.
- Discussion on induction loops and other digital systems to be used in A&E vehicles
- Basic first aid/AED training provided in a Hindu temple.

The Trust shares and celebrates improvements using mediums such as the 'Listening to You' and Survey Results sections of our website, Ambulance Matters (stakeholder newsletter), Critical Friends (newsletter for friends of the ambulance service) and press releases. Patient feedback is also shared with key stakeholders and commissioners.

3.2.3.3 Complaints and PALS (Emergency Services and Patient Transport Services)

In December 2009 the management of Complaints and the Patient Advice and Liaison Service (PALS) was brought together within the Performance and Patient Experience Directorate. A review of the Complaints Policy and Procedure was undertaken to ensure that the Trust complies fully with the NHS Complaint Regulations 2009 and the Care Quality Commission registration requirements.

Following consultation, in February 2010 the Trust Board approved the new policy and procedures. The main focus is to ensure that all complaints are thoroughly investigated and that lessons learned are used to drive improvement in services. Another crucial element is to ensure that members of the public can share their views, concerns and experiences in an easy and accessible way.

Complaints and PALS data and trends are scrutinised and reported regularly to the Trust's Executive Management Team, Patient Experience Committee and Board of Directors. The Trust has an Incident Learning Forum which monitors the lessons learned from complaints, PALS contacts and reported adverse incidents.

We are working with our operational managers to make changes where needed and to prevent avoidable problems happening again.

The Trust has a "You Said We Did" section of its website to show how we have improved our services in response to concerns and we plan to produce a six monthly publication entitled You Said We Did during 2010/11. A satisfaction survey of complaints and PALS users is also planned for 2010/11.

The Trust provided 3 million patient journeys in 2009/10. We received 553 formal complaints and 1,810 enquiries to the PALS in the same period.

The tables provide a comparison with complaints and PALS contacts received in 2008/09. These show a 48.7% increase in complaints and a 19.5% increase in PALS. Increases have primarily been in the latter part of 2009/10.

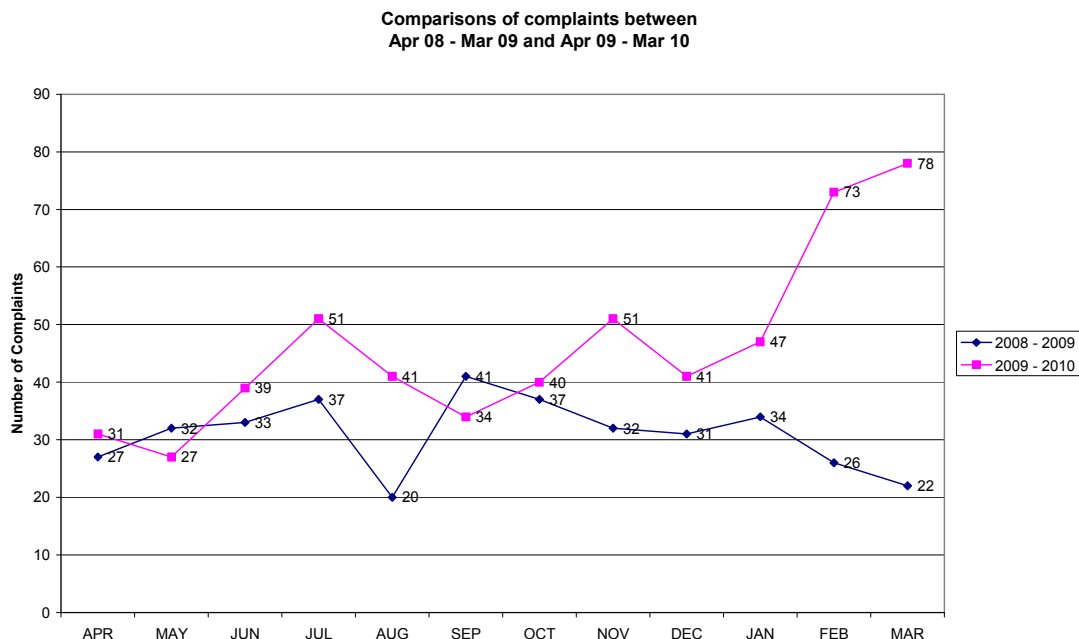
There has been a significant increase in the number of complaints. Activity has grown and there have also been several factors this year which have affected our performance namely the prolonged period of adverse weather during the winter, the floods in Cumbria and the Swine Flu pandemic. The Department of Health have emphasised the importance of the quality of complaint handling and lessons learnt from outcomes rather than the number of complaints rising for Trusts generally.

We are constantly working towards improving services which in turn should result in fewer recurrent complaints. New procedures have been implemented in the Emergency Control Rooms to ensure efficient vehicles allocation. Short term additional resources have been targeted to areas where there is a high level of Category A activity. Planned Care Service has experienced an increase in activity above contracted levels, and particularly with regard to on the day bookings. Work is underway to cap activity and work with Commissioners on contract specifications to decrease the level of on the day bookings. The Control Rooms for Greater Manchester will be centralised and new computer and telephone systems will also improve customer service.

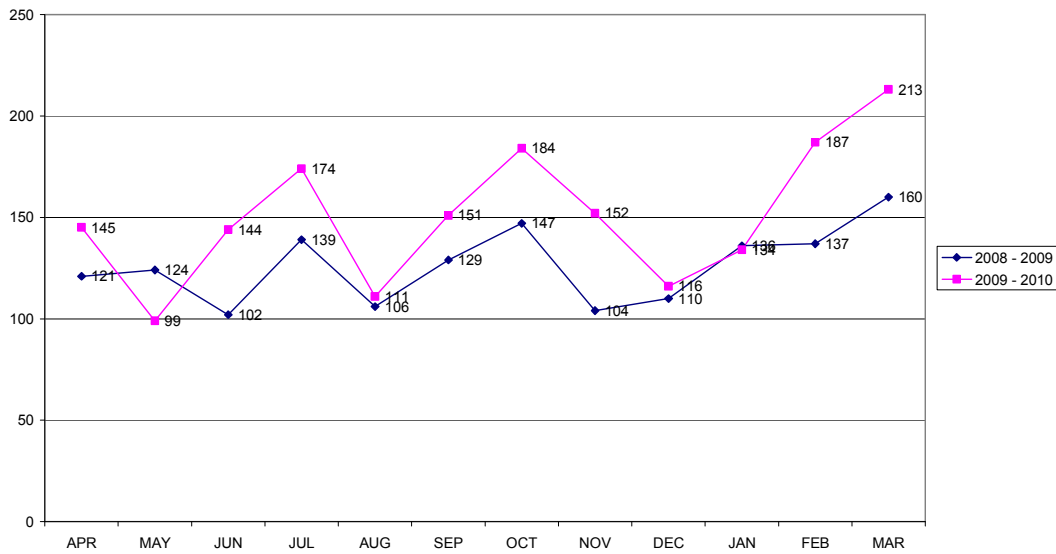
Of the 553 formal complaints received by the Trust, 312 were upheld, 162 were not upheld and 79 are still in the investigation process.

Seven complaints were referred to the Ombudsman for a further independent review. All were upheld and there are none still being reviewed. All recommendations made by the Ombudsman in relation to these 7 upheld complaints have been addressed by the Trust.

Of the 1,810 PALS contacts received by the Trust, 1,619 were resolved and 110 were referred to the formal complaints process.



Comparisons of PALS enquiries / concerns between
Apr 08 to Mar 09 and Apr 09 to Mar 10



Key themes

A number of themes have been identified from both complaints and PALS which provided valuable information to improve services. These key themes are analysed in tables below.

Complaints

Transportation delays were the most significant area of concern for our service users. 212 formal complaints received related to transportation delays particularly for 999 responses within the Cheshire and Merseyside area and for Patient Transport Services within the Greater Manchester area. 76 (14%) of the 551 formal complaints received related to perceived staff attitude/conduct issues.

PALS

Of the 1,810 PALS received, the most common themes related to communication (22.5%) and patient transport service issues (particularly in GM area) (53.5%).

Main Complaint Themes 2009/10				
	Paramedic Emergency Service	Emergency Control Centre	Planned Care	Other
Delays in Emergency Service			2	
Delay in Emergency Services		4		
Delays in transport			73	
Staff Attitude	54	5	16	1
DEL 999	39	98		1

Inappropriate Care	36	3	16	
Staff Conduct	26		12	
Staff Comments	14	3	5	
Communication	12	12	15	
Other	11		2	
Failure to convey	7	11	31	1
Transport Other	7	1	6	
Driving Skills	4		5	
Policy / Procedure	3	1	1	
Medical Records	3			1
Delays in emergency transfer	3			
Lost Property	2		1	
Discrimination	1			
Equipment problem or failure	2		1	
Sirens	1			
TOTAL :	225	138	186	4

Main PALS Themes 2009/10				
	Paramedic Emergency Service	Emergency Control Centre	Planned Care	Other
Staff Attitude	105	7	66	5
Care / Treatment given	62	5	37	6
Communication / Information	62	85	194	66
Confidentiality			2	1
Delays into hospital			135	
Delays out of hospital			242	4
Discrimination				1
Driving Standards	52	3	18	
Early arrival of ambulance			12	
Expression of concern	30	15	26	9
Lost Property	68		9	2

Non arrival of ambulance		1	93	5
Non provision of ambulance		10	29	6
Problems with transporting patients	9	4	94	3
Vehicle Issues	2		10	
Response Times	2	180		
Other	10	1	3	19
TOTAL	402	311	970	127

Learning and Service Improvement

Individual complaints and PALS enquiries, when appropriate, have documented recommendations and actions which are actively managed and monitored. The Incident Learning Forum has the key role in ensuring there is learning to drive the service improvement.

Key themes from complaints and PALS are discussed with service delivery managers with plans for improvement identified. In particular, issues relating to PTS delays have been fed into the work being undertaken by the Planned Care Service for this year to improve access for patients to the control centres. The ability to track vehicle locations is being introduced and there are plans to improve the information provided to patients and the public about patient transport services.

In terms of reducing 999 response delays, the Trust is working closely with its commissioners and local hospitals to ensure that the Trust has ambulances available and can respond within an appropriate time. We have made progress in improving response times and also reducing delays at hospitals, to free up ambulances.

Feedback has also been provided to our emergency control centres to ensure procedures have been strengthened, particularly in relation to patients who suffer incidents in public places or are exposed to the elements.

Feedback from complaints, particularly relating to staff attitude and communication, is provided to individual managers and staff to ensure there are opportunities to reflect on concerns that have been raised and prevent a reoccurrence. Staff undertake additional development and training when appropriate.

The Directorate continues to work hard in ensuring that all staff understand the importance and value of having good systems to capture all types of patient views. Learning using examples provides more clarity and a greater level of understanding for staff. The importance of good communication as well as clinical ability is critical in ensuring that the public receive a good overall experience when using our service.

3.3 Statements from commissioning PCT, LINK and OSC

To follow following consultation

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE:
21 JUNE 2010

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

DELIVERING SAME SEX ACCOMMODATION (DSSA) UPDATE JUNE 2010

Executive Summary

Further to the committee report in November 2009, this paper outlines the progress being made in regard to eliminating mixed sex wards at Arrowe Park Hospital.

1 Background

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

2 Context of the Current Policy

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

- 2.3 To support this programme, the Department of Health made available a £100 million Privacy and Dignity Challenge Fund against which Trusts could bid. WUTH was allocated £900,000 to effect the necessary changes to the ward layout.

3 Local Work Plan

- 3.1 To meet the requirement to provide, single sex sleeping and sanitary accommodation for all patients by April 2010, a programme of work was approved, which allowed designated male and female bays to be identified in separate areas of wards separated by doors. In addition, sanitary accommodation has been provided in each male and female area that precludes the need for patients to pass through the other (male/female) area in order to access the designated bathroom/toilette facilities.
- 3.2 On 13 January 2010 WUTH was subject to a peer review of progress in regard to Delivering Same Sex Accommodation which was undertaken by colleagues from the Cheshire & Merseyside Strategic Health Authority and Blackpool Fylde & Wyre Hospital. This review acknowledged the work which had been completed and agreed a remedial action plan which has been developed to ensure that the areas which are not compliant have a time scale in which to become compliant. The action plan also includes other aspects of privacy identified as part of the review. (See appendix 1).
- 3.3 A DSSA information leaflet is available and issued routinely to patients. There have also been posters displayed throughout the Trust and a feature in the health 'wraparound' in the Wirral Globe. A feature has been included in the Wirral LINK newsletter.
- 3.4 In order to measure patient experience WUTH has started to use a handheld device which PALS volunteers take to wards and encourage patients to complete anonymously a question about DSSA has been included in the Learning with Patients Questionnaires since January 2010.
- 3.5 A DSSA policy has been developed for use within WUTH and is now out for consultation within the Trust (copy available on request).

The WUTH Care Standards Executive Committee monitors compliance with DSSA.

The WUTH incident reporting system is used to record any breaches associated with delivering DSSA and investigated in line with the WUTH risk management processes.

NHS Wirral monitors breaches in line with the Operating Framework 2010/11 which could result in a financial penalty for non-compliance.

4 Financial Implications

Capital Grant of £900k to Wirral University Teaching Hospital.

5 Staffing Implications

Nil.

6 Equal Opportunities Implications

Nil.

7 Community Safety Implications

Nil.

8 Local Agenda 21 Implications

Nil.

9 Planning Implications

Nil.

10 Anti Poverty Implications

Nil.

11 Social Inclusion Implications

Nil.

12 Local Member Support Implications

Nil.

13 Health Implications

Nil.

14 Background Papers

Nil.

15 Recommendation

That the Wirral Health and Wellbeing Overview and Scrutiny Committee note the progress being made at Wirral University Teaching Hospital NHS Foundation Trust to deliver same sex accommodation.

Pat Higgins
Assistant Director of Strategy & Planning WUTH

Pat Higgins
Assistant Director of Strategy & Planning
ext no 0151 678 5111 ext. 2513

Date 4 June 2010

WUTH ACTION PLAN – SUMMARY AND ACTIONS PROFORMA**Summary Information**

Description of reason for Action Plan: Delivering Same sex Accommodation Improvement action plan developed following the SHA Peer review held 13 th January 2010	Governance Body Responsible for oversight: Care Standards Executive	Director, CHD or ADO Responsible: Interim Director of Nursing & Midwifery / Deputy Director of Nursing
Is the reason for an Action Plan an organisational risk that should be added to the Risk Register? (example: Patient Safety, Goals, Access Targets) If yes, follow Trust Standard Work for Action Planning. Yes recorded on the Trust risk register		

Action Plan Leadership

Action Plan Lead Name: Jane Wilshaw/ Lesley Metcalfe	Position: Interim Director of Nursing & Midwifery / Deputy Director of Nursing	Telephone Number of Lead: JW – ext 8387 LM - ext 2154
Directorate Leadership/Action Plan Members: Jane Wilshaw, Lesley Metcalfe, Michael Chantler, Anne Parker, John Foster, Luke Readman, Jo Goodfellow, Sally Stephenson		Date Action Plan completed: January 2010

Action Plan Background Information

Current Control Mechanisms: Incident reporting Doors installed into wards to segregate the sexes All Male / All female wards identified where possible	Are elements of the Action Plan measurable: yes / the number of breaches
	How often is the Action Plan reviewed? Monthly by Care Standards Executive
	Was the Action Plan approved by the Supervisor and Governance Body? Yes Dates when approved: (Supervisor):18 th February 2010 (Governance):18 th February 2010

ACTION PLAN

Issue	Actions	Lead	Date Due	Date Completed	Progress Update
Inadequate facilities in Endoscopy, CCU, HDU & ITU to deliver same sex accommodation	Produce design plan and capital bid scheme to finance redevelopment of Endoscopy, CCU, HDU & ITU Present plan to HMB	ADO for Medicine & Surgery Deputy Director of Nursing Medical Directorate Manager	April 2010 May 2010	18 March 2010	Meeting due to be held 18 th March to discuss CCU, ITU, HDU plans and capital bid for 2011/12 Business case in development for Endoscopy , CCU,HDU,ITU Plan to be discussed with ADO's for Medicine & Surgery
	Endoscopy Unit manager to explore the possibility of having same sex endoscopy lists	Endoscopy Unit manager	June 2010		
	Record on Trust risk register	Deputy Director of Nursing	March 2010	March 2010	Risk number 1519
	Implement system for recording , investigating and monitoring breaches in these areas to be shared with NHS Wirral	Deputy Director of Nursing Director of Information	April 2010	April 2010	Incident reporting in place for general wards. Weekly report sent to Deputy Director of Nursing to monitor trends
Inappropriate use of desks in patient bay areas	Review the use of the desks situated in patient bay areas	Deputy Director of Nursing	March 2010	March 2010	The desks are used by the multidisciplinary teams involved in the patients care. Nurses /AHPs are visible to the patients.
	Consider alternatives such as partitions	Deputy Director of	April 2010		This will be included in the capital scheme to be developed.

ACTION PLAN

Issue	Actions	Lead	Date Due	Date Completed	Progress Update
		Nursing			
Installation of doors to segregate men & women on some wards are left open	Audit the use of the doors	Ward managers	March 2010	March 2010	Audit undertaken. Reconsideration given to installing doors on the wards where they had not yet been installed.
Lack of engagement with staff at ward level regarding DSSA	Improve engagement with Nursing staff	Deputy Director of Nursing Diversity & Inclusivity Manager	March 2010	March 2010	Ward managers event held 21 st January 2010 to cascade information to ward staff Presentation to senior Nurses held on 28 th January 2010 Respecting Dignity awareness event held 25 th February 2010
	Add to Nursing & Midwifery audit process in knowledge of Trust policy and procedures section	Deputy Director of Nursing	April 2010	March 2010	New question added to the Nursing & Midwifery audit to begin 1 st April 2010
White Boards containing patient details displayed in some areas	Review the position and content of the boards	Lead Nurse for Medicine & Surgery	April 2010	April 2010	WEHS Work in progress to install RAG boards. Pilot project underway on wards 17, 20 & 34
Lack of Trust Board Indicator	Develop a performance management process for the Trust Board for breaches in DSSA	Director of Information Deputy Director of Nursing	March 2010		Intelligence Board graphs in development
Lack of DSSA Policy	Write and implement a Trust policy for DSSA	Deputy Director	April 2010	May 2010	Policy written and out for consultation

ACTION PLAN

Issue	Actions	Lead	Date Due	Date Completed	Progress Update
		of Nursing			
DSSA to be included into the Trust Corporate Induction Programme	Add slides detailing DSSA requirements to the Corporate Induction presentation	Deputy Director of Nursing	April 2010	April 2010	DSSA slide added to Corporate Induction Presentation
DSSA is an element of Respecting Dignity which sits under the Care Standards Executive	Consider separating Respecting Dignity out of Care Standards Executive	Interim Director of Nursing & Midwifery Diversity & Inclusivity Manager	April 2010	May 2010	Respecting Dignity group will continue in current format.
Lack of Executive Lead for Privacy & dignity	Identify an executive Lead for Privacy & Dignity	Interim Director of Nursing & Midwifery	March 2010	March 2010	Interim Director of Nursing & Midwifery will be the Executive lead Also Non Executive lead identified

Communication and Status Checks Plan

Please describe how you plan to communicate and status check on individual actions as well as the collective Action Plan:

This action plan will be published on the Trust website. The action plan will be monitored for completion by the Care Standards Executive.

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SIGNATURE OF ACTION PLAN LEAD ___Lesley Metcalfe

DATE__16/03/2010_____

SIGNATURE OF SUPERVISOR_____

DATE_____

THANK YOU

IF THE ACTION PLAN BELONGS ON THE RISK REGISTER, ENSURE ALL PAGES HAVE BEEN FULLY COMPLETED BEFORE E-MAILING TO:

RiskManagement@whnt.nhs.uk

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
21 JUNE 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

Fair Access to Care Services

Executive Summary

This report provides Members with background information on the national eligibility criteria for Adult Social Care, recent updates to guidance in February 2010 and makes recommendations to Committee for the future application of the FACS (Fair Access to Care Services) eligibility bands. This involves a key decision which was first identified in the Forward Plan dated June 2010.

1 Background

Fair Access to Care Services (FACS)

- 1.1 The FACS guidance issued in May 2002 (for implementation in 2003) provided a national framework for eligibility criteria for adult social care. The Department of Health had acknowledged that the use of different local criteria *“leads to considerable variation in access to adult social care, which in turn leads to unfairness”*. The guidance issued under section 7 (1) of the Local Authority Social Services Act 1970 was mandatory and designed to be consistent with the policy objectives of the 1990s to focus upon people with the greatest assessed needs.
- 1.2 The national framework sets out a system of four bands, critical, substantial, moderate and low, which describe the seriousness of the risk to independence or other consequences if needs are not met. The FACS framework was based on risks arising from needs associated with various forms of disability, impairment and difficulty in order to *“help councils to promote the independence of those seeking their help”*.

2 Wirral implementation of FACS

2.1 On 23 April and 14 May 2003. The Director of Social Services reported to Social Care and Health Services Select Committee and Cabinet respectively, outlining the national policy guidance (FACS), the department's proposed eligibility threshold and other actions needed as a consequence. Cabinet resolved that "individual social care services (be provided) for adults and older people whose assessed needs fall into the critical and substantial risk bands only, with all other people receiving an information, advice and a signposting service from the Central Advice and Duty Team. The critical and substantial bands describing the seriousness of the risk to independence or other consequences if needs are not addressed are as follows:

2.2 Critical – when

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

2.3 Substantial - when

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken

2.4 The original decision as to where to place Wirral's eligibility threshold was based on an assessment as to the level at which current budgets would enable services to be provided. It was estimated that in 2003/04 Wirral Social Services could provide individualised services to adults whose assessed needs fell into the critical and substantial bands.

- 2.5 In December 2003, as agreed by Cabinet in May 2003, the Social Services Department formally implemented its Policy on Fair Access to Care Services (national eligibility criteria for adult social care; Wirral's risk threshold for services). Implementation has subsequently been supported by briefings to Elected Members, further reports to Social Care and Health Select Committee and a rolling programme of FACS training to relevant managers and staff in the Department of Adult Social Services, to ensure that eligibility for services is properly determined and that service provision complies with FACS eligibility criteria.
- 2.6 There is a requirement that Members receive periodic reports on the threshold for Fair Access to Care Services to confirm the existing application of the criteria or make recommendations for a change in FACS banding.
- 2.7 On 19 March 2009, the Director of Social Services submitted a further report which recommended that the threshold should remain at critical and substantial. Members agreed to this recommendation.
- 2.8 As of March 2010, 5157 people who are receiving services were assessed as having substantial needs and 151 people receiving services were assessed as having critical needs.

3 Commission for Social Care Inspection Review - "Cutting the Cake Fairly"

- 3.1 In October 2008, the Commission for Social Care Inspection produced a government sponsored review of the national FACS criteria following concerns about the quality of life of many people and deemed ineligible for publicly funded social care and inconsistent application of the FACS criteria across Councils. The findings of the review highlighted the following issues:
- Lack of clarity and confidence in understanding of the framework by professionals and people who use services
 - Lack of fairness due to variations in professional judgements, a service led as opposed to a needs led approach, over-standardisation of groups of people and a lack of consideration of other important areas such as health
 - Not connected to prevention and inclusion agendas and inadequate signposting on first contact
 - Emergent tension between FACS standardisation and Personalisation principles based on self-assessment, individual choice in control.

Recommendations from the report covered the following: offering better arrangements for universal support; improving the quality of response at peoples' first contact with the Council; a new system for allocating public funds based on immediate, early and longer-term intervention; a national resource allocation formula; improvements in the quality of decision making.

As part of the Transformation Agenda for the Department of Adult Social Services, some of the key recommendations and priorities set out in the report have been incorporated into the Department of Adult Social Services change programme.

4 “Putting People First – A Whole System Approach to Eligibility for Social Care”

- 4.1 In February 2010 the Department of Health introduced further guidance with the aim of ensuring that the continued application of FACS criteria took place within the context of personalisation and “putting people first”- the Government’s radical reform of public services through personalisation. The guidance emphasised the role of adult social services departments and Councils in providing universal services supporting early intervention and prevention, creating conditions where people were given choice and control about how much they spend on their care and support and promoting social capital through work with communities. The guidance emphasised the importance of service such as reablement which can support people through a period of recovery and defer the need for FACS eligible services. Assistive Technology is another area where providing services to people with low and moderate needs can support health and wellbeing and extend periods of independence. The key message from this policy is that Council’s have a dual responsibility for applying FACS criteria, while also having broader responsibilities for the wider community. The Department’s development of early intervention and, preventative services reflects the requirements set out in this policy guidance.

5 Personalisation and Future Consultation

- 5.1 The DASS transformation has provided a focus for the revision of a different set of more personalised processes with an emphasis on self-directed assessment and support planning as part of the statutory assessment process. However, these new arrangements do not negate the need to apply a test of eligibility and for that reason, the new self-directed assessment process includes information which will establish a person’s level of need and the Council’s banding for FACS.
- 5.2 In the light of the transformation agenda and more recent policy guidance, it would be expedient and beneficial to undertake a wider consultation exercise on the application of FACS in Wirral to gain a more comprehensive understanding from people who use services and community groups about its application. Any recommendations arising from this consultation would form part of the future reports to Elected Members on determining the future FACS banding.

6 Financial Implications

The Budget 2010-11 was set on the basis of the existing FACS criteria of “substantial and critical”. Raising the threshold to “critical” only would mean many people having services removed which would reduce spending in the short term. However, people with “substantial” need would quickly deteriorate into crisis without support and lead to higher costs in the long term.

Conversely, many Councils have lowered their threshold to include “moderate” needs as part of the early intervention and prevention agenda. Committee may wish to consider the Early Intervention Strategy which also appears on this agenda, as part of the proposed wider review.

Budget stability in 2010-11 is best achieved by maintaining the criteria at “critical and substantial”. Future reports to Cabinet will explore the potential of preventative services below this threshold on the medium term financial scenario.

7 Staffing Implications

Changing the FACS criteria will have significant staffing implications for people employed in the care sector, if those services are removed.

8 Equal Opportunities Implications/Health Impact Assessment

As part of the review and consultation, a full Equality Impact Assessment will be undertaken.

9 Community Safety Implications

None.

10 Local Agenda 21 Implications

None.

11 Planning Implications

None.

12 Anti Poverty Implications

None.

13 Social Inclusion Implications

None.

14 Local Member Support Implications

None.

15 Health Implications

None.

16 Background Papers

Department of Health: Prioritising need in the context of putting people first: A Whole System Approach to Eligibility for Social Care.

17 Recommendations

That:

- (1) Members endorse the decision to continue to provide social care services to individuals in Wirral who have critical and substantial needs.
- (2) Members note the revised guidance on FACS and the need for Council's to support universal services which promote reablement and prevention.
- (3) Members endorse the decision to undertake a wider consultation on the Council's FACS criteria in the next twelve months.

JOHN WEBB
Director of Adult Social Services

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
24 JUNE 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

An Early Intervention Strategy for Wirral

Executive Summary

The Early Intervention and Prevention Strategy is one of the key transformational projects of the Department of Adult Social Services. It offers a way forward for the local authority to concentrate efforts on enabling older people and people with disabilities to build their capacity to deal with their own wellbeing.

1 Introduction

- 1.1 The transformation of social care demands a move away from crisis driven intervention which is professionally led, towards one which sees the person as a citizen in their own right, as a member of a wider community and where people who use services are full partners in the arrangement of their own support.
- 1.2 There is a statutory duty on the part of the Director of Adult Social Services to take responsibility for the wellbeing of all older people; this is a crucial element in developing this strategy, as no more than twenty percent of older people will traditionally use social services. The rest of the population either do not have care needs or have low level support needs that do not meet formal eligibility criteria or, if they have care or support needs, they make their own arrangements. The same is also true for other groups of people for whom the Local Authority has a duty of wellbeing.
- 1.3 The national context for the strategy has been determined by “Putting People First” which outlines the move towards a whole system approach which takes account of the need to make sure that:
 - Universal services are suitable for use by the whole population
 - Social capital within communities is built so that every person can take part in community life
 - Preventing and reducing the risk of dependence is uppermost in planning services
 - Choice and control over service delivery is available for people who need support or care.

- 1.4 The Disability Discrimination Act 2005, which is outlined in the Departmental Valuing Diversity Policy, states that “the Department must ensure that all people have equal access to its information and services according to their need. Achieving this requires a flexible approach to service provision and constant improvement of services and facilities”. Even without the national context for the development of the strategy, there is a commitment via the policy of the Department to move towards early intervention and prevention, including the provision of advice and information.

2 Background

- 2.1 Demographic changes in the population mean that there is a generally ageing population; the proportion of older people to those of working age is growing and the number of older people over the age of 85 years will increase by 2025.
- 2.2 There are 13,000 current claimants of Attendance Allowance in Wirral: this is a non means tested benefit for which the person must be over 65 years old and in need of “frequent care and attention” throughout the day or night, or need “continual supervision”. In 2009-10, there were 7035 people over the age of 65 in receipt of formal community care services arranged via the Department of Adult Social Services. Therefore, many people who receive Attendance Allowance and people who have low level or occasional support needs do not have formal community care services.
- 2.3 There is a similar extrapolation of the population under the age of 65 and living with long term conditions, in that there are many more people claiming Disability Living Allowance or Incapacity Benefit than approach the Department of Adult Social Services for support. Many people will not be eligible as their condition will not meet the specific criteria which are applied in determining whether a person is eligible, while others use their disability related benefits to arrange their own support to meet their needs.
- 2.4 The recent Audit Commission report “Under Pressure: tackling the financial challenges for councils of an ageing population” outlines the need for local authorities to take account of the cost of delivering services to a growing number of older people and the need for local authorities to ensure that older people can continue to be included in universal services in order to delay or prevent the onset of dependency.
- 2.5 A report to Cabinet meeting on “Fair Access to Care Services” outlines the national eligibility criteria for adult social care and makes the recommendation that the Council support universal services which promote reablement and prevention.

- 2.6 There is, therefore, a national context for the introduction and implementation of a Wirral wide strategy for early intervention, along with demographic changes and the duty of wellbeing for every person in Wirral, for the Authority and its partners to ensure that the vision of the council, as outlined in the Sustainable Community Strategy (April 2009) as:
“Our vision is of a more prosperous and equal Wirral, enabling communities and people to thrive and achieve their full potential” can be realised.

3 The Strategy

- 3.1 The draft strategy outlines the national, corporate and Departmental context for the strategy. It also outlines the work already in place which will contribute to the strategy.
- 3.2 Five levels of intervention and prevention are identified, which cover:
- universal accessibility
 - working in partnership
 - reducing the risk of entering formal care services
 - enabling recovery and independence
 - maintaining care needs and personal dignity.
- 3.3 Five approaches are identified which will highlight:
- particular communities of identity or need within existing strategies
 - focus existing work towards early intervention
 - put action plans in place
 - identify gaps, and ensure that the people most affected are central to all developments.
- 3.4 The seven domains are split into thematic areas and include:
- Building Communities
 - Citizenship
 - Healthy Lives
 - Information, Advice and Advocacy
 - Practical Support
 - Re-enablement
 - Maintaining Independence
- 3.5 Although Early Intervention and Prevention demands a whole system approach, there is a national expectation that it will be given a shape and sense of direction by Adult Social Services.
- 3.6 A key part of the Strategy is ensuring Council wide and partnership approaches to universal services. For example, leisure, adult education, transport, employment, healthy living and health improvement, along with housing, information and advice services and community safety.

- 3.7 There are many examples of strategies, services and initiatives which already meet, or have the potential to meet, the objectives of early intervention and prevention. However, in order to be truly successful:
- Existing strategies will need to specifically target or recognise particular communities of need or identity
 - The focus of some existing work may need to shift towards early intervention by setting targets for people seen at an earlier stage than is currently the case. Some social marketing may be needed to do this, and will be some reconfiguration of resources may be necessary.
 - Action plans will need to be developed in some areas, where the need for early intervention is recognised, but where there is no explicit intention or statement at present.
 - Gaps in existing services will be identified by working with communities and partners.
- 3.8 People in different communities of need, of locality or of identity will be central to all developments which will demand a robust approach to involvement and participation.

4 Conclusion

- 4.1 Making sure that there are opportunities to build the capacity of individuals or communities to deal with their own wellbeing or life changing conditions can only succeed if social care and health work within the context of the wider local authority, third sector, independent sector and with people who use services, carers and other members of local communities.
- 4.2 Wirral must be committed to ensure that social care and health services deliver personalised, flexible and seamless services to those who are in need and that people are given choice and control over the services they receive.
- 4.3 To achieve the vision set out in this strategy, there must be investment in preventative and community based services that meet the needs of local people. This will require disinvestment in some services in order to reinvest in those which have positive outcomes. It will be necessary to develop a commissioning agenda which recognises the need for early intervention and for community capacity building, i.e. the ability of individuals and communities of need to identify a place to meet their need with the minimum of official involvement. It will be necessary, therefore, to build alternatives to existing services to which people can be signposted or about which they can be given information and within this, there is a clear link to the “Total Commissioning” project.

- 4.4 Early intervention and prevention will be increasingly central to the work of DASS. It will require an approach to existing service delivery that encourages people to take control of their own life, offers choice and enables creative solutions to situations. This may mean enabling risk and it will mean the removal of a 'professional gift' model, whereby the professional always knows best, to one in which the professional and the person using services work in partnership. It will also require services to be proactive in encouraging people to seek advice, information and assessment (if necessary) at an early stage, so that skills and knowledge can be acquired in time to deal with a long term condition or situation. It will require a culture within social care services that encourages a move out of formal services where possible; encourages people to find their own solutions and which gives confidence that services are targeted to where they are most needed.
- 4.5 Wirral has already laid the foundations for this approach, evidenced by personal budgets, user involvement, one stop shops and a central call centre and many other services. The foundations now need to be built upon with the implementation of this strategy, in order to improve outcomes for Wirral people.

5 Financial and Staffing Implications

Financial and staffing implications will emerge in the implementation of the strategy: however, the authority, together with NHS Wirral needs to demonstrate a shift of investment into early intervention.

6 Equal Opportunities Implications/Health Impact Assessment

Older People and people with disability are positively affected by this strategy. An initial Equality Impact Assessment has been completed.

7 Community Safety Implications

Community safety is a key component of this strategy.

8 Local Agenda 21 Implications

None.

9 Planning Implications

None at present.

10 Anti Poverty Implications

Financial inclusion is a key component of this strategy.

11 Social Inclusion Implications

Older people and people with a disability or long term condition are more likely than the rest the population to be inadvertently excluded from universal services. This Strategy will reduce the risk of exclusion.

12 Local Member Support Implications

None

13 Background Papers

Our Health, Our Care, Our Say 2006, Department of Health
Putting People First 2009
Under Pressure: tackling the financial challenges for councils of an ageing population, Audit Commission 2010.

14 Recommendations

That Committee comments on the Early Intervention Strategy.

JOHN WEBB
Director of Adult Social Services

AN EARLY INTERVENTION STRATEGY FOR WIRRAL

**Draft for: -
Health and Wellbeing Overview and Scrutiny Committee
21 June 2010**

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EXECUTIVE SUMMARY

The past seven years have seen a series of directives and guidance from Central Government which point to a shift away from a single Departmental approach to looking after the needs of older people and people with long term conditions and disabilities to one which concentrates on working in partnership: primarily with people who use, or are likely to use services; between different Departments of Local Authorities, and between Local Authorities, Health Services and with other public bodies, such as the Police, the Fire Service and with communities themselves. This started in 2003, with "All Our Tomorrows", published by the Local Government Association and the Association of Directors of Social Services, which stated in its foreword "We believe we will need to work in partnership with other public and independent organisations to maximise our resources and promote an inclusive approach to responding to the needs of older people. " "Total Place" in March 2010 emphasised a whole area approach to public services, and stated in its executive summary "that there are real service improvements and savings to be made in all places from this way of working".

Within these and other documents such as Our Care, Our Health, Our Say in 2006 and Putting People First in 2008, there is an increasing emphasis on moving away from intervening in a person's life at the point of crisis and instead building up the capacity of local services and local communities to cater for every person, including older people and people with disabilities.

This approach requires organisations to work in partnership with each other and with the people who are most affected by their services to plan and deliver services which are not only responsive to need, but which can intervene at the earliest possible stage in a person's life.

There is an increasing emphasis on maintaining good health at all ages, reducing the risk of long term conditions which can lead to frailty and dependence on services, on delivering low level practical support which can further halt or reduce the risk of deterioration in long term conditions, in enabling people to get better and regain independence and finally, on maintaining people in their home for as long as possible up to and including when they die.

Most Adult Social Service Departments will meet a maximum of twenty per cent of the local population of older people. However, this will not cover every person with care needs, many of whom will make their own private arrangements. The same is true for people under the age of 65 with long term conditions, including mental health needs, as there are many more people living with long term conditions than approach the Department of Adult Social Services for support.

The duty of well being on the Local Authority and on the Director of Adult Social Services requires adult social care to look beyond the people who use services, into local communities and to widen the scope of work away from crisis driven interventions. This also involves working with wider sections of the population in delivering low level practical support and also advice and information services. There is also a requirement under the duty of wellbeing to ensure that every person can take an active role as a full citizen in a local community and to build the capacity of local communities to be able to respond to differing levels of need.

The move to early intervention and prevention is often called “inverting the triangle of care”, which was first featured in All Our Tomorrows. It laid out a need to shift the balance away from focusing most resources for older people on those with the most severe need who are at the apex of the triangle towards community wellbeing of older people and the ensuring that universal services are suitable for use by all older people. This was revisited in Putting People First in 2008 which emphasised the need for universal services and prevention so that

“...a whole system redesign and the consequential refocusing of investment with the public sector.”
could be achieved

The move towards early intervention and prevention is also driven by the need for Local Authorities to take account of the cost of delivering services to a growing number of older people, as outlined in the recent Audit Commission Report “Under Pressure – Tackling the Financial Challenges for Councils of an Ageing Population”. Simply put, there is an increasing number of older people and, unless there is a radical re-think in the way in which care and support is offered, and in the way universal services are organised, the current care system will not be able to cope with either the demand or the cost. This is confirmed locally by the Joint Strategic Needs Assessment for Wirral (2008 /09) and by the Wirral Compendium of Health Statistics which shows that by 2031, the number of people over the age of 85 will grow from a projected 8,700 in 2011 to 16,200 in 2031, and that people between the ages of 80 and 84 will increase from 9,400 to 14,100 in the same period.

The Strategy for Early Intervention and Prevention is presented in response to the need of a paradigm shift in Adult Social Care which is prompted by the demographic changes outlined above, the financial resources which would be needed to maintain the current system and the increasing level of expectation for a more person centred approach to the delivery of care and support. It demands a move away from crisis driven intervention which is professionally led towards one which sees the person as a citizen in their own right, as a member of a wider community and where people who use services are full partners in the arrangement of their own support.

Taking its lead from Putting People First, the strategy offers a way forward for the Local Authority to concentrate efforts on enabling older people and people with disabilities and long term conditions to build their capacity to deal with their own wellbeing. It emphasises the need to make sure that universal services are suitable for use by the whole population; that social capital within communities is built so that every person can take part in community life; that preventing and reducing the risk of dependence is uppermost in planning services, and that choice and control over service delivery is available for people who need support and care.

The Strategy fits into the vision of Wirral Council as stated in the Sustainable Communities Strategy, which is

“Our vision is of a more prosperous and equal Wirral, enabling communities and people to thrive and to achieve their full potential. “

The outcomes of a successful strategy for early intervention will include:

- Economic wellbeing
- Improved health and emotional wellbeing
- Taking a full and active part in the life of the community, including public life
- Being able to exercise choice and control if support or care is needed
- The appreciation of the needs of older people, people with a long-term condition or with a disability in mainstream service delivery, development and planning

By laying out clear intentions of a strategy in relation to communities, citizenship, advice and information, living a healthy life, practical support, reablement and maintaining independence at home, the Strategy covers all aspects in the life of an older person or someone with a long term condition or disability living in Wirral.

BACKGROUND DOCUMENTS

All Our Tomorrows: Inverting the Triangle of Care, published by Local Government Association and Association of Directors of Social Services 2003

Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England, published by the Department of Health March 2005

Working Together for Wellbeing: From Vision to Reality, published by Local Government Association 2007

Our Health, Our Care, Our Say: A New Direction for Community Services, published by the Department of Health January 2006

Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care, published by Local Government Association, Association of Directors of Adult Social Services and NHS. December 2007

Transforming Social Care Local Authority Circular (DH) (2008) 1

Valuing People Now: A New Three Year Strategy for People with Learning Disabilities, published by the Department of Health January 2009

Building a Society for All Ages, Department of Work and Pensions July 2009

New Horizons: A Shared Vision for Mental Health published by the Department of Health December 2009

North West Mental Wellbeing Survey 2009, published by NHS North West; Department of Health; Government Office North West; John Moores University; North West Public Health Observatory

Under Pressure: Tackling the Financial Challenge for Councils of an Ageing Population, published by the Audit Commission February 2010

Fair Society, Healthy Lives: the Marmot Review. A Strategic Review of Health Inequalities in England Post 2010, published February 2010

Total Place: A Whole Area Approach to Public Services, published by Communities in Local Government and HM Treasury March 2010

Don't Stop Me Now – Audit Commission

INTRODUCTION

In October 2008, older people in Wirral identified a series of priority outcomes for their wellbeing, as

- Help to remain in their own homes
- Better information on services and the support available
- Education to recognise future needs

(Taken from Joint Strategic Needs Assessment 2008/09. Older People)

At the same time, national drivers within Adult Social Care demanded a shift in approach from specialist adult social care which sees an individual and their carer(s) in isolation and as a passive recipient of care, to one which sees the person as a citizen in their own right, who is a member of a wider community, and in which they fully participate in arranging and delivering their own support.

This started in 2003, with the publication of “All Our Tomorrows”, which discussed “inverting the triangle of care”. In broad terms, this means that the current model of support and care concentrates most of its resources on those at the apex of the triangle – those with the most complex need, and that a shift is needed towards the middle section where people may need some low level practical support so that they can maintain their current state of health or towards the widest part of the triangle which affects the majority of the population. This involves ensuring that communities are resilient enough to take care of vulnerable people and that services that are available for everyone are suitable to meet the needs of every member of the community.

Demographic changes in the population mean that there is a generally ageing population; the proportion of older people to those of working age is growing and the overall number of people over the age of 85 years is expected to grow by 2025.

The Joint Strategic Needs Assessment (2008) estimates that by 2031, twenty per cent of the Wirral population will be aged 65 and above, making a total of approximately 83,100 people. Information applied in the Wirral Compendium of Health Statistics 2010 gives a population projection that by 2031, there will be an increase of 113.2 per cent in the population of people over the age of eighty five, as the numbers increase from 7,600 in 2006 to 16,200. During the same period, there will be a reduction in the population of working age adults between the ages of twenty and sixty four.

However, further investigation into the working age population of Wirral demonstrates that as of August 2009, there were 19,125 people claiming incapacity benefit (Wirral Compendium of Health Statistics 2010). It is not clear whether the numbers of people claiming incapacity benefit is likely to grow in the same proportion to that of the over 85 year old population.

The issue, therefore, is manifold:

- There will be an absolute increase in the number of older people in Wirral, particularly those over the age of 85
- There will be a decrease in the number of people of working age in Wirral
- There is currently a high number of people in Wirral who are economically inactive due to incapacity

This means that at current rates, there will be fewer people available to look after the increasing numbers of older people. There will be less funding available through taxation to spend on care.

The Green Paper “Shaping the Future of Care Together” (2009) stated that “two in three women and one in two men will develop high care needs during their retirement”. However, some people will not need any support, and for many people, those care needs will come at the end of their lives.

According to the Green Paper, twenty percent of people will need care costing less than £1000, but twenty percent will need care which costs in excess of £50000. The Green Paper did not state what proportion of these figures is self funded or paid for by the state.

There are thirteen thousand current claimants of Attendance Allowance in Wirral: this is a non means tested benefit for which the person must be over sixty five years, and in need of “frequent care and attention” throughout the day or night, or need “continual supervision”. However, in 2009/10 there were 7035 people over sixty five years in receipt of services arranged via the Department of Adult Social Services. Therefore, many of the people who receive Attendance Allowance and people who have low level or occasional support needs do not have any formal contact with the Department of Adult Social Services.

Most Adult Social Services Departments estimate a maximum of twenty percent of older people in the local population will use formal care or support services. The rest of the population either do not need support; do not think they are entitled to support, or, arrange their own support without any input from Social Services.

The same extrapolation of the population of people with mental health needs, with learning disabilities and with long term conditions or physical disability who are under sixty five years is similar to that of older people. There are many more people living with such conditions than approach the Department of Adult Social Services for support. Many people will not be eligible for support as their condition will not have been judged to meet the specific criteria which are applied, while others may receive a Disability Living Allowance which affords them a high degree of independence and the ability to arrange their own support in a way that suits their individual circumstances.

The economic imperative to move away from a crisis driven service to one in which people take care of their own needs as far as they are able, has been established. However, the Audit Commission Report of 2010 “Under Pressure: tackling the financial challenges for Councils of an ageing population” also highlights the need for an approach which ensures that older people can take a full part in community life and reinforces the duty of wellbeing of the Local Authority.

This reinforces the statutory duty of the Director of Adult Social Services to take responsibility for the wellbeing of all older people, not only those in receipt of services via the Department. This includes the maintenance of good health for as long as possible, ensuring that older people have access to leisure and cultural opportunities, making sure that community safety approaches are inclusive of older people and that the experience of older people is not disregarded in public life. In order to achieve positive outcomes, the duty of wellbeing requires the need for adult social care to look beyond traditional boundaries, and form partnerships with other local authority functions and services, with Public Health and other parts of the Health Service with other public bodies, such as the Fire and Rescue Service and the Police, with voluntary and other third sector organisations, with local people and with people who use or may potentially use its services.

In short, a system-wide transformation is required if the move towards early intervention and prevention is to be successful.

THE NATIONAL CONTEXT FOR TRANSFORMATION

Making a strategic shift towards prevention and early intervention is one of the central objectives of “Putting People First, a shared vision and commitment to the transformation of adult social care.” (December 2007)

The vision for adult social care for the next decade and beyond laid out in “Putting People First” is driven by four key themes:

- Facilitating access to universal services
- Building social capital within local communities
- Making a strategic shift to prevention and early intervention
- Ensuring people have greater choice and control over meeting their needs

“Putting People First” and the Local Authority Circular “Transforming Social Care (2008)” are clear that the strategic shift required to deliver transformation must be wide-ranging. The experience of the Department of Health’s Partnerships for Older People Projects (POPP) programme and the Department of Work and Pensions Linkage Plus programme supports this and has shown that there is a need for interventions which address the whole population of older people – not just those who come into contact with social services.

The White Paper – ‘Our Health, Our Care, Our Say’ – Department of Health (January 2006) states that

‘A greater focus should be placed on preventative services through the wider wellbeing agenda and through better targeted early interventions that prevent or defer the need for more costly intensive support’.

‘Prevention measures involving a range of local authority services such as housing, transport, leisure and community safety in addition to social care can achieve significant improvements in wellbeing’.

The document “Making a strategic shift towards prevention and early intervention” – Department of Health (October 2008) defines prevention within three key domains:

- Primary prevention/ promoting wellbeing:
Aimed at people who have few or no particular social care needs or symptoms of illness. The focus is on maintaining independence and good health and promoting wellbeing.
- Secondary prevention/ early intervention
This aims to identify people at risk and to slow down or halt any deterioration, and actively seek to improve their situation
- Tertiary prevention
This is aimed at minimising disability or deterioration from established conditions or complex care needs.

The document also outlines the “inverted triangle of care” first described in “All Our Tomorrows” (2003) which puts most of the emphasis onto the general population and into citizenship, neighbourhoods and community, and information instead of the current position in which social care concentrates most resources and time into complex care.

The diagram is outlined in appendix one.

Other national drivers include:

- The National Dementia Strategy, Department of Health (February 2009)
- Valuing People Now, Department of Health (January 2009)
- The National Stroke Strategy, Department of Health (December 2007)
- The National Carers Strategy, Department of Health (July 2008)
- New Horizons for Mental Health, Department of Health (December 2009)
- No Secrets, Department of Health (March 2000)
- The Marmot review of Health Inequalities 2010 (February 2010)

All of which emphasise the wellbeing of people affected, the need to intervene as early as possible and to maintain the dignity of the individual. There is also a very clear message that this is not the responsibility of Adult Social Services working in isolation from partners.

THE LOCAL CONTEXT FOR TRANSFORMATION

Since 2008, Wirral has been undergoing a transformation of adult social care. There have been many notable successes, in particular:

- Locality working
- Assistive technology
- HARTS re-enablement services
- Marketing strategy
- Introduction of Personal Budgets

All of which fit into an early intervention approach and which have been developed in partnership with other agencies and departments.

The Department has also made investments over many years which offer practical support to people without needing to undergo a formal community care assessment, including:

- POPIN (Promoting Older People's Independence Network)
- Welfare Benefits Advice service
- Outreach support to BRM communities

These services are an integral part of delivering early intervention services, along with many voluntary sector services which are in receipt of long-term funding and which deliver

- Advocacy
- 'Helping hands' services
- Carelink transport services
- Carer support
- Wirral change employment service
- Support for BME communities

As well as more formal assessed services, such as day care

Other Council departments and partners are responsible for a range of services, projects and initiatives which also have the potential for early intervention and prevention in that they are available to all people who live in Wirral and for which no formal assessment is required. These include:

- One Stop shops
- Call Centre
- Web site
- Comprehensive Engagement Strategy
- Neighbourhood Management
- Community Safety
- Trading Standards
- Home Safety checks
- Alcohol Strategy
- Obesity Strategy
- Drug Treatment and Prevention Strategy
- BME Support Service (supporting people)

And many others.

The Department has worked with a variety of different partners in order to bring some of these initiatives forward.

The building blocks are, therefore, in place for the strategy on early intervention and prevention to be successfully implemented.

The vision of Wirral Council is stated in the Sustainable Community Strategy (April 2009):

“Our vision is of a more prosperous and equal Wirral, enabling communities and people to thrive and achieve their full potential”

The strategy recognises the interdependence of each of its five corporate objectives, and that narrowing the gap between

“Wirral’s most affluent and most deprived communities in relation to issues such as health, educational attainment and crime”

will be necessary if the vision is to be realised.

The strategy also states that

“We are committed to ensuring the approaches developed for addressing Wirral’s challenges take into account the needs of all sectors of the broader community, promote fairness, value for money, accessibility and inclusion, and result in lasting improvements”.

Other local drivers for the strategy include the Health Inequalities Plan and the Local Area Agreement

Wirral’s Equality and Diversity policy states as its vision:-

“Wirral Council’s vision is to work closely with its partners to ensure that everyone living, visiting and working in the borough will be treated fairly and with respect regardless of their race, gender, age, disability, sexual orientation or faith.”

The findings of the recent BME Health needs assessment commissioned by NHS Wirral makes a number of recommendations in terms of early intervention and prevention including:-

- Promotion and awareness raising around early intervention and prevention (mental health)
- Provision of more opportunities to reduce social isolation (older people)

The corporate approach to equality, diversity and community cohesion underpins much of the approach to this strategy. The six pillars of equality are entirely relevant to the agenda for early intervention, and the use of equality impact assessments will be the single most useful tool in age and disability “proofing” existing initiatives, projects and council strategies.

THE DEPARTMENT OF ADULT SOCIAL SERVICES

Although Early Intervention and Prevention demands a whole system approach, there is a national expectation that it will be given a shape and sense of direction by Adult Social Services.

Milestone 3 of Putting People First looks at a whole system approach to early intervention and prevention and cost effective services. This includes the support available that will assist any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services, for example leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.

The Department has a key responsibility for the wellbeing of every older person in Wirral, not only those who are eligible for formal social care services. It has a unique relationship with younger people with a disability and has links into communities of people with a learning disability and mental health which are not replicated elsewhere in the Authority. These are among the most vulnerable communities in Wirral; often living in areas of multiple deprivation and facing the same challenges as their neighbours in terms of low economic activity, inadequate housing and poor health, but with the addition of stigma and discrimination. For example, the Joint Strategic Needs Assessment (2008) states that “people with mental health problems are a key group at risk of social exclusion” and that “National data suggests that people with a mental health problem are more likely to be on a lower income, be on welfare benefits and live in debt. Mental health is also the most commonly reported reason for claiming incapacity benefits, both nationally and locally.

There are many older people living in affluent parts of Wirral; however, they may have their own challenges in terms of increased frailty, lack of access to transport and social isolation.

However, there are also many people who are leading busy, fulfilled lives and who actively engage with statutory bodies, helping to improve services and ensuring that their voices are heard; examples include

- Older People’s Parliament
- Mental Health Users Groups
- Enabling Fulfilling Lives group
- Wirral Ethnic Health Advisory group

The challenge will be to provide the means by which more people can realise their own potential and be fully participative members of their community at a level which they choose.

The Department of Adult Social Services and NHS Wirral have an integrated approach to commissioning services, across localities and for specific target groups. There has already been significant investment in early intervention and prevention, for example, via the HARTS Team and Assistive Technology and with third sector advocacy and capacity building services

The shift of resources into early intervention away from the most complex and expensive (per head) services is the major challenge for the Strategy, particularly at a time when resources are unlikely to grow and when there is increasing demand for complex care.

LEVELS OF EARLY INTERVENTION AND PREVENTION

The Department has identified five distinct levels to the agenda for early intervention and prevention:

- 1) Ensuring that services which are universally available are accessible for all, including the most vulnerable people in the community.
- 2) Working with partners to ensure that the risk of social exclusion is reduced for the whole community by building community capacity.
- 3) Preventing or reducing the risk of people entering formal Social Services or Health Services by promoting early intervention services.
- 4) Helping people who are in social care services to recover their health and independence to either move into early intervention services or move out of services altogether.
- 5) Maintaining people's health and care needs in order to prevent further deterioration, or if deterioration is inevitable, help them to maintain control and personal dignity at every stage of their life.

The strategy for Wirral covers every service, strategy and initiative which apply to any person who is at risk of entering more formal social care services or who is already in receipt of services. It has, therefore, particular applicability for every older person in Wirral, people with any mental health need, with any level of learning disability or substance misuse problem over the age of eighteen. The strategy also covers all carers over the age of eighteen.

HOW WILL THE STRATEGY WORK?

There are many examples of strategies, services and initiatives which already meet, or have the potential to meet the objectives of early intervention and prevention. However, in order to be truly successful

- Existing strategies will need to specifically target or recognise particular communities of need or of identity. This may be clarified via an Equality Impact Assessment which is thorough and detailed and where every assessment demonstrates the actions to be taken in relation to older people and people with a disability or long term condition
- The focus of some existing work may need to shift towards early intervention by setting targets for people seen at an earlier stage than is currently the case. Some social marketing may be needed to do this, and some re-configuration of resources will be necessary.
- Action plans will need to be developed in some areas, where the need for early intervention is recognised but where there is no explicit intention or statement at present.
- Gaps in existing services will be identified by working with communities and partners.
- People in different communities of need, of locality or of identity will be central to all developments which will demand a robust approach to involvement and participation.

The strategy has been split into seven work streams, the definitions for each of which are outlined in the next section.

National indicators are available for each of the work streams, and apply to each of the component strategies, initiatives and services and these will be included in implementing and performance managing the work streams.

Considerable financial investment has been made by the Council and by NHS Wirral in the enablement work stream of the strategy, which demonstrates a shift away from long term care.

However, there is considerable potential for further re investment into the other work streams. Even where the financial investment must remain in place, the challenge to the service will be to make sure that it takes on an approach which places the emphasis on early intervention and prevention

CITIZENSHIP

Active Citizenship is the philosophy that citizens should work toward the betterment of their community through economic participation, public service, volunteer work and other such efforts to improve life for all citizens.

On a more local level we will look at citizenship as being:-

- democratic engagement: how the citizens of Wirral influence the future of Wirral through their participation in the democratic process
- Engaging local elected member in the activities within their communities and ensuring support
- Involvement of people using services/carers and the wider communities of Wirral in the development and shaping of services: this can be on a number of levels that include informing, involving and consulting
- Ensuring equal access to services: through working towards the excellence Standard for Councils for Equality and Inclusion, making sure that equality and diversity is fully understood throughout.
- Making a positive contribution to communities, including volunteering and development of an employment strategy: this is of benefit to the volunteer as well as to the person receiving the service.
- Working with Children's and Young peoples department to promote and encourage citizenship from a young age and to support the outcome of developing intergenerational work as outlined in the chapter on building communities.

Current position

The Council support regular area Forums in which members of the public can voice their issues and be consulted on future developments.

Comprehensive Engagement Strategy. The Council and its partners have developed a Comprehensive Engagement Strategy and toolkit for involvement which is currently being implemented through a project group and working sub groups. The strategy also looks at the developing the support to third sector organisations that develop them to tender and deliver services

Volunteering - The Department of Adult Social Services has in place a volunteering procedure for recruiting and supporting volunteers within its own services. Through its contracts with the third sector many other volunteers are involved in supporting services.

Wirral Compact. This sets out the relationship between the third sector and the local authority and partners. A working group of the partners to the Compact and the third sector provides support to the compact and a number of Compact Champions across Wirral have been identified.

A number of groups exist across Wirral that represent communities of interest; these include:

- Wirral's Older Peoples Parliament
- Enabling and Fulfilling Lives Group
- Mental health user Group
- DAAT user groups
- Carers Association.

They seek to influence the development and implementation of services and to give a voice to the communities that they represent and to receive feedback on issues for those communities.

In addition, Wirral Local Involvement Network is well established and being actively involved in strategic groups across health and social care and is represented on Overview and Scrutiny Committee, as well as listening to Wirral's communities on what they should be influencing and shaping.

Required to Develop the Strategy

- Complete the implementation of the Comprehensive Engagement Strategy including the business development around supporting the third sector to be better placed to tender for and deliver contracts
- Review and re contract Third Sector services within the Department of Adult Social Services and NHS Wirral to reflect personalisation and the early intervention agenda, including the support of volunteering.
- Support corporate colleagues in the development of a volunteering strategy across the Council
- Review the departmental involvement policy, including how we recruit and maintain people wishing to be involved at various levels including monitoring diversity to ensure that they are representative of the population. Targeting groups that are seldom heard to ensure their participation. To look at the payment policy for involvement and how it supports individuals in terms of out of pocket expenses and replacement care and support costs and links to a council-wide policy on payment.

- Developing links with Children and Young People’s department to encourage and promote citizenship and identify opportunities for intergenerational work. Promote the links between the Older People’s Parliament and the Youth Parliament
- Development of links to Cultural services , such as libraries, arts and museums as well as maximising the benefit of other facilities within the community such as leisure, health and wellbeing services
- Employment strategy that supports the council-wide strategy that looks at how communities of interest/need and under- represented groups are supported to access employment opportunities.
- Development of User-led organisations and Social enterprise that support the needs of communities.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Citizenship these include:-

- NI140 Fair treatment by local services
- NI 6 Participation in volunteering
- NI 7 Environment for a thriving third sector
- NI 9/10 and 11 Engagement/Use of libraries and museums

Develop local indicator that looks at Employment rates of different communities of interest/need and those under represented, for example, carers/stroke survivors.

BUILDING COMMUNITIES

In Wirral we are undergoing significant demographic shift. The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next two decades.

This will pose challenges but also presents opportunities to adapt as a society to ensure that everyone has the chance to live fulfilling and productive lives, whatever their age. .

In contrast the demographics of black and minority ethnic communities in Wirral are experiencing an increase in the numbers of younger people

The Lesbian, Gay, Bisexual and Transgender community in Wirral is estimated at anything between 5 and 10% of the population
Awareness of the complex inter relationship between individual wellbeing and the community has resulted in greater citizen involvement in shaping neighbourhoods and in particular the facilities that will allow independence and improved social engagement,

Sustainable long term improvements in health and wellbeing will be more effectively delivered by wider social and economic programmes, delivering strategies in partnership to unlock the potential wellbeing of communities.

The strategic shift required to deliver transformation must be wide ranging and include a broad spectrum of interventions that includes neighbourhoods and communities that have a clear identity and vibrancy, which are safe to live in and where there is good cohesion across the generations.

The audit commission in "Don't stop me now"- preparing for an ageing population says "*Councils are uniquely placed to mobilise influence and lead both their communities and partner organisations so that local areas become places where people can thrive and continue to enjoy a good quality of life as they age*"

The Councils strategic objectives for 2008 to 2012 includes:-
"To improve health and wellbeing for all ensuring people who require support are full participants in main stream society

This is reinforced through the Department of Adult Social Services aim
"Supporting Communities and individuals in Wirral to thrive"

Current position

Wirral currently has in place:-

- Sustainable communities strategy
(www.wirral.gov.uk/lqcl/10006/20074/856/xecutive_summary.pdf) which sets a long term partnership vision for 2025 of a more prosperous and

equal Wirral , enabling all communities to thrive and achieve their full potential.

- Crime and disorder strategy that supports the vision to make Wirral a safer place in which to live work and visit.
- Trading Standards division of the Local Authority that protects the interests of Wirral consumers and businesses and operates the Wirral traders Scheme which creates a trading environment where consumers can buy goods and services with confidence
- Housing Strategy which aims to create sustainable communities across the whole of the borough in which people choose to live and stay. This includes having a sound understanding of basic housing needs and the housing and support needs of vulnerable people and to work collaboratively with partners and communities to meet our priorities and aims In addition there is a supported and special needs housing strategy which aims to improve the lives of vulnerable people in Wirral by increasing their opportunities for independence through the commissioning and delivery of quality, cost effective and preventative support services that meet strategic priorities
- Community Engagement and community development – This exists both through the corporate services element of the council and its contracts with Voluntary Community Action Wirral as an infrastructure organisation supporting the needs of voluntary and community sector organisations. Within the Department of Adult Social Services three community development workers have been employed to capacity build and develop services within communities of place i.e. localities and to work with communities of interest and need.
- Local transport plan, which is currently out for refresh and consultation (Spring 2010). In order to engage and be involved in their communities many are reliant on Public transport and good road and cycle and pedestrian networks. Those living in the lower super output areas in the areas of greatest deprivation are less likely to be car owners
- Safeguarding – Wirral’s safeguarding adult’s partnership board makes sure that a wide range of agencies and services and people work together to safeguard vulnerable adults to ensure that they are able to retain independence, wellbeing and choice and can live their life free from abuse and neglect. A Hate crime MARAC has been developed which ensures that information on hate crime is available to the partners and appropriate support offered to the victims of crime.

Required to Develop the Strategy

- Engaging with faith communities- who can be a very significant resource in delivering wellbeing both in terms of buildings and through volunteering and networks and the local knowledge of the communities in which they work
- Developing and mapping activities within communities
- Intergenerational activity- the need to develop links with younger people and to aim to produce enhances wellbeing both for older people and children and young people
- Community development – which builds capacity within communities of geography, need and identity’
- Engaging with LGBT and transgender communities and being more proactive in ensuring that needs are met. There is an excellent example from Sefton of a network of volunteers from the transgender community
- Empowering individuals within BRM communities to report abuse e.g. financial abuse to trusted leaders / individuals to remove the language barrier.
- Proactively creating opportunities for individuals from different communities to come together.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Building Communities these include:-

Place Survey Indicators NI 1 to 6

NI 139 Satisfaction of over 65’s with home and neighbourhood

NI 175 Access to Services and facilities by public transport

INFORMATION AND ADVICE

Information, advice and advocacy are essential for all adults, their relatives and carers who need, may need services and support in order to lead their lives. This includes people with the full range of needs and financial means (I&DeA report on transforming social care)

One of the Putting People First Milestones is the development of an information and advice (and advocacy) strategy by March 2010 This has been achieved in Wirral through the development of a corporate Marketing strategy. This strategy should set the vision and direction for advice and information services across the Department of Adult Social Services and through the corporate marketing strategy the role of the whole Council.

Good quality advice information and advocacy is key to people being able to maintain their independence and to access support and services when necessary. This includes people who may be paying for their care, and those not meeting Fair Access to care Eligibility criteria

A further key objective needs to be achieving a situation where “No door is the wrong door” and that staff are actively supported to deliver a system that reflects this and that “signposting” is not seen as just moving someone on to another service

Current position

The Council delivers information and advice on a number of levels, through the corporate website, through the corporate contact centre which encompasses a number of specialist teams such as Streetscene, Council Tax and Housing benefits as well as the Central Advice and Duty team specialising in receiving contacts and referrals for Social care.

Face to face advice and information in local areas is offered through a number of means, for example One Stop Shops providing a wide range of information and advice on Council services at different accessible points throughout the borough. There also exists a network of libraries, health centres and GP surgeries that are also delivering at a community and locality level.

Specialist advice is made available through a number of mechanisms and initiatives, examples of these include:

- Welfare Rights Unit – provided through the Department of Adult Social Services as a service to all Wirral residents. The importance of providing good quality advice on access to benefits and maximising income is key to promoting independence and choice.
- Network of Citizens advice bureaux providing a range of advice and information.

- Specific support groups and associations providing specialist information to communities of interest, often supporting people with long-term conditions; examples of these would be Alzheimer's society, Diabetes UK, Age Concern Advice and Information Service, Carers helpline and Website.

At present, each information and advice provider concentrates on its own specialist area.

Advocacy services are currently commissioned by the Department of Adult Social Services from third sector organisations for a number of specialist areas including mental health, visual impairment and carers.

The Council has a set of Customer Care Standards which aims to make sure that the highest level of service are delivered across the council and sets standards for the delivery of those services.

Information and advice is developed in range of formats, tailored to the needs of individuals who may need to access them.

A corporate Financial Inclusion Strategy is in development through a corporate partnership led by the Department of Finance.

Required to Develop the Strategy

- Development of a 'No door is the wrong door' policy.
- Those gaps and actions identified in the Advice, information and advocacy strategy and the corporate Marketing Strategy.
- Councils to meet Recommendation 4.3 of Improving the Life Chances of Disabled People (in that by December 2010 each Council should "have a user-led organisation modelled on existing Centres for Independent Living" (Prime Minister's Strategy Unit, 2005).
- Development and re-commissioning of advocacy services that reflect the transformation of Social Care and the personalisation agenda.
- Further development of the Wirral Advice network – a group of statutory, third sector and legal agencies and services working to develop and promote advice services in Wirral.
- Audit / Quality assurance (Mystery shopping) of access to information and advice to ensure that it is accessible to all. Strengthen access to translation/ interpretation / easy read and CD recorded information.
- Development of a reader panel for documents that ensures it is appropriate and understandable by its intended audience.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For information and advice these include:

- Benefits take-up – local indicator
- Number of hits to the Department of Adult Social Services pages of Wirral Council website
- Monitoring of advocacy services provided through the Department of Adult Social Services

HEALTHY LIVES

A corporate objective of the Council is to “improve health and wellbeing for all, ensuring people who require support are full participants in mainstream society. Many Wirral residents enjoy an excellent quality of life; however between the most affluent and deprived areas there is a stark mortality gap with those in the most affluent areas living on average over ten years longer than those in the most deprived areas.

Within this objective are a number of aims:

- Narrow the mortality gap – this will require consistent action across a wide range of agencies at national and local levels to achieve. For men the main conditions contributing to gap in life expectancy are cardio vascular disease and digestive disorders including cirrhosis and in women are again digestive disorders. One of the key challenge areas therefore lies in tackling alcohol harm and its related conditions.
- Promoting greater independence and choice. People wish to remain as independent as long as possible and to have choice and control on how they access services in the future and this is a key aim for the Council in developing services in the future including transforming social care
- Reducing the numbers of falls for older people. Falls are a major cause of disability and the leading cause of mortality due to injury to older people age 75 and over
- Encouraging healthy lifestyles and participation in fulfilling activities. The Council, in Partnership with NHS Wirral, has developed five lifestyle strategies to encourage these healthier lifestyle choices. The 5 strategies include:-
 - Obesity
 - Food and drink
 - Physical activity
 - Drink safe
 - smoke free

These 5 strategies have been integrated in to an overarching health and wellbeing strategic framework under the direction of the Joint Director of Public health.

- Access to culture and leisure services is important in addressing a range of problems associated with deprivation, in particular health inequality.
- Improve Support for those with mental health problems supporting this group with their condition and providing assistance with building their skill base to assist with recovery
- Tackling domestic violence: Use of the innovative MARAC (multi agency risk assessment conference) is a key intervention in tackling domestic violence across the Borough.

- Informal carers are more likely to be in poor health and the Wirral Carers Strategy looks to improve access to health checks and a life outside of caring, promoting access to leisure, cultural and social activity.
- Having a home which is warm, safe and secure. Good quality housing (which is addressed in the Building Communities section) has a significant impact on the health and wellbeing of individuals.
- Improving access to health services for people with learning disabilities, ensuring that health messages are available in formats which are easy to read and understand

Current Position

- As stated above the 5 strategies have been integrated into an overarching health and wellbeing strategy and there is an action plan in place to implement.
- There are other disease specific modernisation groups such as stroke and cancer developing early intervention and prevention strategies and pathways for treatment and care.
- Health action areas through public health working at community and street level to promote health and wellbeing.
- Health Checks for Carers; in order to prevent carer breakdown, informal carers are being offered health checks by GP's. Through the work of the sub groups for the implementation of the Carer's strategy work is underway to increase the number of carers receiving a health check.
- A falls preventions service and strategy are in place aiming to identify fallers through the use of assessment tool which look at the key indicators that make a person more likely to fall and to put in place interventions that reduce the risk of a fall.
- Older People's Mental Health Strategy.
- Health checks for people with Learning disability.
- A BME health needs assessment has been commissioned by NHS Wirral and this will be used to inform the Joint Strategic Needs Assessment
- Affordable Warmth strategy. A borough-wide Affordable Warmth strategy is in place which aims to reduce fuel poverty and to increase access to information and advice and services to improve both the heating and thermal insulation of properties.

- Home Fire Safety Checks. Significant work has been undertaken with Merseyside Fire and Rescue service to target those people known to services and others to ensure that they have had a risk assessment, been offered advice and smoke alarms fitted to reduce the number of people dying or being injured in fires. A local data sharing arrangement and agreement exists between the Department of Adult Social Services and MFRS to achieve this.

Required to Develop the Strategy

The Marmot review concentrates its attentions onto the social determinants of health and identifies that many of the gaps will be addressed through related strategies and initiatives which are not necessarily lifestyle specific. This will need to be taken into account in the implementation of the Strategy.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Healthier lifestyles these include:

NI119 Overall health and wellbeing

NI 137 healthy Life expectancy

NI 8 Participation in sport

NI 9 Use of public libraries

NI 187 Tackling fuel poverty

Local Indicator – percentage of carers receiving a health check

PRACTICAL SUPPORT

Practical low level support services provides a range of low cost practical and sometimes emotional help. Often have simple eligibility criteria, fall outside of care managed services and can be delivered through either statutory or third sector agencies. To be able to provide these practical services in a proactive manner rather than waiting till a crisis situation develops shows the need for the development of case finding and other tools for predicting risk.

Case finding is defined as the process of working proactively to identify people who could have benefit from having access to information, advice or services. It will make a marked departure from systems which just wait to receive referrals.

The range of practical services and support across Wirral is extensive and far ranging and many examples of services provided can be identified, these are much wider than health and social care and aim to provide resolution to the barriers preventing people remaining independent.

Practical support can also include emotional support through befriending and counselling and there are existing services provided for example through Age Concern for befriending and counselling for Carers through WIRED.

Current position

The range of practical services and support across Wirral is extensive and far ranging and many examples of services provided can be identified, these are much wider than health and social care and aim to provide resolution to the barriers which prevent people from remaining independent. Examples of existing practical support services include:

- POPIN – Service – promoting the independence of older people through identifying barriers to independence and working to support older people to access advice and services that can help them remain living independently
- Home Improvement Agency and Handyperson services providing practical support in maintaining properties , but also developing a hub of information and services to further support older and more vulnerable people including accessing affordable warmth initiatives, undertaking a risk assessment in terms of falls and benefits checks
- Support to BRM communities – this is achieved through a number of agencies such as Wirral Multicultural Organisation, Wirral Council Supporting People team , Wirral Change, Irish Community care, Polish Community Association and the Citizens advice Bureaux providing support to access to a wide range of services to migrants and people from BRM communities.

- Carers Support – Being delivered through the Carers Helpline locally and the National carers helpline. A carers website locally developed by WIRED gives on line access to advice and information alongside the opportunity to share experiences and thoughts with other carers – providing emotional and peer support
- Home from Hospital Service – providing Practical support to those recently discharged from Hospital through Voluntary Community Action Wirral
- Luncheon Clubs operating across Wirral and including specific clubs for members of BRM communities , including Chinese, Bangladeshi and Afro Caribbean
- Helping Hands and Carelink services providing transport and practical support in the home

Practical support can also include emotional support through befriending and counselling and there are existing services provided for example through Age Concern for befriending, which has included working with the Chinese Community Association and counselling for Carers through WIRED.

There are informal networks in place across many agencies that cross refer for support for individuals to access such initiatives as a medication review. This ability to refer for proactive services enables front line staff from various agencies who are the first point of contact to be able to identify and support individuals who may not be identified through other means.

Required to Develop the Strategy

- Developing the awareness of staff across the Department of Adult Social Services and its partners of the wide range of practical support services that are available and the various referral mechanisms.
- Identifying gaps in practical support, such as affordable low level domestic help, gardening, decorating.
- There are often issues around practical support on how these services are funded and their future sustainability and on many occasions they are short term funded and the shift towards early intervention and prevention needs to consider this. It is also difficult in many instances to prove the benefits and outcomes other than on a qualitative basis and this proves a challenge in commissioning services
- Develop intelligence in relation to support and practical services for people from communities of identity such as LGBT and transgender

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift.

Number of people in early intervention and prevention services (local indicator)

NI136 Supported to live independently

NI 139 views on extent of support to live independently

NI 142 “supporting people” to live independently

RE-ENABLEMENT

Research has shown the significant financial and quality of life gains that can be achieved from a more rehabilitative and therapeutic intervention at the point of referral to social care. Enablement services appear to be able to make significant reductions in the number of people requiring support after a 6 week intervention. Connection with intermediate care services is also important.

“Councils have increasingly shown how developing home care services can support independent living and deliver value for money. Assistive technology such as telecare and minor adaptations , like fitting a handrail can also enable people with support needs to continue their life independently” Transforming Social Care

Current Position

There has been considerable investment by the Department of Adult Social Services and NHS Wirral into this area of early intervention, with positive outcomes for people.

- Wirral has in place an award winning Assistive technology service that seeks to develop both telecare and telemedicine that meets both emergency and re- enabling outcomes for individuals. Assistive technology is a low impact way of helping people to retain their independence at home
- Each person is assessed to match the needs of the individual with the wide variety of solutions that are available.
- Assistive technology also plays a key role in reassuring carers and family that the person is safe and able to request assistance when necessary A recent cabinet decision has seen a significant Invest to Save Bid approved for the further development of Assistive technology and the implementation of this will be a separate project to the implementation of the Early Intervention and Prevention Strategy
- Wirral HART service is a short term assessment and reablement service which is provided for one to three weeks, but may extend to six weeks and is provided through health professionals and social care staff. The service aims following a hospital in patient stay and an assessment from the Department of Adult Social Services for an occupational therapist to support to:-
 - Increase confidence
 - Find new ways of doing things
 - Providing specialist equipment/ technology
 - Offering practical help and encouragement

The further development of the Reablement Strategy for Wirral will form part of the implementation of this strategy.

- Specific strategies are in place or being developed to support recovery from significant life changing events such as having had a stroke or a fall that has resulted in a fracture. These strategies look to provide specialist short term support, information, advice, rehabilitation, ongoing support networks and accessing employment.

Required to Develop the Strategy

To further develop re-ablement services through the projects identified above and ensure that the actions identified through the Equality Impact assessments on these services are implemented

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift

NI 125 Achieving independence through rehabilitation / intermediate care
Number of people who have access to a telecare package

MAINTAIN INDEPENDENCE AT HOME

This includes the development of services that support people to remain in their own home, to avoid inappropriate admission to care homes or hospital and the timely discharge interventions which enable people to spend no longer than is necessary in hospital and to return safely to their own homes.

Current position

The overall approach over several years has been to help people to remain at home for as long as possible and to improve the quality of residential care homes. The availability of services includes:

- Three Extra Care Housing Schemes including a specialist scheme for people with dementia. Significant investment is seeing the development of further two schemes during 2010/11 providing an additional 119 units of accommodation for rent and shared ownership. Extra care housing provides the independence of maintaining a tenancy/ home of ones own with the support of 24 hour and personalised care provision.
- Wirral also has a significant number of supported and sheltered housing that provides low level support to remain independent; this is provided through a range of Registered Social Landlords and often funded through Supporting People. Work is currently being undertaken as part of the Supported Housing and Special needs strategy as to how the transition to providing more floating / peripatetic support can be achieved.
- Both safeguarding and Home Safety which have been covered earlier provide essential elements of maintaining people within their own homes and communities
- Visual Impairment Rehabilitation services provided through the Department of Adult Social Services and third sector groups such as Wirral Society for the Blind and Partially Sighted are essential for ensuring that people who are visually impaired are enabled and empowered to remain as independent as possible through the development of new skills and reablement and also through the provision of equipment appropriate to their needs
- Community Equipment services provided through NHS Wirral and the council enable access to equipment that supports people to remain independent in their own home. This service has recently been subject to a review that looked at a retail model of provision
- Following referral to an occupational therapist, adaptations, which are changes to the home which promote safety and maintain people in their own home, can be requested.

- The introduction of personal budgets and direct payments offers choice and control for individuals
- NHS Wirral (in partnership with other Merseyside NHS and local authorities) currently commission support services from Sahir House for people who are HIV positive. The aim of this service is to “empower service users to enable them to maximise their social, psychological and physical wellbeing and to achieve their full potential in terms of quality of life.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift

NI129 End of Life Care – access to palliative care enabling people to choose to die at home

NI 124 Long term conditions supported to be independent with choice and control

NI131 Delayed transfers of care

NI146 People with a learning disability in settled accommodation

People with a mental health need

NI136

NI130

CONCLUSION

Making sure that there are opportunities to build the capacity of individuals or communities to deal with their own wellbeing or life changing conditions can only succeed if social care and health work within the context of the wider local authority, third sector, independent sector and with people who use services, carers and other members of local communities.

Wirral must be committed to ensure that social care and health services deliver personalised, flexible and seamless services to those who are in need and that people are given choice and control over the services they receive.

To achieve the vision set out in this strategy, there must be investment and preventative and community based services that meet the needs of local people. This will require disinvestment in some services in order to reinvest in those which have positive outcomes. It will be necessary to develop a commissioning agenda which recognises the need for early intervention and for community capacity building, ie the ability of individuals and communities of need to identify a place to meet their need with the minimum of official involvement. It will be necessary, therefore, to build alternatives to existing services to which people can be signposted or about which they can be given information.

Early intervention and prevention will be increasingly central to the work of the Department of Adult Social Services. It will require an approach to existing service delivery that encourages people to take control of their own life offers choice and enables creative solutions to situations. This may mean enabling risk and it will mean the removal of a 'professional gift' model, whereby the professional always knows best, to one in which the professional and the person using services work in partnership. It will also require services to be proactive in encouraging people to seek advice, information and assessment (if necessary) at an early stage, so that skills and knowledge can be acquired in time to deal with a long term condition or situation. It will require a culture within social care services that encourages a move out of formal services where possible; encourages people to find their own solutions and which gives confidence that services are targeted to where they are most needed.

Wirral has already laid the foundations for this approach, evidenced by personal budgets, user involvement, one stop shops and a central call centre. The foundations now need to be built upon with the implementation of this strategy, in order to improve outcomes for Wirral people.

MAKING IT HAPPEN

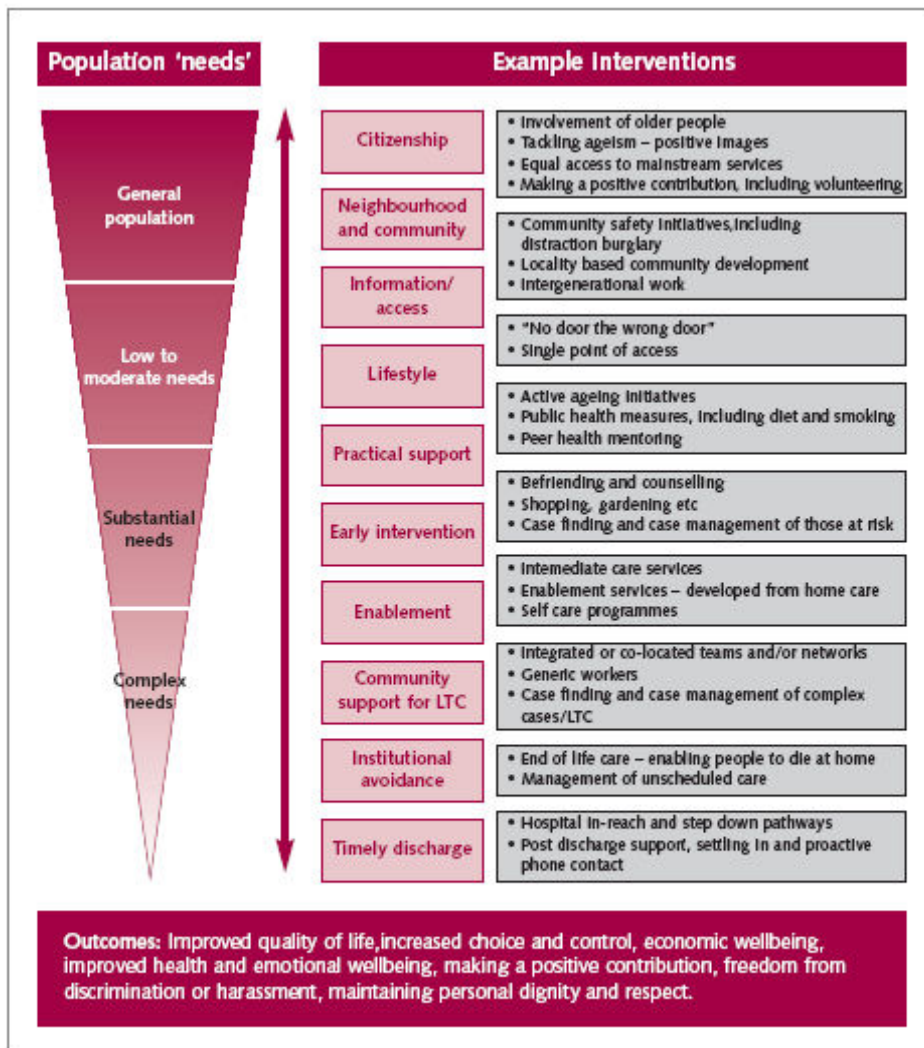
As identified earlier in the document ("How will the strategy work) seven work streams will need to be developed. As part of the transformation agenda the implementation of the strategy will be one of the Department of Adult Social Services key projects during 2010/11 with the intention of meeting the Putting People Milestones as follows :-

By October 2010

That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.

By April 2011

That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.



NB it is important to remember that even those with complex needs will want to make use of many of the 'lower level' interventions.

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UPDATE ON WORK PROGRAM : HEALTH AND WELLBEING OSC- END OF THE MUNICIPAL YEAR 2009 / 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 and in March 2010. Further report due from the 'Discharge Turnaround Team' in Sept 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 presented in March 2010 including 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 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.	
March 2010	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)	Officer Report		Proposed report during 2010/11 municipal year.	
March 2010	Offer of training on knowledge and understanding of NICE and how NICE guidance can be used to devise some important questions for scrutiny.	Presentation		Proposed presentation during 2010/11 municipal year.	
March 2010	Safeguarding Adults in Wirral	Officer report		Report to Committee in March 2010.	
March 2010	Quality Accounts	Officer report		Report to Committee in March 2010. Further report to June 2010 meeting.	
March 2010	HIV Services (Initial response to referral from Notice of Motion at Full Council – 14/12/09)	Officer report		Report on the Prevention of sexually transmitted infections in young people presented to Committee in March 2010.	
March 2010	North West Ambulance Service – report on incident response times			Committee agreed to this item being added to the work programme.	

REPORT 2
SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME
HEALTH AND WELL BEING SCRUTINY COMMITTEE : END OF MUNICIPAL YEAR 2009 / 10

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date

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 : END OF MUNICIPAL YEAR 2009 / 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 Arrowe 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> <p><u>Update as at 01/05/10</u> A 'focus group' with carers has been held. Further 'interviews' have been held with managers and consultants at Arrowe Park hospital and at Cheshire & Wirral Partnership Trust.</p>	