



Health and Well Being Overview and Scrutiny Committee

Date:	Thursday, 9 September 2010
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Andrew Mossop
Tel: 0151 691 8501
e-mail: andrewmossop@wirral.gov.uk
Website: <http://www.wirral.gov.uk>

AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

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

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

2. MINUTES (Pages 1 - 8)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 21 June, 2010.

3. NHS WHITE PAPER - 'LIBERATING THE NHS' (Pages 9 - 10)

4. MANAGING THE BUDGET ACROSS HEALTH AND SOCIAL CARE (Pages 11 - 12)

5. CARE QUALITY COMMISSION INSPECTION REPORT (Pages 13 - 16)

6. PRESENTATION ON FIRST QUARTER PERFORMANCE 2010/11

The Quarter 1 Performance Report on activities relevant to Health and Well Being Overview and Scrutiny Committee is available to view in the web library and a presentation will be made by the Director of Adult Social Services.

7. CHANGES TO INDEPENDENT LIVING FUND (ILF) (Pages 17 - 20)

8. WIRRAL LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT 2009/10 (Pages 21 - 42)

9. NHS WIRRAL PUBLIC AND PATIENT INVOLVEMENT ANNUAL REPORT - APRIL 2009 - MARCH 2010 (Pages 43 - 94)

10. PROSTATE CANCER (Pages 95 - 100)

11. UPDATE ON PODIATRY SERVICE AND WAITING TIMES (Pages 101 - 106)

12. WORK PROGRAMME

Report to follow.

13. FORWARD PLAN

The Forward Plan for the period September to December 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.

14. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 21 June 2010

Present: Councillor M McLaughlin (Chair)

Councillors	A Bridson	C Povall
	W Clements	P Reisdorf
	P Glasman	T Smith
	B Kenny	G Watt
	S Mountney	

Co-opted Members:

B Bray (Carers)	S Saagar (BME
D Hill (LINKs)	Community)
S Lowe (Service	S Wall (OPP)
Users under OPP age	
group)	

1 WELCOME

The Chair welcomed everybody to the Committee, in particular new Members and thanked the previous Chair, Councillor Ann Bridson, for all her work over the past few years as Chair.

2 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.

Councillor P Glasman declared a personal general interest due to a member of her family being employed at Arrowe Park Hospital.

3 MINUTES

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 25 March, 2010.

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

4 APPOINTMENT OF VICE-CHAIR

The Committee was requested to appoint a Vice-Chair.

On a motion by the Chair, seconded by Councillor Smith, it was -

Resolved - That Councillor Brian Kenny be appointed Vice-Chair of this Committee.

5 TRANSFORMING ADULT SOCIAL SERVICES - AN OVERVIEW AND UPDATE

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

The Department had a three year plan for transformation focussing on the three key strands of personalisation, localisation and integration, to deliver the milestones set down in 'Putting People First'. The milestones reflected the radical reform needed and the changing shape of adult social care. The milestones were 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

The Government had recognised that to meet these goals, social care would need to undergo significant changes in process, practice and culture to ensure people had access to high quality information and advice, appropriate early interventions and could exercise choice and control over the services and support they needed. It also required 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 had been made available for councils to invest in the necessary developments.

The delivery of this agenda was not limited to public services targeted at people eligible for state support. It was also about how people helped themselves and each other as individuals and in groups and communities and how they made best use of the resources available for all citizens in their area.

The Chair commented upon the huge challenge which the transformation agenda presented and how best change could be managed.

Kathy Doran, Chief Executive of NHS Wirral, informed the Committee that a Government White Paper was due on the Health Service in early July to coincide with the anniversary of the NHS.

Resolved –

(1) That Committee supports the direction of travel for Adult Social Services, as detailed in the report and presentation.

(2) That a further report be brought to this Committee on the transformation of adult social care in Wirral.

6 PRESENTATION ON FOURTH QUARTER 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 fourth 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:

- 1,037 people supported by NHS Stop Smoking Service (target 896)
- 86% (758 people) receiving intermediate care were still at home 3 months later
- 99.34% of equipment delivered within 7 days (target 93%)
- 855 new installations of Assistive Technology (target 750)
- 1,109 reduced packages as a result of re-ablement (target 1,100)
- 723 people no longer needing support following re-ablement services
- 26.8% of identified carers receiving a service (target 21.5%)
- Improved mortality rate from circulatory diseases (target exceeded by 28%)

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

- People receiving a review in a year
- Adults with a learning disability in settled accommodation
- Adults with a learning disability in paid employment
- People receiving self directed support

In respect of the financial position the projected overspend for the year end was £2.4m.

At the request of the Chair, a copy of the 'End of Year Performance Report 2009/10', which was available in the Council's web library, had also been circulated.

Responding to Members' comments Mike Fowler explained that as a member of the Pricewaterhouse Coopers benchmarking club indicators could be measured in comparison to other authorities across the area. Work continued on identifying further efficiencies.

A Member commented upon the need for more specific and accurate data in the report which had been circulated particularly on what was working well, such as 'life expectancy improving', but by how much and the numbers accessing 'personal budgets'.

Mike Fowler acknowledged the improvements needed for the report.

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

Resolved –

(1) That the presentation and report be noted.

(2) That the Committee look at those Performance Indicators either on red or amber and either deteriorating or not improving and requests more detailed reports on these and these be included in the Committee's work programme.

7 QUALITY ACCOUNTS UPDATE

The Director of Adult Social Services submitted a report updating the Committee on Quality Accounts. The draft Quality Account for the North West Ambulance Service was circulated with the report, and commentaries from LINKs on the Wirral University Teaching Hospital NHS Foundation Trust and on the Cheshire and Wirral Partnership NHS Foundation Trust had also been circulated.

In addition the Quality Account from Liverpool Heart and Chest Hospital NHS Foundation Trust had been circulated and also the minute from the Cheshire and Wirral Joint Scrutiny Committee on the Cheshire and Wirral Partnership Trust Quality Account.

The Chair suggested that future quarterly reports could be reported in a different manner so that commentaries were linked to the actual quality accounts.

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

Resolved –

(1) That this Committee accepts the commentary from LINKs and thanks LINKs for the significant piece of work they are doing and for their positive contribution across Wirral.

(2) That the process for future updates on a quarterly basis be agreed.

(3) That the commentary on the quarterly reports be used as the feedback to the health providers for 2010/11 purposes.

8 DELIVERING SAME SEX ACCOMMODATION (DSSA) UPDATE

Further to minute 33 (10/11/09), Pat Higgins, Assistant Director of Strategy and Planning, Wirral University Teaching Hospital NHS Foundation Trust gave an update on the progress which had been made in respect of eliminating mixed sex wards at Arrowe Park Hospital. The then Health Secretary had announced in January that performance measures would be put in place via the standard contract from April 2010 to ensure that same sex accommodation was provided for every patient. An action plan was also submitted with the report.

She reported that there were still issues within the Intensive Care, High Dependency and Coronary Care Units but these were due to the more substantial building works which would be required to deliver same sex accommodation within these units.

Responding to comments from Members Pat Higgins informed the Committee that a monitoring system was in place and any breaches were reported to the PCT. The guidance and the target of 100% compliance had not in itself led to any bed reduction in the hospital and the creation of a greater number of single sex rooms was being achieved by reducing the lengths of stays. She also stated that she would be happy

to bring an analysis back to the Committee of responses to the PALS questionnaires which had since January incorporated a question on delivering same sex accommodation.

A Member suggested that regulations forcing hospitals to make intensive care and high dependency units single sex, when clearly there were other priorities was a nonsense.

The Chair and other Members commented that for many people this was a very important issue and that the situation should never arise whereby a person's dignity or privacy was compromised.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, in response to comments from Members informed the Committee that patients could now make a choice of being able to be seen by male or female staff.

Resolved - That the Committee notes the progress being made at Wirral University Teaching Hospital NHS Foundation Trust to deliver same sex accommodation and that regular reports on the issue be brought back to the Committee through the Quality Accounts.

9 FAIR ACCESS TO CARE SERVICES

The Director of Adult Social Services submitted a report which provided the Committee with background information on the national eligibility criteria for Adult Social Care, recent updates to guidance in February 2010 and made recommendations to Committee for the future application of the FACS (Fair Access to Care Services) eligibility bands. The report would be considered by Cabinet at its meeting on 24 June, 2010.

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 used 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.

As of March 2010, 5157 people who were receiving services were assessed as having substantial needs and 151 people receiving services were assessed as having critical needs.

The 2010-11 budget had been 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 had lowered their threshold to include "moderate" needs as part of the early intervention and prevention agenda. The Early Intervention Strategy (see minute 80 post) would form part of the proposed wider review.

Responding to Members' comments the Director stated that a review could be held within a 6 month period. Research had been undertaken around national projects such as Partnership for Older People.

Resolved –

(1) That this Committee endorses the decision to continue to provide social care services to individuals in Wirral who have critical and substantial needs.

(2) Committee notes the revised guidance on FACS and the need for Councils to support universal services which promote reablement and prevention.

(3) Committee endorses the decision to undertake a wider consultation on the Council's FACS criteria to enable Council to determine FACS levels for 2011/12.

10 **AN EARLY INTERVENTION STRATEGY FOR WIRRAL**

The Director of Adult Social Services reported upon the Early Intervention and Prevention Strategy, one of the key transformational projects of the Department of Adult Social Services. It offered 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.

To achieve the vision set out in the strategy, there had to be investment in preventative and community based services that met the needs of local people. This would require disinvestment in some services in order to reinvest in those which had positive outcomes. Early intervention and prevention would be increasingly central to the work of the department. It would require an approach to existing service delivery that encouraged people to take control of their own life, offered choice and enabled creative solutions to situations.

Sandra Wall referred to the bereavement service run by Age Concern which picked up around 7 or 8 referrals a week. Funding for the service was due to cease in July. She also referred to the service provided by CRUSE bereavement care which was about to close on Wirral.

Kathy Doran, Chief Executive, NHS Wirral responded that NHS Wirral had commissioned a report into end of life care and bereavement services from Voluntary and Community Action on Wirral (VCAW) and they were due to submit a report by the end of June to put to the board of NHS Wirral on the services required.

Responding to further comments, the Director stated that moving forward with the strategy would be a real test in changing the way services were provided and in communicating the message of early intervention effectively. The seven work streams which made up the strategy would be infinitely flexible and constantly evolving.

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

Resolved –

(1) That Committee thanks the Director for the production of the Early Intervention Strategy for Wirral and notes its contents.

(2) That Committee recognises the importance of it and the need to develop those services which support the vision of a society which values all its citizens and enables them to fully participate in their communities and in arranging their own support.

11 **WORK PROGRAMME**

The Committee received an update on its work programme and the Chair circulated a list of suggested future items for the Committee as a rolling programme as follows:

- Alcohol Related Hospital Admissions
- 'Out of Hospital' Scheme
- Prostrate Cancer in Wallasey and Moreton
- Hospital Discharge Review/Discharge Turnaround Team
- Health and Homelessness Update
- 'Your Reason, Your Way' - Stop Smoking Campaign
- Transforming Adult Social Care
- Update of the Work Programme

In addition it was also suggested that an item on Performance Indicators on 'red' or 'amber' be added (see minute 76 ante) and the Dementia Review continue until its conclusion. Three further suggestions were also made:

- The impact of the budget on services
- Chiropody services
- Report from health colleagues on the Coalition Government's changes to the health service

Responding to the latter point, Kathy Doran, Chief Executive, NHS Wirral, outlined some of the changes just announced including the revision of targets regarding accessing a GP within 48 hours, hospital appointments within 18 weeks and 4 hour waiting time target when attending Accident and Emergency.

Resolved – That all the suggestions for the Committee's Work Programme listed above be agreed and the Chair and Party Spokespersons meet on a regular basis to discuss the programme.

12 **FORWARD PLAN**

The Committee had been invited to review the Forward Plan prior to the meeting in order for it 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.

Resolved – That the forward plan be noted.

This page is intentionally left blank

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

NHS WHITE PAPER - LIBERATING THE NHS

Executive Summary

This report introduces a presentation to be made to the Committee regarding NHS White Paper - 'Liberating the NHS'.

1 NHS White Paper

- 1.1 The NHS White paper published in summer 2010 heralds a fundamental change to the way health services are organised across the UK. The Implications for Wirral could be far reaching and guidance continues to be issued by the Department of Health.
- 1.2 A presentation will be made to the Committee on the strategic issues announced in the White Paper and the latest guidance on how these will be implemented locally. Key issues that are brought to the Committee's attention include:
 - (a) Independent NHS Commissioning Board
 - (b) General Practitioner commissioning consortia
 - (c) A new Public Health Service
 - (d) Community Services to be separated from NHS Wirral
 - (e) The move to Foundation Trust
 - (f) The Council's role in joining up local NHS services, social care and health improvement

2 Financial Implications

- 2.1 Whilst there are no specific financial implications arising from the report, the way local health and social care services are organised in the future will have far reaching financial impact.

3 Staffing Implications

- 3.1 There are no immediate staffing implications arising from this report. However the long term impact of changes in the way Council and Health services are organised in Wirral could have major implications for the workforce which is currently the major source of employment in the Borough.

4 Equal Opportunities Implications/Health Impact Assessment

4.1 There are no implications arising directly from this report.

5 Community Safety Implications

5.1 There are no implications arising directly from this report.

6 Local Agenda 21 Implications

6.1 There are no implications arising directly from this report.

7 Planning Implications

7.1 There are no specific planning implications arising from this report.

8 Anti Poverty Implications

8.1 There are no specific implications arising from this report.

9 Social inclusion Implications

9.1 There are no specific implications arising from this report.

10 Local Member Support Implications

10.1 There are no local member support implications arising from this report.

11 Health Implications

11.1 The way health and social care is arranged will have major implications for health of people in Wirral. These implications will feature in further reports to this and other Committees as proposals become clearer.

12 Background Papers

12.1 None.

13 Recommendations

13.1 That the Committee note the report and receive the presentation.

JOHN WEBB

Director of Adult Social Services

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

MANAGING THE BUDGET ACROSS HEALTH AND SOCIAL CARE

Executive Summary

This report introduces a presentation to be made to the Committee regarding the financial pressures facing the NHS and the Council. It sets out how, at a strategic level, the organisations are collaborating to deliver improved outcomes for local people and reduce inequalities whilst facing significant reductions in available resources.

1 Working Together

1.1 The presentation will confirm the Council's, and the NHS commitment to working together which is reflected in the Local Area Agreement. Key issues to be addressed by the seven workstreams across the health and social care economy include:-

- (a) Too many avoidable admissions to hospital
- (b) Longer stays in hospital than is necessary
- (c) High numbers of people supported in residential and nursing home care

2 Financial Implications

2.1 Whilst there are no specific financial implications arising from the report, the way local health and social care services are organised in the future will have far reaching financial impact

3 Staffing implications

3.1 There are no specific staffing implications arising from this report. However the long term impact of changes in the way Council and Health services are organised in Wirral could have major implications for the workforce which is currently the major source of employment in Wirral.

4 Equal Opportunities implications/Health Impact Assessment

4.1 Reducing health inequalities within limited resources is the major driver for the health and social care economy.

5 Community Safety implications

5.1 There are no implications arising directly from this report.

6 Local Agenda 21 Implications

6.1 There are no implications arising directly from this report.

7 Planning implications

7.1 There are no specific planning implications arising from this report.

8 Anti Poverty implications

8.1 There are no specific implications arising from this report.

9 Social inclusion implications

9.1 There are no specific implications arising from this report.

10 Local Member Support implications

10.1 There are no local member support implications arising from this report.

11 Health Implications

11.1 The way health and social care is arranged will have major implications for health of people in Wirral. These implications will feature in further reports to this and other Committees as proposals become clearer.

12 Background Papers

12.1 None.

13 Recommendations

13.1 That the Committee note the report and receive the presentation.

JOHN WEBB
Director of Adult Social Services

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

CARE QUALITY COMMISSION INSPECTION REPORT: SAFEGUARDING ADULTS, MAKING A POSITIVE CONTRIBUTION FOR ADULTS WITH A LEARNING DISABILITY AND INCREASED CHOICE AND CONTROL FOR ADULTS WITH A LEARNING DISABILITY

Executive Summary

This report provides Overview and Scrutiny Committee with an introduction to the Care Quality Commission Inspection findings from its review undertaken in May 2010. The focus of the inspection was on safeguarding adults, making a positive contribution for adults with a learning disability and increased choice and control for adults with a learning disability.

As part of the inspection process the Care Quality Commission will formally present their findings to Cabinet on 2 September 2010, until this date the report which has been shared with Cabinet, will remain embargoed to members of the public. It will then be available on the Care Quality Commission website and in Easyread versions. Copies of the report and improvement plan will be sent to members of this Committee on 3 September.

1 Background

1.1 An inspection team from the Care Quality Commission visited Wirral Council in May 2010 to find out how well the council was delivering social care. The inspection team looked at how well Wirral Council was:

- Safeguarding adults whose circumstances made them vulnerable
- Making a positive contribution for adults with a learning disability
- Increasing choice and control for adults with a learning disability

2 Inspection Process

2.1 Before visiting Wirral Council, the inspection team reviewed a range of key documents supplied by the Council and assessed other information about how the council was delivering and managing outcomes for people. This included the Council's own assessment of performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the Council was performing.

- 2.2 During the inspection the team met with people who used services and their carers, staff and managers from a number of Council Departments and representatives of other organisations.
- 2.3 The Council has produced an action plan in response to the inspection report. This plan provides detailed responses to address all areas for improvement. In turn it recognises that working with partners is key, where good practice is identified the council will seek to build upon it.
- 2.4 The Care Quality Commission will return to Wirral in six months time (approximately end of January 2011) to undertake a follow up inspection to check on progress of the recommendations.

3 Inspection Judgements

- 3.1 The Inspection Report will identify what the Care Quality Commission found the Council was doing well and areas for development and make recommendations for improvements in each of the areas inspected.
- 3.2 The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'. In addition the Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

4 Improvement Plan

- 4.1 There are a number of issues raised by the Inspection and the recommendations from the Care Quality Commission that need to be addressed through a robust Improvement Plan.
- 4.2 Cabinet recognised that improvements will need to be made, both to Safeguarding and Services for People with Learning Disabilities.
- 4.3 The initial Improvement Plan approved by cabinet has been submitted to the Care Quality Commission. This will be kept under close scrutiny with progress reports to Cabinet submitted at two monthly intervals.

5 Financial Implications

- 5.1 There are no financial implications directly arising out of this report.

6 Staffing Implications

- 6.1 A range of issues have been addressed within the Improvement Plan to ensure that Wirral provides competent staffs, who have appropriate support and training.

7 Equal Opportunities Implications/Health Impact Assessment

- 7.1 An equality impact assessment was undertaken on the safeguarding improvement plan which was implemented and delivered between June 2009 and June 2010.

8 Community Safety Implications

- 8.1 None arising from this report.

9 Local Agenda 21 Implications

- 9.1 None arising from this report.

10 Planning Implications

- 10.1 None arising from this report.

11 Anti Poverty Implications

- 11.1 None arising from this report.

12 Social Inclusion Implications

- 12.1 None arising from this report.

13 Local Member Support Implications

- 13.1 None arising from this report.

14 Background Papers

- 14.1 CQC Inspection Report (embargoed until 2 September) and Wirral's improvement plan.

15 Recommendations

That;

- (1) Overview and Scrutiny Committee receive the findings from the Care Quality Inspection Report on 2 September 2010 and accept their recommendations.
- (2) Overview and Scrutiny Committee receives the initial improvement plan and determines how it will scrutinise this work.

JOHN WEBB
Director of Adult Social Services

This page is intentionally left blank

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

CHANGES TO INDEPENDENT LIVING FUND (ILF)

Executive Summary

This report highlights the recent changes made to the independent living fund, the impact this may have on supporting adults with complex needs to live independently and the possible related impact on the Department of Adult Social Services (DASS) budget.

This items falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 The Independent Living Fund (ILF) is a source of income administered through a national government charity to enable people to pay for a range of support services, or to provide access to other services such as individual support to go to college or leisure activities that are not statutory.
- 1.2 ILF is not a source of income to DASS. The funds have been predominantly used to support people with complex needs as part of wider packages of funding and support to allow them to live independently. Often, people may receive a combination of social care, health and ILF funding alongside other funding streams such as Supporting People. This enables them to be comprehensively supported to live independent lives. Often, people choose Supported Living tenancies as a direct alternative to residential placements. Over a number of years the fund has built a reputation of allowing people to achieve independence, maximise the quality of their lives and achieve their aspirations.
- 1.3 Demand for ILF funding has increased year on year, primarily as a reflection of the increasing numbers of people with complex needs being supported, particularly in the area of adult learning disabilities. However, due to this significant growth in demand and the incremental increase in costs, ILF advised in March 2010 that it would be changing its regulations. This change meant they would only accept new applications from people working 16 hours or more per week with effect from May 2010. However, the consequence of this was a significant rise in ILF applications. Thereafter, and in response to this unprecedented demand, the ILF issued a statement advising that they would not be in a position to process or honour any of these new applications. This decision was made without notice.

The advice ILF have given those that have recently applied, is that they must take further steps to manage within available funding and protect existing awards. As a result they are currently unable to commit any further funding to new applicants, except for those who have already received a formal offer of funding.

- 1.4 This more recent decision has created significant concern and anxiety for people who have been planning over a long period of time to move to independent living arrangements and have been expecting ILF to contribute to these support arrangements. In view of the very short notice given of this decision alongside the longer time frame of planning for these arrangements, people have been left stunned and distressed by these changes. The implication is that this change will significantly affect long-term decisions about independent living.
- 1.5 The ILF have taken steps to advise and reassure people of their commitment to continue funding for existing people but has indicated that they are unable to increase individual awards above the amount currently paid.
- 1.6 It is understood that ILF will make a further announcement in the near future; however, there is no further detail on their website www.ilf.org.uk.

2 Current Position

- 2.1 There are currently 118 people supported by DASS who also receive ILF funding. ILF funding for these people totals £37,143 per week (£1,931,436 per year). The average funding per person is £315 per week.
- 2.2 Information for the past 5 years shows an average of 12.8 new applications per year for people supported by DASS. At an average of £315 per week per application this equates to additional ILF funding of £209,664 in total per year.
- 2.3 There are currently 13 people supported by DASS who have outstanding applications for ILF funding and a further 3 where applications were in the process of being submitted. This is an increase on the previous year's average figures over a two month period when applications under the old regulations were being allowed. Based on the average funding this equates to a total of £5,040 per week and £262,080 in a full year. Some of these people were weeks away from moving into Supported Living accommodation with friendship groups, and this decision has severely disrupted financing of these schemes and has delayed "moving in dates" which in some cases were only weeks away.

3 Potential Impact

- 3.1 It is too early to say what impact the withdrawal of ILF will have. This may be small as DASS should meet the Fair Access to Care Services (FACS) eligible needs of people in receipt of ILF.

However, a review of the 16 people referred to in 2.3, will need to be undertaken to confirm that this is the case. However, there is an interdependence of funding arrangements across different funding streams, so matters are not simple. Clearly, the expectations of some people and their parents is that it should be the responsibility of the local authority to make up ILF shortfalls. From a support planning point of view and without alternative funding available, the local authority may need to reconsider the people where moves into Supported Living require additional ILF funding, the support coming from other less expensive FACS eligible services. These may not afford the same opportunity for independence, such as care placements. Additionally, this could increase cost pressures in DASS.

3.2 The speed of the changes to ILF have also left a number of issues unresolved which include the following:

- there appears to be no appeals procedure for those applications that have already been submitted
- there are tenancy agreements currently being processed that cannot be completed as the ILF funding was part of the support package
- there are some people that are in the process of moving into their new homes and were expecting payments to start
- the review process for ILF may further reduce the number of claimants in Wirral and impact on the ability of people with complex health and social care needs to live fully independent lives
- in light of the current position regarding public sector finances there is no indication that this decision will be reversed
- this unilateral decision will inevitably create pressures on local authorities to make good funding shortfalls, even though this may not be appropriate or lawful, and further reduce the opportunities for people to live independently

Further information is now being sought from other Councils in the North West to compare the of these ILF changes.

4 Financial Implications

To be determined.

5 Staffing Implications

None.

6 Equal Opportunities Implications/Health Impact Assessment

May reduce and restrict opportunities for adults with complex needs to live independently.

7 Community Safety Implications

None.

8 Local Agenda 21 Implications

None.

9 Planning Implications

None.

10 Anti Poverty Implications

None.

11 Social Inclusion Implications

May reduce and restrict opportunities for adults with complex needs to live independently.

12 Local Member Support Implications

None.

13 Health Implications

None.

14 Background Papers

None.

15 Recommendations

That;

- (1) Committee Members are requested to note the contents of this report and the possible impact of pressures on the community care budget in year.
- (2) It be noted that further direction may be required from Cabinet in addressing the impact of ILF changes.

JOHN WEBB
Director of Adult Social Services

Name Rick O'Brien
Title Head of Branch - Access & Assessment
Ext no 666 4761
Date 23 August 2010

Wirral Local Involvement Network (LiNK)

Annual Report 2009/2010



Our Health • Our Care • Our Say



Growing Stronger Communities

by joining together, many whispers become one voice



Contents

Foreword 2

Introduction 3

Membership & Structure 6

Financial Report 10

Involvement, Engagement & Networking 11

Relationships & Representation 13

Success Stories 15

What We've Done So Far 18

Where do we go from here? ..26

Appendices 27

Wirral Local Involvement Network

VCAW · Fire Station · Exmouth Street
 Birkenhead · CH41 4NF
 Tel: 0151 203 2111
 info@linkwirral.org.uk · www.linkwirral.org.uk

During this last year Wirral LINK has started to make a significant contribution via the work that we are doing with local health and social care services. The individuals and organisations that make up the LINK have continued to give their knowledge, experience and time to work with the providers and commissioners of health and social care services to make sure that the views of the community are taken into account.

We have established excellent relationships with the NHS and Wirral Council, and remain committed to working in partnership to improve services. NHS Wirral, Wirral University Teaching Hospital, Clatterbridge Centre for Oncology, Cheshire & Wirral Partnership and Wirral Council have taken us seriously and treated us with respect, which is very pleasing. The Health and Wellbeing Overview & Scrutiny Committee (OSC) has been very keen to promote the LINK, and we have worked closely with them to identify areas where we can work together.

So, we've made some good progress and we've got a lot of worthwhile and interesting work ahead of us. We'll continue to work hard to engage the community, and to be seen to be making a difference to the local community.

Finally, I would like to thank all the members of the LINK board and the active membership for their commitment and sterling work over the past year, as well as the LINK Support Team for their dedication, guidance and support, and everyone who's given up their time and expertise to make the LINK a success.

Diane Hill, LINK Chairman



Vision

"Our Vision for the Wirral LINK is...making health and social care work for you by developing services that truly reflect the needs of people living and working in Wirral.

We have already established, and continue to develop, a diverse network of local people, communities, groups and organisations.

With your help we will create a stronger, more independent voice, to work together to help shape future services, strengthen and widen the influence of patients and service users in the planning, delivery and improvement of health and social care services for Wirral."

What does Wirral LINK do?

Wirral LINK is focused on addressing local needs and priorities, by finding out what people want from their health and social care services, monitoring the care that services provide and reporting our findings.

Over the year it became apparent that there are several issues around discharge from hospital. Whilst there is some good work being done by the hospitals, we feel that there is scope for care services to work more closely with the voluntary and independent sectors, and the LINK will be working to encourage and monitor this.



One of our main projects this past year and one that we are very proud to have been involved in is the Dignity in Care Campaign on Wirral. We have worked in partnership with the Department of Adult Social Services, Independent Nursing Homes, NHS Wirral, Voluntary & Community Action Wirral, Wirral University Teaching Hospital NHS Foundation Trust and the Older People's Parliament on the Dignity in Care Working Group to highlight awareness and the importance that dignity and respect means to the general public when care and treatment is being given.

It has been evident that mental health services have been a large part of the LINK's work so far. Over the next year mental health may be a major focus for the LINK, particularly around the Acute Care Model for Older Peoples Mental Health Wards. Personalisation remains a focus for the LINK, and we've been involved in the organisational side of the process. We recognise that there is a lot to learn about the process, but we expect to be fully involved in the Personalisation and transformation of social care processes over the next year.

Who do we work with?

The LINK is an independent organisation but works in partnership with both local and national organisations. Most importantly we work with members of the public and the community to effectively represent their views to those organisations who purchase and commission services locally such as NHS Wirral, Department of Adult Social Services, independent regulators and of course all those who provide health and social care in the community.



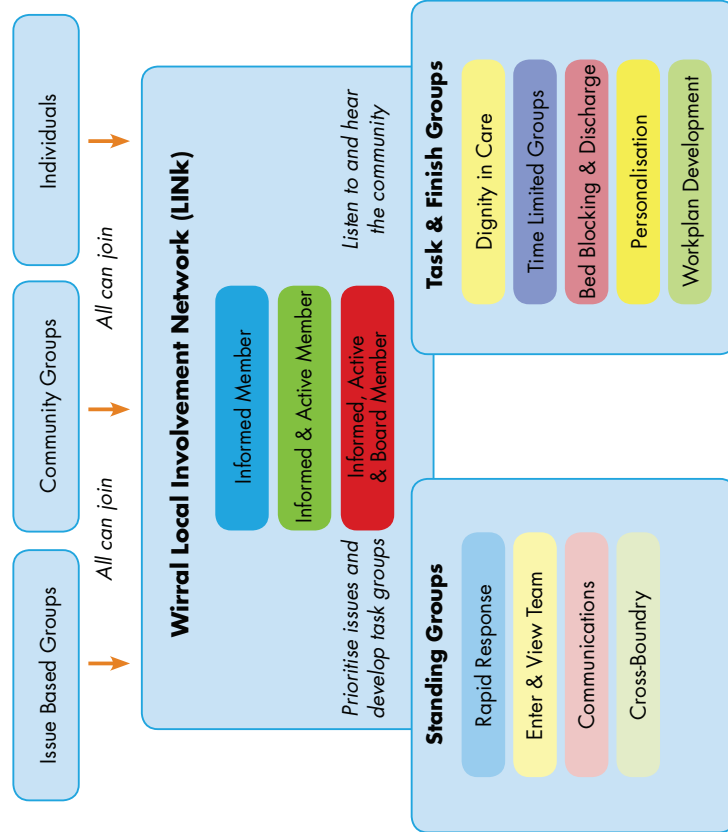
"Wirral LINK continues to play a valuable role in representing the views of people who use services, carers and the wider communities of Wirral in the work of the departments and its partners. LINK are represented on the key strategic and decision making bodies such as the Transformation Board, the Safeguarding Adults Partnership Board and have a place at the Overview and Scrutiny Committee.

The LINK's 2009/10 work plan, which has progressed well, has seen LINK being actively involved in issues such as "Dignity in Care" and Personalisation, and the LINK has supported the Department moving forward on these agendas. The role and place of LINKs is understood and respected by agencies in Wirral and owes much to the organised and professional approach taken by them."

John Webb, Director of Adult Social Services, Wirral Council

Membership and Structure

You don't have to be a member of Wirral LINK to get involved. Anybody can participate in the LINK and tell us about their experiences of health or social care services, even if they are not a member of LINK. For those people who would like to be more involved, membership of the LINK can range from being on the mailing list and receiving the newsletter, through to volunteering to serve on sub-groups or running for election to the Board for those with more time to spare.



Levels of membership

- **Informed** - Receive newsletters and information, and take part in consultations.
- **Informed and Active** - Receive newsletters and information, take part in consultations, and participate in LINK activities such as Task and Finish Groups and Enter & View visits (following training and CRB checks)
- **Informed, Active & Board** - All of the above plus strategic planning, decision-making and workplan development.

"I am a parent/carer for my son aged 20 who has Asperger Syndrome and anorexia. I have recently set up a support group called 'Care and Share' on the Wirral and whilst searching for useful agencies to link up with I discovered the Wirral LINK website. I was invited along to a meeting to find out more about what Wirral LINK does and was given the opportunity to attend a 'vetting and barring scheme' conference and a course on 'research training' and will be putting the skills learned to good use when I run a pilot research project around a specific caring issue. I found everybody at Wirral LINK welcoming and supportive and I have learned the value of developing strong partnerships within the voluntary and statutory sectors to enable 'Care and Share' to achieve our aims and objectives."

Lisa James, Care and Share - LINK member



Number of Organisational Members = 236

Number of Individual Members = 92

Number of Active Members = 66



Authorised Representatives for Enter and View

The LINK has the right to Enter and View certain premises where health and social care services are provided (excluding Children's Social Services). Enter and View Visits will take place following evidence-based research, and may be announced or unannounced. However, the LINK endeavours to address any issues at a 'grassroots' level before the need for Enter and View visits arises.

The following LINK members have been Enter & View trained (including Safeguarding), CRB checked, and are authorised to carry out visits to care premises on behalf of the LINK.

- Evelyn Campbell-Smith
- Val Elliott
- Shelagh Grant Wilson
- Diane Hill
- Betty Kennedy
- Murdo Kennedy
- Sheila Kennedy
- Les Makin
- Maureen Makin
- Audrey Meacock
- Barbara Moody
- Diane Morley
- Jean Maskell
- Stanley Mayne
- Diana Nightingale

More information about Wirral LINK Enter and View Visits can be found on Page 25.

Elections 2010

To allow for valuable work to continue and for continuity of all involved, the Communications Sub-Group recommended to the LINK Board that the current membership remains for a further 12 month period. The LINK membership and stakeholders were asked if they were in favour of this continuation - all responses received were in favour of the Board continuing in its current format.



 LISA JAMES Representing Physical Health Disability	 REV FR LEON OSTASZEWSKI Churches Together	 MARION MURPHY For Deaf People Merseyside Society	 FRANCIS COOK Inner Action
 Awaiting Photo	 JEAN MASKELL Representing Carers	 LES MAKIN Representing Housing, Regeneration & Homelessness	 DIANE HILL Older People's Parliament
 DR PETER WATTON Representing Older People	 STANLEY MAYNE Representing Drugs & Alcohol	 PETER BARNETT Representing LGBT (lesbian, gay, bisexual) & Transgender	 AUDREY MEACOCK Representing Faith
 BARBARA MOODY Representing Health Support & Wellbeing	 VAL ELLIOTT Representing Family Services	 PETER BARNETT Representing LGBT (lesbian, gay, bisexual) & Transgender	 JOYCE HAYWARD Representing Family Services
 DIANE MORLEY Crossroads Care	 ROBIN ELEY JONES Representing Gender	 PETER BARNETT Representing LGBT (lesbian, gay, bisexual) & Transgender	 MURDO KENNEDY Representing Mental Health
 KEITH HELLER Merseyside Ambulance Retired Staff Association (MARSA)	 MURDO KENNEDY Representing Mental Health	 PETER BARNETT Representing LGBT (lesbian, gay, bisexual) & Transgender	 MURDO KENNEDY Representing Mental Health

Wirral LINK is funded by Wirral Council. The Council has contracted Voluntary & Community Action Wirral (VCAW) to act as host for the Wirral LINK until March 2011.

	2009/2010	2008/2009
Staffing & management cost	£82,643.00	£78,280.20
Premises & running costs	£27,298.00	£16,648.35
Development & engagement costs	£11,994.00	£8,231.71
Member costs & venues	£5,698.00	£5,403.52
Contingencies		£8,140.00
Total	£127,633.00	£116,703.78
Surplus	£54,143.06	£44,614.77

It was anticipated that there would be a surplus. It was agreed by Wirral Council and the LINK that the best use of the planned underspend would be to enhance the LINK Support Team and strengthen the infrastructure and management team that supports LINK. This also resulted in the recruitment of Lisa Phillips, Project Support, Elaine Evans, LINK Support Officer, and Phil Davies, Communications and Information Officer. This also resulted in the improvement of the telephone system and website. The Host contract is continually monitored against contract specification by Wirral Council's LINK Lead (Cathy Gill).



Wirral LINK is committed to ensuring that as many people as possible can participate in the LINK. Over the year we have held:

Meetings in Public (Board)	16
Public Meetings	1
Task & Finish Group Meetings	11
Dignity in Care	5
Discharge	3
Workplan Development Group	2
Legacy Issues (see page 18)	
Standing Group Meetings	5*
Enter & View and Rapid Response	1*
Gross Boundary	6*
Communications	
Stakeholder Meetings	65**
Health & Wellbeing Overview & Scrutiny Committee	11
Regional and Local Host Networks for LINKs	15
Joint Partnership Events	7***
Presentations/Promotions	11****
Formal Enter and View Visits	12
Patient Environment Action Group (PEAG)	May 2009
Arrowe Park Foyer	January 2010
SpringView	January 2010
Nursing Home Visits (x3)	February & March 2010
GP Practices (x3)	February & March 2010
SpringView	March 2010
Discharge Lounge (x2)	March 2010
Themed Coffee Mornings	5

Other Events

- Induction 23rd April 2009
- Handover Event Floral Pavilion 5th May 2009
- Coffee Mornings:
 - 3 x June/July/August
 - 10 September 2009 and 13 October 2009 - Birkenhead Pavilion

*See Appendix 1 for more information/notes about these events.

Relationships & Representation



At all of our events we have been actively seeking the experiences and views of LINK members and the people who use care services on the Wirral. Issues that you have told us about are recorded, signposted and monitored. This has enabled us to identify trends and help formulate the LINK's workplan. Examples of some things that you have told us are:

You Said: "Cookery and nutrition classes for men - hands on".

We Did: Sent Health Action Areas and Community Programme to the caller, and informed the relevant team at NHS Wirral of this suggestion.

You Said: "Length of time between pre-op and operation?"

We Did: Sent to WUTHFT for response: Delays between pre operative assessment and procedure can be driven by a number of factors such as bed capacity, consultant surgeons operative lists which can then be influenced by urgent care admissions etc. Our aim is to deliver a high quality of clinical care and experience for all our patients and we have a number of projects in place to improve Patient Flow around the Trust. An example of these planned improvements will be the opening of the Surgical Elective Admissions Lounge (SEAL) in spring 2010.

You Said: "Difficulty in getting to Mill Lane Hospital from Wallasey Village?"

We Did: LINK gained representation on NHS Wirral Patient Transport Group

"As the LINK's lead officer for Wirral Council I have seen Wirral LINK develop excellent working relationships across health and social care agencies and have seen them contributing and representing the views of the people of Wirral in key pieces of consultation such as "Shaping the Future of Care Together", "New Horizons" (mental health) and providing a very successful event on the role of the Independent Safeguarding Authority. Their membership goes from strength to strength and their board is both representative and diverse, they are actively involved in looking at how well services are provided and how they can encourage any necessary improvements.

Feedback on the work of the Host Organisation (Voluntary & Community Action Wirral) continues to be positive and a recent reorganisation will see a structure that further supports the increasing role of LINKs"

*Cathy Gill
Principal Manager - Communities and Early Interventions
Wirral Council Department of Adult Social Services*

"The relationship with Wirral LINK has strengthened significantly over the past year. A regular dialogue has ensured that we have been able to assist with the LINK work plan across a range of issues relating to discharge and dignity in care. Wirral LINK members have also been integral to a number of important work streams at the Trust including Delivering Same Sex Accommodation and Patient Flow Improvement and Seasonal Planning. We look forward to the relationship developing further to ensure our services are exceeding the expectations of our patients."

*Michael Chamler
Diversity & Inclusion Manager/Patient Experience Lead
Wirral University Teaching Hospital NHS Foundation Trust*





"CWP continues to develop a close working partnership with the Wirral LINK. Throughout the year Wirral LINK members have attended a number of events arranged by CWP to get insight into the services we provide, for example the meet the service events focused on Bipolar Illness and Alcohol Services. The Wirral LINK has been actively involved in the CWP consultation and annual planning events and has members on CWP groups and committees. Members of CWP have also attended a number of LINKs meetings and events to get an understanding of the issues raised by members of the local community and the Wirral LINK.

CWP looks forward to continuing to work closely with the Wirral LINK throughout the coming year to improve services for patients."

Bob Davies
Patient and Public Engagement Manager
 Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

"This annual report illustrates the development of Wirral LINK into an organised, committed and productive organisation. NHS Wirral are pleased to have LINK as both a partner in PPI (Patient and Public Involvement) and most importantly as a scrutiny body on both our Board and PPI committee. In 2010 we hope to continue to build our relationship to further increase the opportunities for local people to participate in the decision making process of the PCT."

Andy Mills
Head of Involvement and Patient Experience
 NHS Wirral

Robust Representation

To ensure robust representation from the LINK a Representation Protocol has been developed which clarifies the role of the representative to both the requester and the representatives. This also ensures that all parties appreciate the responsibility upon the representative in terms of commitment and feedback. The success has been measured by the increased requests for representation from all local stakeholders i.e. NHS Trusts and Department of Adult Social Services on key groups which can influence change.

Joint Protocol between LINK and Health & Wellbeing Overview & Scrutiny Committee

The LINK has statutory powers which the Health & Wellbeing Overview and Scrutiny Committee does not possess i.e. the power to Enter & View premises. Therefore it was obvious that there was a need to develop a joint protocol. The outcome to this piece of work enables all parties to understand the boundaries of each others workplans and prevents duplication. It also formalises the relationship between the LINK and OSC. The LINK, however, may still refer to the OSC where recommendations and variations in service dictate.

Discharge Process

It was identified by the LINK, following surveys, looking directly at the patient's journey, and through talking to stakeholders at key meetings, that although Discharge is planned by the hospital on date of admission, social services become involved once the patient has been deemed medically fit. However, this process is now being redesigned, through a multi-disciplinary team around the patient, based in Ward 42 at Arrowe Park Hospital. The outcome of this is being constantly reviewed by participation in the Patient Flow Group meetings.

Dignity in Care

Dignity in Care is and will remain a priority for Wirral LINK. The "Daisy" logo is now being recognised as the key emblem from the campaign. This campaign was spearheaded by the LINK on Wirral who identified the need for "buy in" by all key stakeholders in order to make the campaign successful.





The "Daisy" logo is now being recognised as a symbol for Dignity and Respect through the work of the LINK. The interim results of the Dignity in Care survey will be published later in 2010 - so far results have been mostly positive (89% of respondents to April 2010 felt that they had been treated with dignity and respect during their treatment)

Some quotes received from respondents:

"Clatterbridge Hospital Arthritis Clinic every 3 months and always treated with respect. The staff here are outstanding and dedicated to their work. Also very polite and understanding."

"I had excellent treatment, as I was in a wheel chair this day and due to extra treatment I missed the ambulance, they tried to hold it back but could not. So the help that I received, above and beyond their normal duties, was unbelievable."

"I felt that the number of times my appointment was cancelled was unacceptable. I also witnessed an altercation between staff members in the pre-operative clinic area (to the left of reception) I do not feel I should have been privy to."

Signposting

LINK continually signpost and monitor the outcomes to identify gaps in service. Although LINK does not take individual issues it does, however, record where issues are unresolved. A key example: a carer of a patient had contacted LINK for advice and support for a spouse who was terminally ill and encountering issues with Discharge. LINK were able, through intelligence, to signpost the carer to a patient advocate.

Due to raised awareness and the heightened profile of the LINK's work, there has been an increase in contact from members of the public for advice and support. It is always explained that LINK does not take individual issues. However, Wirral LINK

will record the call and signpost to the appropriate department within NHS Trusts and Dept of Adult Social Services. Wirral LINK will then identify trends which can then form the basis of a Task & Finish Group, if agreed by the Board.

Delivering Same Sex Accommodation

"In May 2009 two members of Wirral LINK helped to conduct a trust wide audit in preparation for delivering same sex accommodation as an element of the National Dignity Challenge. At that time the audit identified that all wards within the trust were mixed sex.

Next followed a detailed programme of work to deliver the Same Sex Accommodation agenda. This included where possible identifying wards for all females and all males, this has been possible in DME (Department of Medicine for the Elderly), surgery and orthopaedics. The exception has been in assessment areas (Clinical Decision Unit, Medical Assessment Unit etc) and critical care areas (Intensive Therapy Unit/High Dependency Unit/Coronary Care Unit) and some medical specialities including Stroke, Cardiology, Respiratory and Renal. In these areas designated male/female bays have been identified with designated washing/toilet facilities.

We have introduced a reporting mechanism for breaches of Delivering Same Sex Accommodation. In January 2010 a Wirral LINK member was part of the Peer review team sent by the Strategic Health Authority to assess our progress with Delivering Same Sex Accommodation and we had a very favourable report. We have an action plan to address deficiencies for critical care areas."

Lesley Metcalfe

Deputy Director of Nursing

Wirral University Teaching Hospital NHS Foundation Trust



What we have done so far



Stroke Services

This is being monitored by LINk on a 6 monthly basis to ensure that Wirral's service is in line with National indicators and that the service continues to meet the needs of local stroke patients. These results have been fed back through the publication of LINk board minutes and any changes would be highlighted and queried.

Legacy Issues

As a fully formed LINk Board, it was felt it was important to review the legacy issues identified by the work of the Patient and Public Involvement Forums to inform the LINk's workplan. Although the LINk made a decision to continue with 2 legacy issues, it was agreed that the following issues should continue to be monitored closely as part of an ongoing workplan:

- Dentistry - A LINk representative continues to monitor this issue through representation on the NHS Wirral Dental Board.
- NHS Wirral: Commissioning Strategy - Wirral LINk continues to work with NHS Wirral on its commissioning priorities.
- Overnight Stay Policy, Clatterbridge Centre for Oncology - this has been incorporated into the LINk's work on discharge.
- Infection Control and Hand Hygiene - has continued to be monitored through the LINk's work with Wirral University Teaching Hospital NHS Foundation Trust.
- Dignity & Privacy - this has continued as part of the longer term focus of the LINk's Dignity in Care Campaign.
- Improving Older People's Services - this has continued as part of the longer term focus of the LINk's Dignity in Care Campaign and work with the Older People's Parliament.
- Pharmacies in hospital and Generic prescribing - have continued as part of the LINk's work on discharge.

With the exception of dignity and privacy, the above items were considered to be relatively low priority and ongoing monitoring was considered to be the appropriate action.

Dignity in Care

Wirral Local Involvement Network believes that being treated with Dignity and Respect is a basic human right - Not an Optional Extra.

"Our aim is to give the people of Wirral the opportunity to comment on the way care and treatment has been given to them recently, find out the good practice areas of care and also the ones that need improvement. We will then take our findings and feed this information back to the public and the care organisations involved.

We are doing this with our Postcard Campaign. We have produced postcards where people can have their say if they feel they have, or have not, been treated with dignity and respect. Our postcards and collecting boxes have been piloted in Nursing Homes, WUTHFT and GP Surgeries from March, and we are starting to get feedback from both patients, carers, relatives and staff. During this summer the postcards and collection boxes will be available in Libraries, One Stop Shops and anywhere the general public frequently come together.

The LINk, having identified the importance of partnership working, has been instrumental in setting up a working group to work with all local key partners; the Department of Adult Social Services, NHS Wirral, Wirral University Teaching Hospital NHS Foundation Trust, Health and Wellbeing Overview and Scrutiny Committee, and Older People's Parliament. This has proved productive and has adopted a joint approach to taking forward the Dignity in Care Campaign on a wider scale across Wirral."

Diane Hill, LINk Chairman representing Older People.





Wirral Local Involvement Network
believe that being treated
with **Dignity** and **Respect** is a
basic human right -
NOT AN OPTIONAL EXTRA!

We Want Your Feedback

Please complete the reverse and post
in the Wirral LINK feedback box.

LINK Wirral
Our Health • Our Care • Our Say

Wirral LINK working in partnership with Department of Adult Social Services,
NHS Wirral, Voluntary & Community Action Wirral and Older People's Parliament

Please turn over

Look out for these postcards and collection boxes and have your say.

Our collective actions may raise awareness that being treated with dignity and respect matters to us in all aspects of our daily lives.

Discharge

The Older People's Parliament and Health and Wellbeing Overview and Scrutiny Committee have already done a substantial amount of work on discharge in Wirral.

To alleviate and tackle concerns raised at public events, telephone calls, reports and correspondence, the LINK has put discharge at the forefront of its work locally having identified a need to map the patient's journey through health and social care.

As a result of concerns about the patient's journey, Wirral LINK Board decided to look into potential weak points in the discharge process. One of the key points identified was in relation to the transfer of information between health care and social care in the discharge process from hospital.

It was decided to do a survey in the Wirral which has a population of over 300,000 served by over 60 GP Practices. A cross-boundary pilot survey was first to be done covering the three GP Practices in Neston and Willaston where 98% of patients were estimated to attend Wirral University Teaching Hospitals (WUTH).

However, because they reside in West Cheshire, their social care is provided by Cheshire West and Chester Council (CW&CC) and their district nursing care by NHS Western Cheshire.

"Four forms were devised, one for Wirral patients, one for cross-boundary patients, one for professionals (GPs, Nurses etc) and one for Arrowe Park Hospital Discharge Lounge. All forms explained the purpose of the survey. The patient forms asked when they had been in hospital, whether they had been a patient or a carer and whether and when they had been asked about their home circumstances. A space was available for comment. A free postal address was given for the return of the form."

Sheila Kennedy, Active LINK Member

The LINK is working in partnership with the Patient Flow & Seasonal Planning Working Group within the Trust to complete this project. An NHS & Department of Adult Social Services Kaizen (continuous improvement) group has suggested that although discharge protocol states that the discharge process should start at the time of admission this does not seem to have been happening, with social services not being involved early enough in the process. The initial findings from our survey seem to confirm this, with only 22% of respondents being asked about their home circumstances on admission.

"When a patient is admitted to a ward the discharge proceedings are expected to start straight away. This does not always happen because staff often do not start the procedure until they consider the patient is medically fit. This causes a lot of delays as they have not at the start found out the home circumstances and whether a care package is required when the patient is ready to go home.

The hospital is starting a new charting system that covers the patient journey and they hope that most of these problems will be ironed out shortly."

Barbara Moody, LINK Board Member

An additional concern is the inability of GP computer systems in some practices (particularly those in Western Cheshire PCT) to communicate with the Hospital Electronic Health Record systems. The discharge surveys are planned to continue throughout 2010. Interim findings will be shared with NHS Wirral and will be available on the website later in the year. A follow-up survey may be completed depending on their response.

More Effective Care for the Elderly

1 The Royal College of Psychiatrists Position Statement in the national context of more effective care for less money, our start point was the recent position statement PS2/2009 from the Royal College of Psychiatrists (RCP) "Age discrimination in mental health services: making equality a reality" which was supported by leading health and social care organisations. It states that:

- a) "ageing is the major global challenge which UK health and social care services will have to address" - already some two thirds of beds in district general hospitals are occupied by older people, some two thirds of whom will have a mental disorder ;
- b) "recent reports have shown that older people suffer serious discrimination in mental health services" - adults over 65 do not have the same access to specialist mental health services as those under 65, but this is starting to change ;
- c) "access to services must be based on need not age" - but a needs-based service will still require the development of comprehensive specialist-based mental health services for older people.

2 The Proposal from Wirral LINK to NHS Wirral
In order to achieve better outcomes for patients and carers and also for staff in hospitals, care homes and the community, Wirral LINK proposed a three part package to NHS Wirral :

- a) a Mental Health Intermediate Care Team for Older People (MHICT) such as the Lancaster model, which both delivers intensive support in their own homes to people who would otherwise need expensive inpatient care and which also helps to "increase the skill and competence of staff in the public, private and voluntary sector to deal with challenging behaviour in a person centred way";

- b) using the RCP initiative Accreditation of Inpatient Mental Health Services (AIMS) to improve the consistency and effectiveness of the Acute Care Model which is the key to achieving savings from reductions in beds to help facilitate resource transfer from acute care to community care and from adult to older people's mental health services;
- c) improving the effectiveness of the entire mental health pathway for older people for health through to social care by selecting "best buy" proven innovations from the £60M Department of Health funded initiative Partnerships for Older People Projects (POPPs).

3 The Response from NHS Wirral

The response from NHS Wirral stated that they already planned to :

- a) develop Integrated Care at Home services which will include addressing the mental health needs of older people ;
- b) implement the Acute Care Model for Older People's Mental Health Wards in Wirral ;
- c) roll out AIMS and encompass the standards as set out within AIMS for all wards.

4 Future follow up by Wirral LINK

Future follow up by Wirral LINK will include :

- a) monitoring progress towards an effective Mental Health Intermediate Care Team ;
- b) proposing that staff on acute medical wards be included in NHS Wirral's plans for dementia training for GPs and care home staff which is a key part in realising improved outcomes and significant savings from reducing prescribing of atypical antipsychotics in care homes ;
- c) helping to identify "best buy" proven initiatives from the POPPs work.

Murdo Kennedy, LINK Board Member





Personalisation

"Wirral LINK became involved in Social Care when attending meetings to research how Personal Budgets could be implemented. This involved devising methods of 'self-assessment' and 'client-centred care plans' so that those requiring social care could manage and plan their own perceptions of need. Wirral LINK has a representative on the 'Transformation Programme Board' which is looking at all aspects of social care provided by Wirral Adult Social Services, within the Personalisation guidelines issued.

John Webb, Director of Adult Social Services, and his project team deserve well-earned congratulations on the extensive work undertaken in keeping the services offered at the highest quality whilst anticipating the effect of any economic downturn."

Les Makin, LINK Board Member representing housing and homelessness

The LINK has also had a strong presence at local Personalisation Events being run by the Department of Adult Social Services and also ensured a full picture in relation to Personalisation could be seen. This involved a service user presentation to the Board. Wirral LINK will continue to be involved as the personalisation agenda locally develops. The LINK continues to be involved with the Transformation Programme Board, bringing a layperson's perspective to the wide-ranging changes and issues being discussed by this group - reports and notes will be posted on the LINK website.

Enter and View

The Wirral LINK has made several Enter & View Visits, some informal and some in a formal capacity. Informal visits were made to Wirral University Teaching Hospital NHS Foundation Trust to take part in the Mixed Sex Ward Audits and planning, and Patient Environment Action Group Walkabouts. More formal visits were to Nursing Homes/Residential Homes and GP practices. Reports on these visits are available on the website and in hard copy from the LINK Support Team.

A list of Enter and View visits during the year is included as Appendix 5

Requests, Reports & Recommendations

There were three formal requests for information to commissioners and providers during the year (see appendices 4 & 6). In addition, the LINK maintained a dialogue with providers and commissioners, particularly through representation on key groups, to tackle issues at a grass-roots level rather than waiting to make formal requests for information.

The LINK has made two formal recommendations to commissioners and providers, both of which have received a favourable response resulting in service review. We have also contributed to several consultations, and submitted a large number of internal reports which have been shared with the general public.



The LINK is currently finalising the Workplan for 2010 / 11. The following areas have already been identified for inclusion.

Follow-up work

- Discharge
- Dignity in Care
- Effective health care for the elderly
- Personalisation

Rapid Response to new developments

Patient Safety Alerts (request for information)
Long Term Conditions

Page 34

New Projects

- Quality Accounts - we will participate throughout the year (on a quarterly basis) to enable more effective feedback
- Health Care of Children & Younger People
- CQC Star rating Structures for nursing homes. Too many inconsistencies with ratings.

Any other issues suggested by LINK members or the public can be considered for our work over the next 12 months - several events are being planned to gather your areas of concern.

The LINK is also keen for active members to become more involved in taking these, or other, issues forward. If you have some time to commit to becoming more active in the LINK, please contact the LINK Support Team



Appendix 1 - Involvement, Engagement & Networking

LINK Board Meetings 2009/10

- 7th April 2009 at Wirral Wardens Office 9.30am - 18 attendees
- 5th May 2009 at Floral Pavilion Handover Meeting 11am - 15 attendees, 4 apologies
- 2nd June 2009 at Life Centre 9.30am - 10 attendees, 5 apologies
- 7th July 2009 at Life Centre 9.30am - 15 attendees, 3 apologies
- 4th August 2009 at Park Pavilion, Birkenhead 9.30am - 14 attendees, 3 apologies
- 1st September 2009 at Park Pavilion, Birkenhead 9.30am - 14 attendees, 4 apologies
- 6th October 2009 at Park Pavilion, Birkenhead 9.30am - 11 attendees, 8 apologies
- 3rd November 2009 at Park Pavilion, Birkenhead 9.00am - 12 attendees, 8 apologies
- 1st December 2009 at Park Pavilion, Birkenhead 9.30am - 12 attendees, 6 apologies
- 14th January 2010 at Park Pavilion, Birkenhead 2pm - 11 attendees, 8 apologies
- 9th February 2010 at Park Pavilion, Birkenhead 9.30am - 17 attendees, 3 apologies
- 2nd March 2010 at Park Pavilion, Birkenhead 9.30am - 17 attendees, 4 apologies

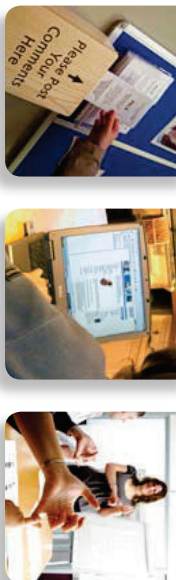
Notes for the Involvement, Engagement & Networking Table (Page 10)

* The Task & Finish and Standing groups met to set out the Terms of Reference. It was decided to merge the Enter & View and Rapid Response Teams together and work on a protocol to identify urgent/important issues and how to prioritise. Cross Boundary work began which was instigated by Discharge delays from hospital where a package of care was needed. These groups have a cross cutting theme.

All minutes and reports from these groups are available electronically or in hard copy and are downloadable from our website : www.linkwirral.org.uk

**The number of stakeholder meetings was significantly high due to building relationships and promotion of the LINK and includes :

Cathy Gill, the LINK lead for the Local Authority, Andy Mills, the LINK lead for NHS Wirral and Michael Chanter, the LINK lead for Wirral University Teaching Hospital NHS Foundation Trust. Also included in this number are Cheshire & Wirral Partnership NHS Foundation Trust, Clatterbridge Centre for Oncology NHS Foundation Trust, North West Ambulance Service, Care Quality Commission and leads for individual projects in all of the above named organisations ie. Alcohol, Health Action Areas, Older Peoples Parliament, to name but a few.



*** Independent Safeguarding Authority
 St Werburghs Older Peoples Parliament Event
 Anyone & Everyone Event WUTHFT
 Crime Reduction Partnership
 Personalisation Events
 End of Life Events

October 2009
 May 2009
 November 2009
 July 2009
 July and December 2009
 March 2010 x 2

**** Chief Executives of all local NHS Trusts and Dept of Adult Social Services
 Wirral Met College Freshers Fair and Chester Uni Freshers Fair
 Cheshire Show
 Seacombe Childrens Centre - Area Coordinators for Extended Schools
 Merseyside Society for Deaf People
 Huyton Lighthouse
 League of Friends
 Easham Clinic
 Rotarians
 Standing Womens Conference



Appendix 2 - Activity

Event	Date	Location	Summary	Key Words
Independent Safeguarding Event	October 2009	Life Centre, Bebington	Update on the processes and current legislation around safeguarding for the LINK & wider community. This was a partnership event with the Wirral Voluntary & Community Sector's Network and Wirral LINK.	Safeguarding Training Equality Inclusion
Mixed Sex Ward Audit	May 2009	Arrowe Park Hospital	£900,000 had been granted to WUTHFT to investigate and plan mixed sex wards at Arrowe Park and Clatterbridge. The LINK was heavily involved in the planning process	Representation Consultation Improvement Equality Dignity & Respect
Patient Environment Action Group (PEAG)	July 2009	Clatterbridge	Facilities Dept were implementing a centralisation of domestic staff	Environment Dignity & Respect
Health and Wellbeing Overview & Scrutiny Committee (OSC)	Ongoing	Wallasey Town Hall	A protocol for joint working between the LINK and OSC was developed; the LINK represented member groups and discussed issues relating to the workplan	Representation Partnership Working
Personalisation Briefing	July 2009	DASS	Update to LINK and other stakeholders on the Personalisation agenda locally	Personalisation Agenda
North West Regional LINK Host Meetings	Ongoing	Various	Share best practice and ensure cross boundary issues are tackled appropriately ie Clatterbridge Centre for Oncology has patients receiving treatment from as far away as Cumbria.	Cross Boundary
Board Handover Day	May 2009	Floral Pavilion, New Brighton	Handover from Interim Steering Group to Elected Board. Appointment of Officers and presentation of Future Work issues for consideration on the Work Plan.	Work Plan Appointment of board.

Older People's Conference	May 2009	St Werburghs Birkenhead	Promotion of LINK	Engagement
Meeting with Area Coordinators Extended School Activities	May 2009	Seacombe	Promoting the LINK and looking for opportunities for signposting and community engagement	Signposting Engagement Partnership Working
Coffee Morning	June 2009	Birkenhead Pavilion	Promote the LINK, look for issues for the workplan	Work Plan Engagement
Anyone and Everyone Event	18th Nov. 2009	Arrowe Park	Opportunity to demonstrate how Wirral LINK works to represent all parts of the community	Partnership Equality Diversity
Stakeholder Meetings	Regularly	Birkenhead	Update on all stakeholder activity to identify cross cutting themes and seek opportunities for joint working.	Stakeholder Joint working
Health Action Areas Community Programme	Sept. 2009	Bebington	To develop local knowledge of services in our community	Knowledge Development
Fresher's Fairs	Sept. 2009	Wirral Metropolitan College & Chester University	Promote the LINK and obtain the views of younger people	Involvement Inclusion
Stakeholder CEO's Event	Sept. 2009	Birkenhead Pavilion	All Chief Execs, Chairman of all local trusts including, DASS, North West Ambulance and Cheshire & Wirral Partnership NHS Foundation Trust	Vision Partnership
Delivering High Quality Services through efficient design	1st Dec. 2009 - 9th March 2010	The Lauries, Birkenhead	Individual LINK members were encouraged to provide their own input to this Cheshire & Wirral Partnership Consultation	Consultation Partnership Mental Health

Redesigning Adult and Older People's Mental Health Services	1st Dec. 2009 - 9th March 2010	The Lauries, Birkenhead	Individual LINK members were encouraged to provide their own input to this Cheshire & Wirral Partnership Consultation	Consultation Partnership Mental Health
Shaping the Future of Care Services	29th October 2009	Wallasey Town Hall	LINK held a workshop to provide a LINK response to this Wirral Council consultation.	Consultation Partnership Involvement
New Horizons	Oct / Nov 2009	Bebington Civic Centre	Workshop held by LINK to provide a LINK response to this Consultation "Towards a shared vision for Mental Health"	Consultation Partnership Mental Health
Options for Change	27 October 2009	Westminster House, Birkenhead	LINK held a workshop to provide a LINK response to this Wirral Council consultation.	Consultation Partnership Involvement
Voices into Action	Jan. 2010	Wirral-wide	LINK took part in the CQC assessment of health and adult social care	Consultation





Appendix 3 - Training & Conferences

Training	Date	Attendee(s)	Outcome
National Association of LINK Members Conferences	Ongoing	Audrey Meacock	Promotion of LINK; encouraged CCO to participate in NAIM radiotherapy & chemotherapy survey
Dignity in Care Conference, Leeds	July 2009	Diane Hill	Identified dignity champions nationwide
End of Life Week Conference	March 2010	Keith Heller Audrey Meacock	Work towards the End of Life Strategies to be adopted by NHS and social services
Induction Training	April 2009	14 LINK members	Helped members understand LINK remit and governance
Safeguarding Process Training	May 2009	LINK Support Team	Ensure safeguarding processes are in place for the LINK
Induction Training	June 2009	15 LINK members	Helped members understand LINK remit and governance
Marketing Training	July 2009	LINK Support Team	Develop social marketing skills
Equality & Diversity Training (with Wirral Borough Council)	Sept. 2009	35 Attendees	Understanding and preparation for Single Equalities Bill and awareness of Equality and Diversity issues.
Third Sector Investment Programme	August 2009	LINK Support Team	Update on the Third Sector Investment Programme
Community Research	October 2009 x 2	10 LINK members	Increased understanding and professionalism in regard to research for LINK.
Enter & View Training	June 2009 Sept 2009	15 Active LINK Member	To understand the protocols and expectations during Enter & View visits and abide by the Governance.

Reports from all training and conferences are available via the LINK support team.

Request	Organisation	Summary	Reply Received within 20 days?
Stroke National Targets	NHS Wirral	Comparison of acute stroke services in Wirral against regional and national levels of achievement against national acute stroke indicator	Yes
Mental Health Assesive Outreach Teams	Cheshire & Wirral Partnership Trust NHS	To confirm numbers of staff in proposed abolition of Assesive Outreach Teams and how the effects of these changes will be monitored and reported	Yes
Management of long term conditions	NHS Wirral	what arrangements are in place to achieve better management of long term conditions	Yes

Detail

Number of requests for information made by Wirral LINK during 2009/10	3
Of these, number of requests answered within 20 working days	3
How many requests related to social care?	0

Appendix 4 - Requests for information

Appendix 5 - Enter and View

Number of Enter and View visits made by Wirral LINK during 2009/10	12
Number of these Enter and View visits relating to health care	9
Number of these Enter and View visits relating to social care	3
Number of Enter and View visits that were unannounced	0
Number of Enter and View visits that were announced	12

Although the Enter & View visits were most on NHS sites, the issues were relating to Health And Social Care issues ie. Discharge from Hospital but specifically around Care packages and delayed discharge.

Detail

Enter and View Visit	Organisation	Date	Summary	Announced?	Outcome
Springview Unit, Clatterbridge	Cheshire & Wirral Partnership NHS Foundation Trust	22/03/10	Revisit this unit to see activity and developments of newly opened and refurbished mental health wards.	Yes	
Nursing Homes (3 visits)	Confidential as is ongoing.	10/03/10 03/03/10 05/02/10	Confidential issue received and investigated by Wirral LINK	Yes	Dignity in Care campaign throughout all nursing homes within Wirral. Particularly doing like for like comparison.
Springview Unit, Clatterbridge	Cheshire & Wirral Partnership NHS Foundation Trust	15/01/10	To familiarise the LINK with the new relocation of two Mental health wards from St. Catherines Hospital	Yes	A productive and informative visit. Further visits were schedule March 2010 when wards are up and running.

Arrowe park Hospital Discharge Lounge (2 visits)	Wirral University teaching Hospital NHS Foundation Trust	March 2010	Research and survey into the discharge lounge environment and the discharge process	Yes	Discharge Survey for Discharge Lounge patients. Also prompted wider Discharge Surveys including professionals. This survey also went to GP practices.
PEAG	WUTHFT	Annually	To look at the facilities ie. Linen, food etc in Hospital for both patients and Staff	Yes	LINKs involvement brings a fresh eye and ensures issues are reported and actioned for the benefit of patients and their environment during their stay.
Mixed Sex Accommodation	WUTHFT	May 2009	Audit of what was the current position in relation to Mixed Sex Accommodation to single sex and plan how to spend the £900k received by WUTHFT	Yes	Before the audit there were no Single Sex Wards/Bays. Following the audit there were .. single sex accommodation with private facilities.
GP practices in Neston (x3)		Feb. and March 2010	To encourage the participation of the GP Practices in the Discharge Survey	Yes	The GPs now have a system to send LINK Discharge survey form to patients newly discharged from hospital .



Appendix 6 - Reports & Recommendations

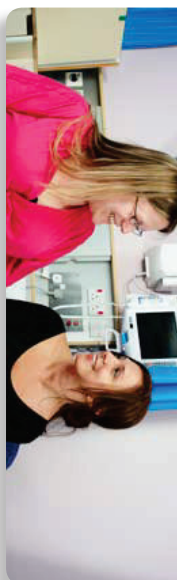
Number of Reports and / or Recommendations made by Wirral LINK to commissioners of health and adult social care services	2
Number of these Reports / Recommendations acknowledged in the required timescale	2
Of the Reports / Recommendations acknowledged, number that have led / are leading to service review	2
Of the Reports / Recommendations that led to service review, number that have led to service change	N/A
Number or Reports / Recommendations relating to health services	2
Number or Reports / Recommendations relating to social care services	0

Detail

Name	Organisation	Date	Date Acknowledged	Service Review?	Service Change?
More effective health care services for the elderly - based on evidence from Royal College of Psychiatrists (RCP)	NHS Wirral, Cheshire & Wirral Partnership NHS Foundation Trust	25/01/10	10/02/10	Yes	TBC
LINK Representative to sit on NHS Wirral Board	NHS Wirral	08/09/09	18/09/09	Yes	N/A

Appendix 7 - Referrals to OSCs

Number referrals made by Wirral LINK to an Overview & Scrutiny Committee (OSC)	0
Number acknowledged by the OSC	N/A
Number of referrals that led to service change	N/A



Wirral LINK believes that being treated with **Dignity** and **Respect** is a basic human right, not an optional extra!

We need your feedback



To find out more call us on **0151 203 2111** or visit **www.linkwirral.org.uk**

Wirral LINK Contacts

Wirral Local Involvement Network (LINK)
VCAW, Fire Station, Exmouth Street, Birkenhead, CH41 4NF
Phone: 0151 203 2111
E-mail: info@linkwirral.org.uk
www.linkwirral.org.uk

Host Organisation

Voluntary & Community Action Wirral (VCAW)
Charity number 1123267

We would like to remember Mike Benson who sadly passed away last year who had worked tirelessly for the LINK and previously with the PPI Forums. Mike was a respected, well thought of and a valuable asset to the work of the LINK. He will be sadly missed.

This page is intentionally left blank

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE CHIEF EXECUTIVE, NHS WIRRAL

NHS WIRRAL PUBLIC AND PATIENT INVOLVEMENT ANNUAL REPORT APRIL 2009 – MARCH 2010

Executive Summary

This report provides an outline of the NHS Wirral Public and Patient Involvement Annual Report April 2009-March 2010 and offers an opportunity for discussion and amendments of the draft report prior to final NHS Wirral board approval mid September

This items falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 NHS Wirral aims to deliver a patient-centred NHS, in line with the principles enshrined within the NHS Constitution, Lord Darzi's Next Stage Review and the recently published five-year development plan for the NHS (NHS 2010-2015: From Good to Great). To achieve this patients and the public need to be sufficiently well-informed and engaged to access and use their NHS services effectively and appropriately to meet their health needs. They need to be able to contribute meaningfully in helping to shape services and decisions that affect their current and future health and wellbeing.
- 1.2 A Patient and Public Involvement (PPI) Committee is in place to assure the PCT Board that the PCT involves patients and the public in a planned and proactive way, which is integrated with other local partners wherever possible and co-ordinated with staff engagement activities as appropriate. Part of its role is to ensure the PCT and its providers are shaping services around the needs and preferences of individual users, patients, their families and their carers. The attached report is a draft of the Annual Report of the PPI Committee for 2009/10.
- 1.3 The duty for NHS Wirral to report on user involvement in commissioning decisions is set out in the NHS Act 2006 under section 242A. This duty requires the PCT to report on: any involvement or consultation, carried out by any person, that influences any commissioning decisions or relevant decisions it makes.

- 1.4 The NHS Wirral Public and Patient Involvement Annual Report April 2009 - March 2010 has been produced to meet this duty. The duty to report does not extend to all involvement activity; for example, information provision and hence this activity is not included in the report

2 Overview of report

- 2.1 The report contains an outline of the different mechanisms used to facilitate involvement within NHS Wirral including the Membership Scheme, Patient Participation Groups, National Patient Survey Information and Co-coordinating complaints, compliments and comments.
- 2.2 Tables are included summarising the consultations carried out during 2009/10 which informed key commissioning decisions and service developments. Examples are given from our commissioning teams, provider services, primary care services and practice based commissioning.
- 2.3 Current consultation activity that is underway is detailed within the report as are future plans for 2010/11 and beyond.
- 2.4 The report is intended as a public document and achieving the balance between detailing all activity and ensuring the report is suitable for the audience was a challenge. It is hoped that through detailing the various mechanisms for involvement and engagement and reporting on key service changes that have occurred will enable NHS Wirral to meet its statutory duty whilst producing an informative publication for Wirral residents.

3 Consultation

- 3.1 The draft report has been presented to a range of stakeholders for comment prior to the production of this latest version. Comments have been received from NHS Wirral Corporate Directors Group, NHS Wirral Patient and Public Involvement Committee, Wirral Carers Association, and Wirral LINK.

4 Financial Implications

None.

5 Staffing Implications

None.

6 Equal Opportunities Implications/Health Impact Assessment

All major service developments are subject to an Equality Health Assessment and Impact Assessments have been carried out on the programmes referred to within this proposal.

7 Community Safety Implications

Public involvement in more deprived areas and with disadvantaged groups is essential in addressing short and long-term health issues that can lead to or exacerbate community safety.

8 Local Agenda 21 Implications

None.

9 Planning Implications

None.

10 Anti Poverty Implications

Public involvement in more deprived areas and with disadvantaged groups is essential in addressing short and long-term health issues that can lead to or exacerbate worklessness.

11 Social Inclusion Implications

As above, public and patient involvement can help to address some of the particular needs of specific communities, and improve some of the health and service access factors that can lead to social exclusion

12 Local Member Support Implications

None.

13 Health Implications

NHS Wirral strives to develop services which meet the health aspirations of patients and the public, the Council and key stakeholders through patient and public involvement.

14 Background Papers

Appendix 1 - Draft NHS Wirral Public and Patient Involvement Annual Report April 2009-March 2010 attached.

15 Recommendations

That the Committee

- (1) notes the contents of the report and provides feedback on the format and content of the report by no later than Friday 10 September 2010.
- (2) notes that final approval will be sought by NHS Wirral's Board on Tuesday 14 September 2010.

KATHY DORAN
Chief Executive - NHS Wirral

NHS Wirral
Public and Patient Involvement
Annual Report
April 2009-March 2010

Martin McEwan, Director of Communications & Engagement

Andy Mills, Head of Involvement & Patient Experience

Dawn Holt, Involvement & Patient Experience Manager

Foreword

Welcome to the first annual patient and public involvement report from NHS Wirral. I have recently had the pleasure of joining the primary care trust, NHS Wirral, as a Non-Executive Director and have taken up the position of Chair of the Patient and Public Involvement Committee. On behalf of my predecessor, Pauline Davis, one of my first responsibilities is to present the Committee's annual report for 2009/10. This report summarises our aims and activity in relation to patient and public involvement during this time and sets out clear plans and structures to continue to develop this work in the future. It is increasingly important that the NHS enhances its efforts to consult, respond and be accountable to people and communities. The challenges facing public services in the next few years are considerable and we must make sure that services are designed around the needs of patients and the public.

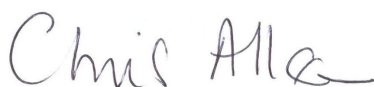
Nationally, one of the five pledges to the public in Lord Darzi's NHS Next Stage Review: Leading Local Change is that 'You will be involved'. Following on from this, the NHS Constitution was developed and states that:

" You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

NHS Wirral is committed to upholding this right with the express aim of benefiting users of services we commission and deliver, improving quality and delivering value for money to the taxpayer. We have consistently invested in strengthening the voice of the public in the development of local NHS services and we believe we can now show that people across Wirral feel informed and supported and able to have their say about their health and well-being when it matters to them.

We recognise that we are likely to need to make changes to services and that these may provoke powerful reactions from those affected. These 'stakeholders' can include patients and their representatives, carers, members of the public, clinicians, staff and political leaders. However, we aim to become more open and transparent about why we are proposing changes, what it is we are proposing to change and what we believe the benefits will be for the people who use the services.

I hope this report is another step to becoming more transparent and shows how we have involved stakeholders in our decision making processes throughout 2009/10. The year has been one of investment and development and I look forward to seeing the outcome of our investment come into fruition over the years ahead. Notwithstanding the future of the Primary Care Trust, Government policy continues to focus on public engagement in the NHS and we will look forward to sharing our experiences and knowledge with the new organisations which develop over forthcoming years.



Chris Allen
Chair
Patient and Public Involvement Committee.

Contents

Foreword – Chair of PPI	2
Contents	3
<i>List of Tables.....</i>	<i>4</i>
<i>List of Figures.....</i>	<i>4</i>
Background.....	5
<i>About Wirral and our consultation landscape.....</i>	<i>5</i>
Introduction.....	6
<i>Patient and Public Involvement (PPI) Committee and Partnership Working</i>	<i>8</i>
<i>Membership</i>	<i>9</i>
<i>Patient Participation Groups.....</i>	<i>10</i>
<i>Comments, Compliments and Complaints</i>	<i>11</i>
Complaints.....	11
Compliments.....	11
<i>Equality Impact Assessments (EIAs).....</i>	<i>14</i>
<i>National Patient Survey Programmes</i>	<i>15</i>
Consultations and Commissioning Decisions 2009/10	16
<i>Integrated Commissioning.....</i>	<i>16</i>
<i>Practice Based Commissioning (PBC).....</i>	<i>25</i>
Regional Projects	26
Current Consultation Activity	31
Future Plans	344
Further Information.....	35
Glossary of Terms	36
Abbreviations.....	39

Appendix 1 – Communications and Engagement Strategy links with NHS Wirral Strategic Plan.....40

Appendix 2 – Patient and Public Involvement Committee Terms of Reference41

Appendix 3 – PPI Committee Annual Work Plan Report45

List of Tables

Table 1: NHS Wirral Consultation Activity 2009/10.....17

Table 2: NHS Wirral Consultation Activity 2009/10 Primary Care and Provider Services.....21

Table 3: List of Services Commissioned where the service commenced in 2009/10....25

Table 4: Regional Consultation Activity 2009/10.....26

Table 5: NHS Wirral Current Evaluation Programmes31

Table 6: Current Regional Programmes.....33

Table 7: Feedback on draft report48

List of Figures

Figure 1: Model of Communications and Engagement.....7

Figure 2: HYS/PALS/Complaints System - How Does the Process Work?13

Background

The duty for the Primary Care Trust (PCT), NHS Wirral, to report on user involvement in commissioning decisions is set out in the NHS Act 2006 under section 242A. This duty requires the PCT to report on: *any involvement or consultation, carried out by any person, that influences any commissioning decisions or relevant decisions it makes.*

There is no one definition of 'involvement' but guidance accompanying the above Act defines it as: *'the act of asking a person for their views on a proposal or issue, before a decision is taken'*. Terms such as consultation, engagement or involvement can be used to explain this act and may be used throughout this document.

Involving people in decisions which affect them may take different forms, depending on the circumstances. For example, consultation about a decision that affects only one person might involve a discussion with that person. Other proposals may require a full written public consultation, as envisaged by the Cabinet Office's Code of Practice on Consultation. There is no 'one size fits all', but the general rule is that those who may be affected by the decision should have an opportunity to give their views. The duty to report does not extend to all involvement activity; for example, information provision and hence will not be included in this report.

About Wirral and our consultation landscape

Wirral Primary Care Trust was established in October 2006, and became NHS Wirral in 2008. It is coterminous with Wirral Council which helps to enhance partnership working. The Council's Health and Wellbeing Overview and Scrutiny Committee can and does request reports on the work of the PCT. In addition, Voluntary and Community Action Wirral is the host body for Wirral LINK (Local Involvement Network), an independent body made up of members of the public with a role to scrutinise the work of the PCT. Further details of the role of LINK and how to join can be found at www.linkwirral.org.uk/.

The Wirral peninsula serves two very diverse populations; in the east, a population with high social deprivation and high health need; in the west, an ageing but largely affluent population. We are a spearhead PCT which means we are amongst 20% of PCTs in England which have high levels of deprivation within our communities. We are committed to narrowing the gap in health inequalities between the Borough and the rest of England. There are also significant inequalities within Wirral which we are seeking to address.

Wirral has a resident population of 310,000 people and a GP-registered population of more than 331,000 people. NHS Wirral is divided into 3 localities - Bebington and West Wirral, Birkenhead, and Wallasey.

Introduction

NHS Wirral's vision is '*Working together for a healthier future*' and our aspirations for the area are "*to improve health for all our residents, reduce health inequalities and provide personalised care which meets patients expressed needs* (NHS Wirral Strategic Plan 2009-2014).

The Strategic Plan for NHS Wirral (2009-2014) has been developed to respond to the health needs of the population of Wirral, and followed extensive communication and engagement with the public and partners. An increased focus on Public and Patient Involvement is one of the enabling strands of the Strategic Plan. The Strategic Plan is available on our website at: www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/

We aim to deliver a patient-centered NHS, in line with the principles enshrined within the NHS Constitution, Lord Darzi's Next Stage Review and the recently published five-year development plan for the NHS (*NHS 2010-2015: From Good to Great*).

To achieve this, patients and the public need to be sufficiently well-informed and engaged to access and use their NHS services effectively and appropriately to meet their health needs. They need to be able to contribute meaningfully in helping to shape services and decisions that affect their current and future health and wellbeing. In addition to patients and the public, we value the contribution made by family members and carers and their views are sought as part of our engagement activity.

Effective communication is a prerequisite for proper engagement and, indeed, engagement itself is essentially an exercise in communication between the parties involved. Hence, an integrated Communications and Engagement Strategy has been developed, bringing together the corporate functions responsible for this spectrum of activity. This need was highlighted in a Communications Review carried out in early 2008, with a board-level Director of Communications & Engagement appointed in October 2008. A structure for the Communications and Engagement Directorate with additional specialist posts was agreed and recruitment has been on-going throughout 2009. The Communications and Engagement Strategy is available on our website at: www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/

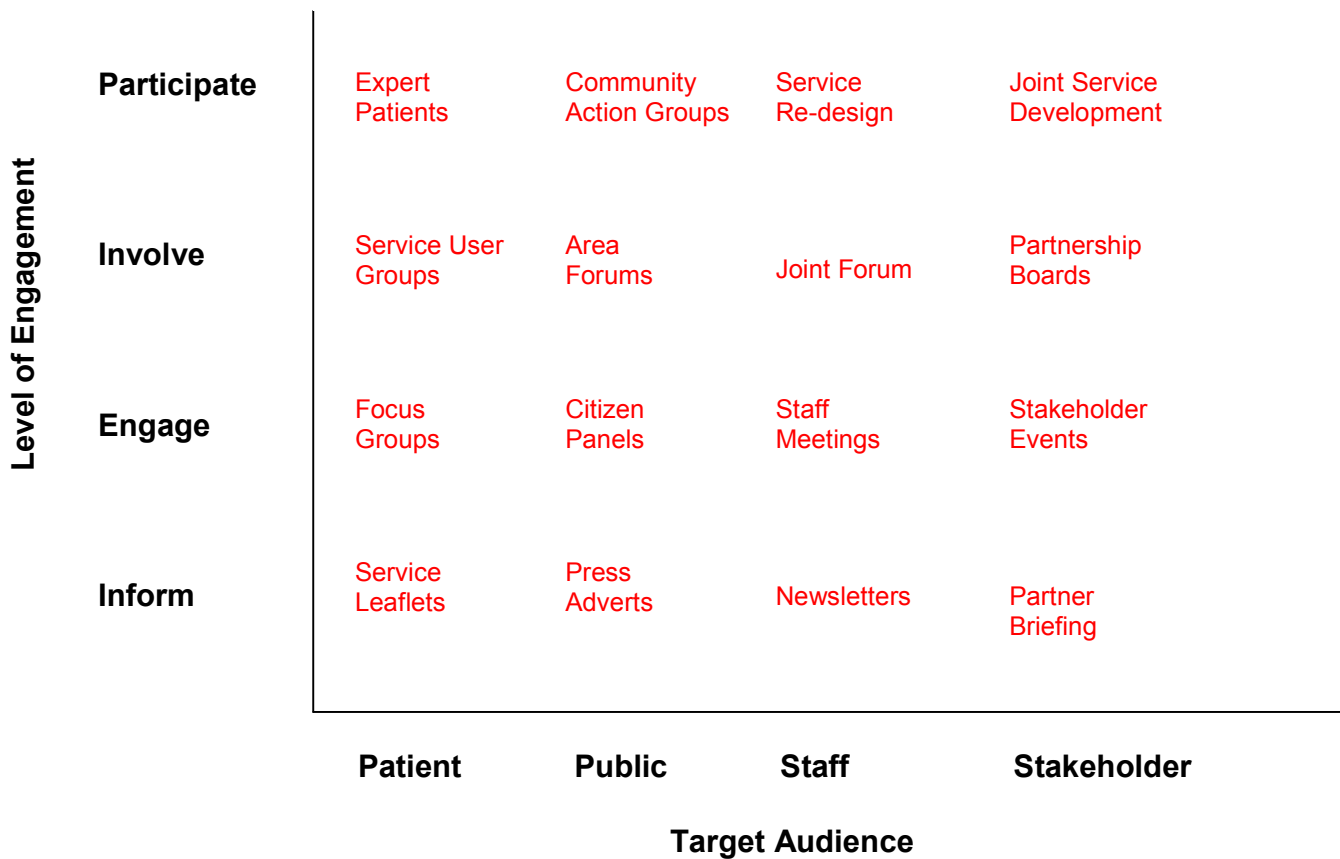
The fundamental driver for effective communications and engagement is to understand our key audiences – patients, the public and their carers - and to adapt to meet their future needs. Achieving this will mean we will make better decisions and create better outcomes for people. Appendix 1 illustrates how the strategy, patient and public involvement and NHS Wirral strategic priorities fit together.

The NHS Wirral Communications and Engagement strategy illustrates a model for communications and engagement which provides a framework that staff find useful, particularly in respect of capturing activity undertaken and reporting this within our assurance processes. It also illustrates how we as an organisation try to involve and engage patients,

the public and carers in a variety of ways and at differing levels. Examples can be given of engagement carried out at all levels depicted within this model – see figure 1 below:

Figure 1:

A Model for Communications and Engagement
Examples of Good Practice



The principle for each of these is to segment audiences to achieve the specific communications and engagement objectives for the task in hand.

Patient and Public Involvement (PPI) Committee and Partnership Working

A Patient and Public Involvement Committee is in place to assure the PCT Board that the PCT involves patients and the public in a planned and proactive way, integrated with other local partners wherever possible and engagement activities co-ordinated as appropriate. Part of its role is to ensure the PCT and its providers are shaping services around the needs and preferences of individual users, patients, their families and their carers. The committee has a specific remit which is detailed within its Terms of Reference (see Appendix 3) and a wide ranging membership which includes Non Executive Directors of the PCT, Director of Communications & Engagement, Joint Director of Public Health, Wirral LINK representatives, Voluntary & Community Sector representatives, Social Care, Health & Inclusion Overview & Scrutiny Committee representative, Patient representative and Carer representative as well as a range of PCT officers. The committee follows an annual work programme and their report for 2009/10. Each meeting is recorded and reported back to the PCT Board on a regular basis. The minutes for both the Board and PPI Committee meetings are publicly accessible through the NHS Wirral website:

<http://www.wirral.nhs.uk/aboutnhsWirral/board/minutesandmeetings/>

NHS Wirral has a close working relationship with the Wirral Local Involvement Network (LINK) which is an independent network made up of individuals, community groups and organisations working together, to speak as one voice to influence and shape local health and social care services. In addition to taking part in the PPI Committee, the Chair of Wirral LINK attends the main Board meetings of the PCT. LINK regularly feeds back issues and ideas for improvements which are considered in a variety of ways e.g. involvement in a review of patient transport services, regular information requests to the PCT to assist their research into areas of interest, comments on PCT Quality accounts and Care Quality Commission (CQC) registrations in conjunction with the Council's Health and Wellbeing Overview and Scrutiny Committee (OSC). LINK is an independent organisation and, as such, has developed its own work plan. NHS Wirral has worked closely with LINK members on their work plan projects such as promoting the LINK Dignity in Care campaign and a review of discharge arrangements.

NHS Wirral has also worked closely with the LINK host organization, Voluntary and Community Action Wirral (VCAW), to enable appropriate representation processes to exist to ensure the third sector has a strong voice in service planning and delivery.

Membership

NHS Wirral has a membership scheme which provides the opportunity for patients and the public to tell us what they think about our services, and for us to have the opportunity to hear what the public and patients have to say.

Because the NHS in Wirral already has large public memberships through the Foundation Trust hospitals (Wirral University Teaching Hospital NHS Foundation Trust, Cheshire & Wirral Partnership and Clatterbridge Centre for Oncology), the NHS Wirral membership scheme is not aiming to be a “mass membership” approach, rather one that brings together the membership organisations that are already active. As well as the large hospital trusts at one end of the scale, this also includes the smaller scale Patient Participation Groups (PPGs) based around General Practices (see next section).

Our strategy for signing up individuals is that we are open to anyone in Wirral who would like to join, but we will make additional efforts to sign-up those people who are currently under-represented.

For those who do sign up as a member, we commit to:

- Send out a regular newsletter, updating people on recent developments
- Invite people to attend focus groups, meetings, workshops and events
- Ask for opinions on proposed projects
- Keep people up-to-date with NHS Wirral through email bulletins
- Tell people about volunteering opportunities
- Send copies of key corporate publications such as our Annual Report

If there are any areas of healthcare people have a particular interest in, such as mental health or diabetes we can keep them updated and involved in those services that matter to them. One specialist area is carers and caring and is a means of specifically targeting people who care for others to gain their views.

Over the last 12 months members have been involved in a host of activities including:

- Assessing the PCT website usability
- Recruitment for GP practice Patient Participation Groups (PPGs) (see overleaf)
- Consultation on service information leaflets
- Primary Care Assessment Unit service redesign
- Consultation on the NHS Constitution
- Development of social networking sites

During 2009/10 NHS Wirral, Staff all became members of the scheme generating an additional 1800 members. Staff views are very important, as are those of patients and the public. Most NHS Wirral staff live in Wirral and are often patients themselves or carers of patients and, therefore, have insight into both sides of service delivery.

Patient Participation Groups

NHS Wirral is keen to support the establishment and development of Patient Participation Groups or Networks in GP practices across the area. Patient groups and networks offer opportunities for residents to communicate with their General Practice about their experience of Practice services, exchange ideas and suggestions about the development of existing services and the planning of futures ones, and then to take action. A group's activities might include such things as holding health information events, consulting with patients about their experience of the health service, or producing a newsletter to let people know about the group and the services that the Practice offers. At March 2010, there were 27 Patient Participation Groups in the Wirral. Examples of activities carried out locally by patient groups include developing information resources, facilitating surveys to gather views of patients, contributing to surgery development plans and producing patient newsletters.

In addition to the development of practice based groups, locality wide forums have been established so that patients from different practices have the opportunity to network and feed in directly to the developments at the PCT. The Wallasey locality has a group already in place called the Voice of Wallasey and Bebington and West Wirral have started to scope a Patient Matters locality group. Similar plans are at an early stage of discussion in the Birkenhead locality.

The National Association for Patient Participation (NAPP) supports the establishment of Patients' Participation Groups and, as such, NHS Wirral is an associate member of NAPP. You can find out more about its work and about Patient Participation Groups on the NAPP website www.napp.org.uk

Comments, Compliments and Complaints

The PCT has a number of ways in which feedback can be captured, analysed and responded to. Figure 2 (see over) illustrates how these work and the relationships between them.

Complaints

The term “Complaint” has a particular definition within the NHS, backed up by a formal status which requires the Chief Executive to take direct responsibility to ensure they are properly addressed. During the period April 2009 to March 2010, NHS Wirral received 59 written complaints regarding our directly managed services (this does not include independent contractors such as GPs, Dentists, Pharmacists etc). Patient feedback gained via our complaints process is a valuable means of monitoring and improving services where required, to ensure we meet the needs of our patients in the future. Some significant and positive steps have been taken in response to complaints made. Improvements arising from complaint investigations include:

- All Day Health Centre – additional staff training provided
- All Day Health Centre – increased service flexibility
- Speech and Language Therapy Services – team implemented a new system to manage waiting times by pooling resources and staff; recruited two new therapists
- Wirral Admission Prevention Service – improved integration of referrals and assessment
- Unplanned Care – Communication protocols reviewed in respect of information being passed from one service to another
- Wirral Wide Nursing Service – The role and remit of the Integrated Community Discharge Team has been clarified.

Compliments

The PCT also feels it is important to know when its staff and services have had a positive effect on people’s lives. Compliments and expressions of thanks are reported to the PCT Board. In 09/10 a total of 200 written compliments and expressions of thanks were officially recorded. Extracts from compliments received include:

Wheelchair therapist. – *“...Thank you for your input with this child. The family are delighted. You hear fast enough when there is a problem so wanted to let you know how much of a difference you made to this young man...”*

Condition Management Programme – *“The service has given me the confidence to go back to work and training. It has helped me to believe in myself again. They helped me to regain my confidence and self-belief. The staff were incredibly welcoming and professional and they had the ability to make people feel valued.”*

Community Nursing Teams – *“Thanks to each and every one of you for the kind, professional and dignified way you cared for our brother. We could never have got through the last few weeks without your help and kindness.”*

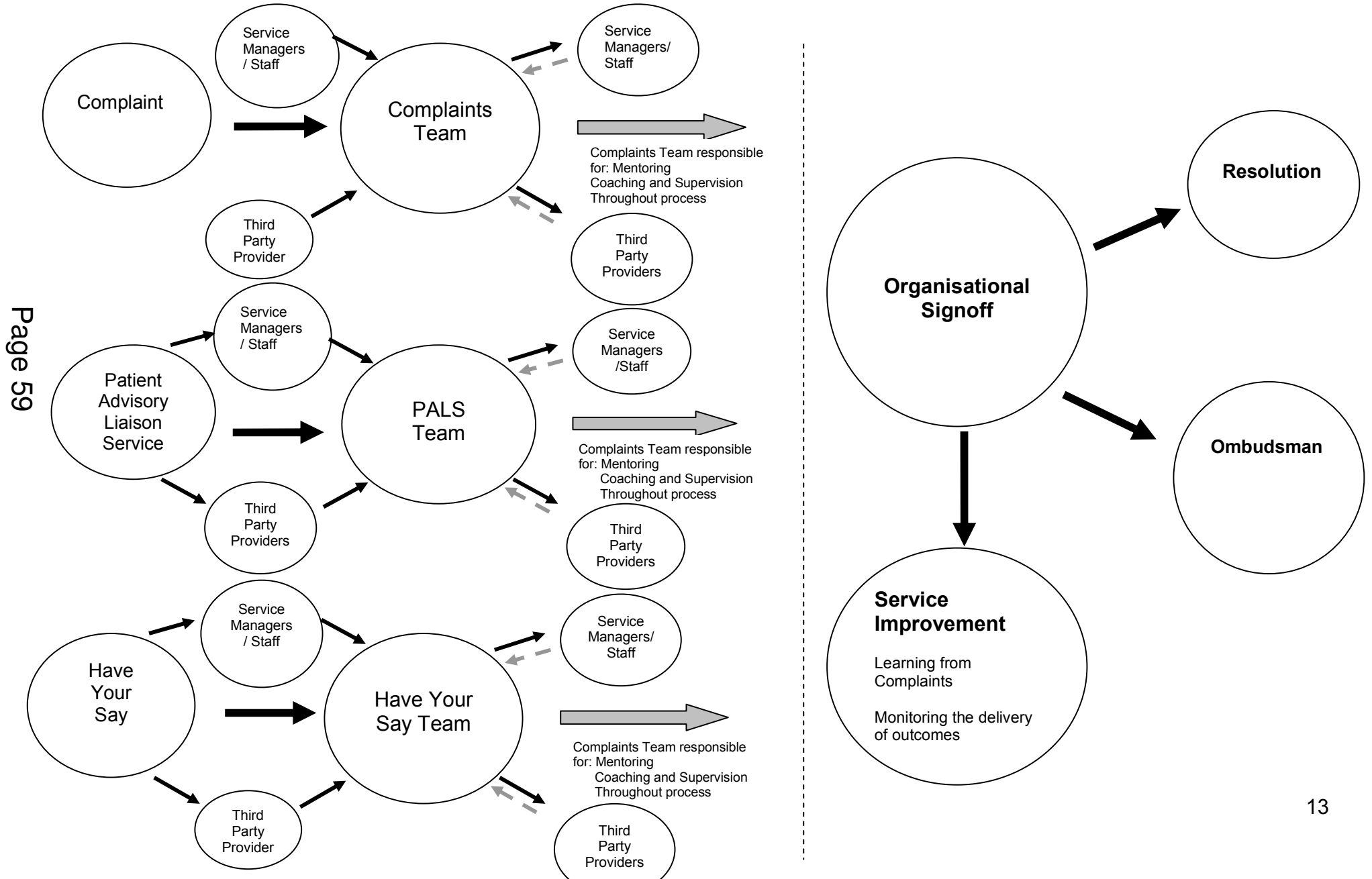
All Day Health Centre – *“...I was most impressed with the whole set up from reception staff to the Clinical Director taking the time to ring me with the results of the blood test done. Congratulations.”*

Urgent care services – *“I would give the Unit ten out of ten. The staff reassured me when I was quite concerned and they sorted out my diabetes problem within ten minutes. I would like to praise the way I was dealt with and the treatment I received. Thank you for all your kindness to me. You were all smashing and really put me at ease by explaining the procedure (being deaf). Thank you all again from a very grateful patient.”*

Further information can be found in the NHS Wirral Annual Report 2009/10.

Figure 2: HYS/PALS/Complaints System - How Does the Process Work?

Phase 1: Complaint Received Phase 2: Complaint Triage Phase 3: Complaint Management Phase 4: Organisation Sign-off



Equality Impact Assessments (EIAs)

NHS Wirral carries out EIAs to establish whether, and how, a policy proposal will affect people from different diverse groups. The main purpose of an EIA is to pre-empt the possibility that a proposed policy could affect some groups unfavourably. It is an assessment for equality and diversity – that is, full consideration of how a proposed policy is likely to affect people from diverse backgrounds and circumstances – and should be an essential ingredient of all stages of policy development, from conception to implementation.

Policies do not affect everyone in the same way. By making sure at an early stage of their development that they will not have unfavourable effects on some groups, or by taking steps to mitigate these effects, NHS Wirral will be able to:

- Ensure, as far as possible, that its policies are developed in full recognition of the diverse needs, circumstances and concerns of the people who will benefit or be affected by them.
- Be aware of any inequalities between different diverse groups that could arise, directly or indirectly, as a result of the proposed policy, and if so, consider alternative ways of achieving its aims.
- Deal with the possibility that policy proposals could lead to unlawful discrimination.
- Encourage greater openness, staff and public involvement in policy making.
- Ensure that any services provided meet the needs of all diverse groups.
- Increase staff and public confidence in the functions it carries out.
- Improve the quality of all of its policies, and its functions. Put staff and public interest, in all its diversity, at the heart of policy making.
- Ensure that its internal and external services do not overlook or exclude any groups of people, and that they serve everyone equally well.

With regards to PPI activity some of the projects show good examples of reaching out to minority groups. For example, for male circumcision, in addition to consulting with the wider general public through a citizen's panel, we specifically consulted with the Jewish community and Muslim community to ensure their voices were heard in the decision making processes.

An area for development during 2010/11 is building on work completed to date to ensure EIAs are part of the contracted outcomes for the next commissioning round.

National Patient Survey Programmes

The NHS national patient survey programme has been established to ensure that patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and listening to their views and priorities is vital for improving services. The programme enables the Care Quality Commission and others to build up a national picture of people's experience for comparisons of:

- performance of different organisations
- changes over time
- variations between different patient groups.

The Care Quality Commission is a health watchdog. It exists to promote improvements in the quality of health and social care in England. It is legally obliged to assess the performance of healthcare organisations in the NHS and award annual ratings of performance as well as co-ordinate inspections and reviews of healthcare organisations carried out by others.

The patient survey asks patients specific factual questions about what happened to them during their recent healthcare experience. These 'reporting' style questions highlight where the problems are and what needs to be done to improve care. Once the results are received, NHS Wirral makes use of the findings in order to improve their services locally. Data from these local surveys can provide evidence for instigating and evaluating a range of local quality improvement initiatives.

Surveys are carried out for many types of patient groups, such as inpatients, outpatients, cancer care, stroke, maternity, emergency care, primary care and mental health. As well as the quality of patients' recent health care experience, the surveys also include some questions regarding age, gender and ethnic group to help identify any inequalities of treatment across the country.

The results of surveys carried out in the Wirral can be found by visiting the Care Quality Commission's website at www.cqc.org.uk. If you go to the 'Find care services' section and then select 'Healthcare' followed by 'Overall performance', you will be able to select a trust or the Wirral as a location. From there you can obtain an overview of how well organisations are rated overall, as well as specific survey results in the 'how patients rate this trust' section. More information on the patient survey programme and how it was developed can be found by visiting www.nhssurveys.org

Consultations and Commissioning Decisions 2009/10

NHS Wirral's primary business is to commission, to plan and buy healthcare for the population it serves. A number of organisations provide healthcare services for Wirral patients – there are over 350 contracts commissioned from a range of NHS, voluntary and community sectors and independent providers. The range of healthcare providers is expected to grow.

One national driver in this area has been the World Class Commissioning framework aimed at maximising performance in the way health and care services are commissioned in the NHS. The vision and competencies describe what this shift will involve, and the organisational competencies that Primary Care Trusts will need. The World Class Commissioning framework outlines a responsibility for PCTs to 'understand, inform, engage and lead', to work with community partners, engage with public and patients, and collaborate with clinicians.

Table 1 overleaf summarises the consultations carried out during 2009/10 which informed key commissioning decisions and service developments. The information contained in the table has been summarised and further information can be obtained on any of the activities listed by contacting the Have Your Say team – details of how to contact the team are available at the end of the report.

A significant percentage of our commissioning is expected to remain within our existing main contracts with Wirral University Teaching Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and NHS Wirral Provider Services. We have maximised the opportunities within the national contract frameworks to include patient experience metrics, and work with the trusts to build on the patient experience initiatives already underway. We work in partnership to develop the model of how patient experience and feedback informs their provision and our commissioning decisions.

Integrated Commissioning

Over the last 12 months, the PCT continued to develop integration with the Local Authority. Health and Social Care Services are now aligned across the three localities; Birkenhead, Wallasey and Bebington & West Wirral. This has enabled staff to work together to provide services which are personalised and organised around the needs of individuals. Each locality has an Integrated Commissioning Manager who is responsible for joint commissioning across health and social care.

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
NHS Wirral Strategic Plan Refresh	General Population of Wirral through Have Your Say team. Health for All – Have your Say document provided.	Initiatives detailed within the Strategic Plan have been developed as a result of the consultation and in consultation with patients and the public.
<p>Exploring the need for a Male Circumcision Service for Religious, Cultural and Social Reasons -Local patient concern has been raised over a lack of local provision.</p> <p>Further PPI exercises have taken place as part of the procurement process to inform the proposed recommendation.</p>	Three listening events were undertaken regarding the commissioning of a service for male circumcision service for religious, cultural and social reasons. The process involved the Jewish community, the Muslim community and the wider general public via a citizen's panel.	<p>The Jewish community leaders felt they would not consider a male circumcision service for religious, cultural and social reasons as a high priority as they have a good network of provision in place and the procedure is well managed. If a service was made available it may be something they would consider using. From the Muslim community the consensus of opinion was that they would like to see a standardised male circumcision service for religious, cultural and social reasons available to all and, in particular, for the communities and faiths that would require the service. The Muslim community felt it should be a free service so families with a low income could receive a safe and quality service. Nine participants attended a Citizens Panel facilitated by an external organisation with PCT representation in support. The panel was asked to debate the issue of male circumcision service for non clinical reasons. After a 2 hour debate the panel concluded that they were keen for the NHS to offer a free service to children under 16 requiring male circumcision for non medical reasons on the grounds of the protection of children's welfare and health. The panel felt that individuals above the age of consent i.e. over 16, who request such a procedure, should have access to a service but should meet the cost themselves.</p> <p>A service has been commissioned to meet the above specification of need and should be operational by December 2010.</p>
The Configuration of Cervical Cytology Reporting Services across Merseyside and Cheshire	The Cancer Network has an active patient involvement group who were consulted.	The patient involvement group supported the proposal which contributed to it being commissioned.
Proposed Expansion of Radiotherapy Facilities in North Merseyside	The Cancer Network has an active patient involvement group who were consulted.	The patient involvement group supported the proposal which contributed to it being commissioned.

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
Sustainable Communities Strategy	Area Forums and voluntary networks were consulted on the content of the strategy. A draft strategy was distributed.	Strategy developed and agreed.
Public Health Annual Report 2008/9 “A Weight Off Your Mind: addressing overweight and obesity in Wirral”	Service Users sharing Patient Experience stories.	All of the services and activities mentioned in this report have the close involvement of patients and members of the public. Members of the public have also made valuable direct contributions to the report by sharing their personal experiences of weight management. Examples of this can be seen on pages 7, 13, 24 and 25 of the original report.
Communications and Engagement Strategy	Communications plan was developed to enable stakeholders to comment on the draft document.	The strategy was amended and published.
Independent Living Centre and Wheelchair Service Relocation to Hind Street	<p>Two focus groups were conducted with a mixture of Independent Living Centre users and Wheelchair Service users. Issues covered included: initial reactions to the proposals; perceptions as to how the proposed building should look and feel; any issues they may have with the building itself; the facilities and services that they felt the proposed centre should contain; and how service users would like to be kept up to date with information about the relocation.</p> <p>In addition to the feedback gained from the focus groups with service users, NHS Wirral also asked service users to share their views on the proposals via a questionnaire which was contained within an information leaflet. Users were asked whether or not they agreed with the proposal to relocate the Wheelchair Service and ILC and for any comments they wished to make in relation to this.</p>	<p>Findings of both quantitative data and at the focus groups showed significant support for the proposed relocation by service users. Analysis of responses to the survey within the information leaflet provided to users of the services revealed strong backing for the proposals - with the vast majority of users (92%) in favour of the proposed relocation. Despite this positive message, service user views were tempered with concerns. The focus group consultation showed evidence of more severely disabled users having more concerns over the move – these were evidently linked to issues of self-efficacy and self-confidence. Those using wheelchairs appeared a little over-awed by the prospect of having to negotiate the journey from the bus station to the new Centre, particularly during peak times, such as Christmas. Parking was a significant issue for all group participants, as well as for those responding to the NHS Wirral quantitative consultation. Issues of parking were three-fold – firstly, the number of spaces available and the difficulties of finding a parking space in Birkenhead; secondly, the quality of car park and pavement surface around the building; and thirdly, the patrolling of spaces to ensure they were only being accessed by service users. Service users mentioned the introduction of hoists and a wheelchair loan service (during repairs) as being desirable and commented on how the service should be organised and on the look and feel of the building. The service has considered all the feedback received and taken account of it in the relocation. The service has now relocated to the new site.</p>

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
An independent review of the service user and carer experience of Psychiatric Liaison Service	Users and Carers of the Psychiatric Liaison Service The review process included key stakeholder meetings, identification of current and ideal pathways, workforce review and capacity and demand.	NHS Wirral committed an additional £490k to enhancing the service which included additional opening hours and additional clinical and advocacy support. Service extension has contributed to reduction in 4 hr A&E wait breaches. Service extended and independent advocacy support commissioned to support service users and carers with social and practical issues. This resource has enabled clinicians within the unit to spend more time with patients as previously a proportion of their working hours were spent on dealing with social and practical issues.
Development of an Integrated Care Pathway for Dementia	Series of stakeholder workshop and carer forums to develop an ideal local pathway for dementia care.	Local pathway established. Older People Mental Health Strategy developed and implemented. Additional carer support services commissioned. A development programme of dementia services (including Early Onset Dementia) agreed and implemented.
Review into In Patient and Crisis Services for people of working age	A number of stakeholder workshops were held which included service users and service user groups	NHS Wirral recognised there was a reduction in occupancy and the changing pattern of provision and commissioned a review of Inpatient Services for Adults of Working Age in July 2009. The review identified the need to commission a local Personality Disorder Service which is now operational. The review will also inform the future commissioning of in-patient and crisis services.
Review into In Patient and Crisis Services for people of working age	A number of stakeholder workshops were held which included service users and service user groups	NHS Wirral recognised there was a reduction in occupancy and the changing pattern of provision and commissioned a review of Inpatient Services for Adults of Working Age in July 2009. The review identified the need to commission a local Personality Disorder Service which is now operational. The review will also inform the future commissioning of in-patient and crisis services.
Developing a locally agreed model for Primary Care Mental Health Services in Wirral	The review included a series of workshops with key stakeholders including service users and carers which in turn informed the development of a new service. In addition, a series of service user/carers interviews and focus group meetings were held to ensure the views of the people who use the service and their carers were taken into account.	In 2007 a full review of Primary Care Mental Health Services was undertaken which led to the decommissioning of existing services and commissioning of a new service. A full tender and procurement process followed to commission a new Primary Care Mental Health Service. The selection process included a dedicated service user and carer panel who interviewed prospective bidders and contributed to contract award process.

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
CCO Local CQUIN goals	Patient and carer workshop identified quality improvement themes	Themes captured and developed into local Commissioning for Quality & Innovation (CQUIN) metrics
Dignity	Older Peoples Parliament report into dignity at Wirral University Hospital Teaching Foundation Trust (WUTH) Report and Trust response discussed at WUTH Quality Review meeting	Findings informed quality metrics in contract 10/11
Quality Reviews	Quality Team working with LINK to capture regular feedback on quality of provider services	Concerns raised with provider Quality leads
Carers Development Committee	Attendance at Carers Association. Information given included reporting on Carers Action Plans.	Feedback provided was used to inform future actions etc. Ongoing review of services for carers. To feed into commissioning for carers developments.
Carers Strategic Plan	Carers Survey to identify carers experience of access to health services for themselves and those they care for.	Informed developments within the Carers Action Plans as part of the Carers Strategic Plan.
NHS Constitution	Staffs, Patients and Public were involved through a series of focus groups and a world café event. Information provided through the Department of Health (DOH) was distributed to participants. Initial consultation documents were circulated to the board via email, people were directed to the National exercise conducted through the DOH.	Comments were gathered and submitted via an NHS Wirral response to the Department of Health (DOH).

Table 2: NHS Wirral Consultation Activity 2009/10 Primary Care and Provider Services

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
Podiatry	Nail Surgery Satisfaction Survey and focus groups	The survey led to the ability to meet demand for urgent cases and support patient's choice of appointments.
Nutrition and Dietetics	Diabetes Care Evaluation (questionnaire & focus group)	Additional clinics put on to meet demand, diabetes education provided in both evening and day sessions.
Safeguarding Service	User satisfaction survey Young peoples views on LAC health assessments	No changes made in year
Wirral Heart Services	Heart Failure Focus Group (changed from Patient satisfaction survey from outreach pilot)	Obtained additional information books on Atrial Fibrillation for patients. Reviewed rehab service programme to reduce waiting times for access to gyms. Information posters about equipment listed above gym equipment for patients.
Sexual Health and Chlamydia Service	Patient Consultation Exercise	Reviewed all Contraception & Sexual Health (CaSH) clinics based on feedback form Patient feedback of waiting times
Physiotherapy & Rehabilitation Services	User group Patient Subjective Questionnaire Telephone Survey/Corporate	Conducted a 3 month pilot of extended operational times. Improved patient awareness of physiotherapy services in PCT and WUTH. Improved signposting to services and car park within Victoria Central Hospital (VCH) and St Catherine's Hospital (SCH). Telephone survey indicated generally high levels of satisfaction with all aspects of the patient journey
Speech & Language Therapy Service	Stroke Patient/Relatives feedback	Changed feedback process from drop in sessions as per request, now telephone contact and face to face sessions at relatives request.
Community Equipment Stores	Patient satisfaction deliveries Telephone Survey/Corporate	Telephone survey was completed by only a small number of respondents, but indicated high levels of satisfaction with user experiences of the service.
Infection Control Service	Short questionnaire	Good level of awareness of targeted campaigns and satisfaction with training and education workshops. Resulted in changes to the information provided on webpage and variety of training sessions offered to services
PCT Community Dental Service/ OOH	Patient Satisfaction questionnaire	Improved signposting to services within venues.
Community Nursing	Patient Satisfaction Survey (Provider Services Wide)	No changes made in year

Health Visiting Service	Initiative based on Frontline Friday feedback	
Community Nursing District Nursing Service	Patient Satisfaction Survey (Provider Services Wide) Initiative based on Frontline Friday feedback	Reviewed operational hours
Active Case Management Team (Community Matrons)	Patient Satisfaction Survey (Provider Services Wide) Initiative based on Frontline Friday feedback	No changes made in year
Wirral Admission Prevention Service	Patient Satisfaction Survey (Provider Services Wide)	An improvement plan has been developed, which will update patient information leaflets as well as staff training.
Deep Vein Thrombosis	Patient Satisfaction Survey (Provider Services Wide)	Improved signposting to service venue at Arrowe Park Hospital (APH).
Wirral Integrated Continence Service	Telephone Survey/Corporate	Telephone survey was completed by only a small number of respondents, but indicated high levels of satisfaction with user experiences of all aspects of the patient journey
Parkinson's Specialist Nursing Service	Patient Questionnaire	Changes to the telephone advice line
Specialist Palliative Care Service	Patient Satisfaction Survey (Provider Services Wide) Patient and Carer Service Evaluation Questionnaire	Feedback was positive on overall service satisfaction. Insights have lead to the review and development of the triage process, which will be conducted in partnership with stakeholders
Tissue Viability Service	Patient Satisfaction Survey	Proposed simplification of verbal and written information shared with patients, including production of easy read format.
Wirral learning Disability health Facilitators Service	Feedback from Health Education Sessions	No changes made in year
Walk in Centres (VCH and APH)	National Survey (Primary Care Foundation) Initiative based on Frontline Friday feedback	Responses showed a slightly above average number score the service as very good or excellent on timeliness and rate help from health professionals reasonably highly compared to many other services
The Warrens Development - a one stop primary care centre	Consultation with West Wirral Group Practice and residents living within 0.5 miles of the site regarding the proposal to develop a one stop primary care centre where the Warrens Nursery formerly operated. Practice patient focus group led the development and final content of the consultation leaflet. Leaflets were sent by post to patients	A total of 2725 patient responses were returned. 1766 strongly agreed with the proposal. 669 agreed. 117 disagreed and 173 strongly disagreed. It was agreed to proceed with the development. Planning permission approved by Wirral Metropolitan Borough

	<p>registered over 16 years of age totaling 12105 patients.</p> <p>The residents' leaflets were circulated to all homes and businesses within half a mile of the site and to homes and businesses on roads which continued beyond the measure. 4574 leaflets were distributed by mailshot with satellite tracking to confirm delivery.</p> <p>Public Meetings were held for patients and residents.</p>	<p>Council in September 2009, and cleared by the Government office for the North West in the Autumn of 2009.</p>
<p>Proposal for the modernisation and development of primary care facilities in NHS Wirral: proposal to relocate Greenway Road Surgery to the St Catherine's development</p>	<p>General Practice Patients - A copy of the consultation leaflet was sent to all patients aged 16 and over registered with the practice, and leaflets were available in the Surgery throughout the consultation period.</p> <p>Key Stakeholders - A public consultation event was held for the practice on 9 June, in the surgery building, between 4 – 7pm. Practice and PCT members, along with representatives from the Developers and Architects, were on hand to answer any queries. Details of the event were clearly highlighted in the consultation literature, in the surgery building, and on the PCT and Practice websites; the event was therefore made available to a wide range of stakeholders.</p> <p>Tranmere residents group were and still are actively involved.</p> <p>Consultation literature was produced that would allow respondents to comment specifically on the proposals to relocate the General Practice.</p> <p>Work was carried out with the practice to produce a leaflet which would convey the specific aspirations of the practice from the development and which would seek comments on the principle of relocating the practice to the St Catherine's site. There was opportunity for respondents to state whether or not they were in agreement with the proposals outlined, and also for additional comments/questions to be raised.</p>	<p>The most significant issues raised by respondents were in relation to the availability of free parking at the site and accessibility to the site, particularly for those who do not drive. 76% of respondents agreed with the proposal, 22% disagreed whilst 2% made no comment. There were 624 responses received by the end of the consultation period (30 June 2009). 475 voted yes, 138 voted no, 11 did not vote [but made a comment]</p> <p>The main issues raised in the negative responses were: car parking at St Catherine's, bigger surgeries mean more waiting times; losing personality; if it isn't broke, don't fix it; the costs of moving; waste of the current building; proximity to chemist at current site, do not wish to lose that; harder to access for the elderly, disabled and those with children. Positive comments made by more than one person included: this is a very good idea; in patient's best interests; extra facilities will be excellent; good concentration of services. The main conditional issues raised in the positive votes were [as long as...]: car parking is available; there is a Chemist; no merge/keep regular GP; appointment time is not affected; the old practice is utilized; local labour is used in the building works.</p> <p>There are currently issues with parking on the St Catherine's site, which have been raised as part of the consultation process. However, as part of the redevelopment, it is proposed that more than 300 Headquarter staff, together with staff from the Wheelchair and Independent Living services, plus a number of clinical management staff – accounting for around 350/400 cars a day - will be</p>

		<p>permanently moved off the site. The new development will include 525 car parking spaces on site, compared with 468 at present.</p> <p>Key Milestones for St Catherine's were obtaining planning permission in September 2009, the full business Case (which included information on public engagement) was approved by our Board in September 2009 and latterly by the Strategic Health Authority in November 2009. A report went to Wirral Metropolitan Borough Council Overview and Scrutiny committee on 8th September 2009 on the scheme.</p>
Heswall redevelopment	Practice patients are actively involved.	The proposal was initially agreed and the planning appeal was not upheld at an inquiry in January of 2010.

Practice Based Commissioning (PBC)

Standing instructions to all PBCs Groups include the requirement to consult with patient groups regarding any investment discussions. Table 3 sets out where these have taken place.

Table 3: List of Services Commissioned where the service commenced in 2009/10

Service Commissioned	What Service is Provided?	Commissioner
Angina Service	Preventive health programme to "at risk" populations. Modern evidence based angina management.	Wallasey Health Alliance
Musculoskeletal Clinical Up-Skilling Project	General Practitioner Special Interest to attend appointments within the Member general practice and undertake relevant clinical action and/ or observe & advise the GP undertaking clinical action.	Wallasey Health Alliance
Facilitated Discharge Project	To improve discharge planning from hospital and ongoing home care	Wallasey Health Alliance
In-House Physio	In-House Physiotherapy Service	Leasowe Primary Care Centre
Cognitive Behaviour Therapy Sessions	Cognitive Behaviour Therapy Sessions	Birkenhead Collective
Podiatry Service	Podiatry Sessions - Triage and Clinic	Wirral PBC Consortium
Physiotherapy Service	Physiotherapy Sessions	Wirral PBC Consortium
Service for Vulnerable People	Home Visits to provide Screening/disease prevention	Devaney Medical Centre

Regional Projects

NHS Wirral has also been involved in specialised commissioning on a regional basis in conjunction with other PCTs. Table 4 details key activities carried out regionally which have influenced policy development in key specialised services.

Table 4: Regional PPI Activity

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
<p>Bariatric Surgery Services</p>	<p>Many of the providers of specialist bariatric surgery have patient support groups attached to them. This was an informal patient support group meeting. Around 10 patients were present at the meeting. These were patients who had already undergone surgery, either at Spire or elsewhere, or who were awaiting surgery. 3 carers were also present. All patients had undergone/were due to undergo surgery as part of the NHS contract. Some of the patients attending had also participated in primary care trust specialist weight management programmes. The North West Specialised Commissioning Team’s senior commissioning manager for bariatric services, and the Head of Communications, were also present, as were members of the nursing team from Spire.</p> <p>These were informal discussions. Commissioners explained the need for change. Patients talked about their experiences of surgery. Some felt it had been the best option for them, others described the complications</p>	<p>Commissioners gained a great deal of insight about the patient experience along this pathway. The most powerful message coming from the event was the need for PCTs to invest in preparing patients for surgery and that efforts should be concentrated on specialist weight management initiatives in the community as, overall, the vast majority of the patients present would have preferred to lose weight without resorting to surgery. Commissioners have fed their findings into discussions with PCTs about the development of community weight loss services. Feedback to the patient group was informal, conveyed via the Chair of the group. Offers were also made to the group for commissioners to attend similar meetings in future, at their request.</p> <p>With regards to concerns raised about future access commissioners reassured them that those deemed in clinical need of surgery would receive it,</p>

	<p>they had suffered as a result of surgery, others reported how other forms of weight loss had proved ineffective. Services highlighted included specialist weight management courses and cognitive behavioral therapy. Patients were concerned that people waiting for surgery might not be able to access it in the future because their Body Mass Index (BMI) was not high enough.</p>	<p>as per NICE guidance</p>
<p>Teenagers and young adults with cancer</p>	<p>A half-day conference was held at Haydock on 23rd September 2009, which attracted around 90 delegates from across the region. It was hosted by the North West Specialised Commissioning Team in conjunction with the North West cancer networks. The purpose of the event was to raise awareness, report progress and facilitate further engagement across the region on teenagers and young adults with cancer. The event aimed to cover the issues and challenges faced by this patient groups, and the implications for local teams and individuals delivering care.</p> <p>Key stakeholders from across the North West and North Wales involved in developing, designing and delivering teenage and young adult cancer services across the whole of the pathway took part. Several of the attendees were young people who had received or were presently on treatment for cancer. The conference involved presentations from national and internally renowned speakers on teenage and young adult cancer medicine and management. Issues covered in presentations included the importance of adult and paediatric teams working together and sharing expertise, the importance of good data sets, analysis and interpretation and the importance of research in this field to ensure that teenagers and young adults receive the best evidence-</p>	<p>Teenagers and young adults with cancer are considered to be a very vulnerable group of patients with special and specific needs, reflecting the transition from childhood to adulthood complicated by a cancer diagnosis and treatment. This results in complex management problems in looking after the young person and their families.</p> <p>Presentations on the day were followed by a panel formed by five young people who, together with the presenters, answered questions from the floor. There followed round table discussions on key areas of service development, focusing on how local teams could find potential solutions to the challenges posed by the NICE guidance and illustrated by patient experience. Patient stories about their experiences of being a teenager or young adult with cancer gave delegates to the conference a new awareness of, and different dimension to, cancer in this age group. This clearly enhanced the understanding of the delegates and was clearly demonstrated by feedback on the day. Emergent themes from the discussions were collated and shared with attendees and formed the basis of future workstreams for local teams and for several interested parties who volunteered to help</p>

	<p>based treatments available. There were also presentations on the practical issues associated with delivering teenage and young adult cancer services and the challenges faced by cancer networks.</p>	<p>take this work forward.</p>
<p>Expansion of haemodialysis capacity – E16 scheme</p> <p>The expansion of haemodialysis capacity across Cheshire and Merseyside has been made possible as the result of the former Government’s independent sector procurement programme.</p>	<p>This scheme has been project managed by the North West Specialised Commissioning Team from the start, in partnership with independent sector provider Fresenius Medical Care Renal Services and the Department of Health, working in conjunction with the main renal centre’s across the zone.</p> <p>The scheme has resulted in the refurbishment/expansion of existing facilities or the building of brand new state-of-the-art units at six sites across the zone – Halton, Clatterbridge, Southport, St Helens, Warrington and Macclesfield. 2009/10 saw the opening of units at Southport (March 2009) and St Helens (February 2010), with Warrington opening in April 2010 and Macclesfield due to open in the autumn. When this final unit opens, the scheme will have created the potential for an additional 2,300 patients to receive their treatment in a modern, clean and safe environment.</p> <p>The main consultation was around the development of a range of units. Each of the units has had a site-specific project group attached to it to oversee development of each unit. Each of these groups includes patient representatives, usually – although not always – a current patient. Their role is to represent the view of fellow patients/carers, and provide feedback from meetings to those on the unit. Patient representatives attend planning meetings alongside the independent sector provider, clinicians and commissioners, as well as</p>	<p>Planning meetings for Macclesfield are still ongoing but patients involved in the scheme elsewhere across the patch have had a direct influence on a number of issues such as the location of outpatient clinics. Patient views have informed the way in which outpatient services are delivered, with outpatient appointments now taking place at the Halton satellite unit, with an increased service at Warrington, rather than patients having to travel to the main renal centre in Liverpool. This change in the way services are provided is the direct result of patient views about transport links and the need for care closer to home. In terms of the units themselves, decisions about the kind of mattresses used on the dialysis stations as well as the colour of the walls, and the view out of the window, have all been influenced by the patient representatives, where the contract has allowed. The independent sector provider has encouraged patient input throughout the development of the various units and carries out regular patient satisfaction surveys which are viewed by the specialised commissioners as part of our monitoring of the contract.</p> <p>The North West Specialised Commissioning Team produces a patient newsletter for all patients undergoing haemodialysis at a unit which is part of the E16 scheme, as well as for those patients at</p>

	<p>a representative of the Kidney Federation and the Department of Health. Patients were asked to present their views on a number of issues affecting the development of the units such as décor, environment and facilities e.g. internet access.</p>	<p>the main renal centres. This newsletter is written and produced by commissioners and is distributed to all satellite units. Patients are encouraged to contribute articles and photographs and we have used this method of communication to cover the official openings of all the units so far, so that patients can see that progress is being made across the zone.</p>
<p>North West Children's HIV Network parent consultation event -</p>	<p>The North West perinatal and paediatric HIV parent/patient consultations have been running annually since 2006 and provide children/young people living with HIV and their parents/carers with the opportunity to meet medical/social care teams in a relaxed atmosphere to talk about getting the best out of HIV tertiary specialised services, which are accessed by patients in the North West and peripheral areas.</p> <p>The network consultation event took place in Manchester on 13th November and was organised by the Children and Young People's HIV Social Work Team on behalf of the North West Perinatal and Paediatric HIV Network, which is hosted by the North West Specialised Commissioning Team. Due to the sensitivity and confidentiality of the subject matter, parents were consulted about who should be invited to the engagement event. Parents suggested that the event be small and informal and that only members of the network and clinicians be invited. In total, 17 parents/carers of children living with HIV attended as well as paediatric HIV specialist clinicians/nurses, support workers and specialised commissioners. The half-day workshop event consisted of presentations from parents about their experiences of caring for children living with HIV, and</p>	<p>Parents felt they had learned a lot about HIV following their child's diagnosis and were supported by medical staff throughout. However, they felt that other healthcare professionals e.g. GPs were sometimes ignorant about HIV and that there was some stigma associated with this group.</p> <p>Parents highlighted that disclosing HIV diagnosis to children was difficult, and that constant encouragement and support from HIV healthcare and voluntary support staff was vital.</p> <p>In terms of disclosure of diagnosis to children, parents/carers and HIV workers agreed that parents and staff needed to work together, identify somebody that the child can talk to about HIV, find out how much the child already knows about their condition, assess the child's maturity and provide appropriate information, maintenance of confidentiality and on-going support and education.</p> <p>One of the issues raised on the day was psychological assessment of children living with HIV. It is hoped that the appointment of a psychologist for the Manchester Children's HIV</p>

	<p>about the clinical and social support services which have helped them and their children; round-table discussions which consisted of six groups agreeing and outlining important issues for parents/carers and clinical/social care staff to consider when providing pre-disclosure support, the naming of HIV and post-disclosure support to children. Key themes included confidentiality, age-appropriate information and on-going, continued support; and Q&A session whereby a panel of medical professionals answered parent/carer questions specific to children and young people living with HIV. The session finished with lunch and an opportunity to talk informally.</p>	<p>Team would improve things for some families in the North West network. It was noted that other parts of the network should review the psychology services available to them.</p> <p>An evaluation of the event was carried out and a report was delivered to all those who attended. The findings from this event will be used to inform the future commissioning of these services.</p>
--	---	---

Current Consultation Activity

Currently underway is a programme of evaluations linked to the priority areas identified within NHS Wirral strategic plan. Details of active projects are listed in Table 5 below:

Table 5: NHS Wirral Current Evaluation Programmes

Programme Area	Priority
Obesity Programme	<ul style="list-style-type: none"> ▪ Explore awareness of the Child Weight management services provided by the Lifestyle & Weight management service and MEND (Mind, Exercise, Nutrition...Do it!) within the target group, the impact of the services on the target group, users' experiences of the services, the target group's behavioural and lifestyle changes, the appropriateness of the services for the target group and any perceived barriers to access. ▪ Explore reasons for non-use and any barriers to accessing the child weight management services as perceived by non-users in the target group.
Health Inequalities Programme	<ul style="list-style-type: none"> ▪ Explore awareness of the Health Action Areas (HAA) programme within the target group, use of other services prior to availability of the HAA programme, the impact of the HAA initiative on the target group and users' experiences of the HAA services, ▪ Assess the appropriateness of the HAA services for the target group and any barriers to accessing the HAA programme. ▪ Explore client awareness, perceptions and experiences of Wirral Working for Health (WW4H), the impact of the initiative on the target group, the appropriateness of the services for the target group and any perceived barriers to access. ▪ Employers' perceptions of the WW4H service ▪ Staff perceptions of the WW4H service, in terms of the process, delivery and perceived effectiveness and any barriers to access staff may be able to identify.
CVD / Stroke Programme	<ul style="list-style-type: none"> ▪ Assess the experience of patient's referred to the intermediate heart failure service to determine how this contributes to their experience of the intermediate care service, point of care testing and health check to their overall Cardiovascular disease (CVD) risk management ▪ Assess GP and staff's engagement with the intermediate heart failure service and point of care testing
COPD Programme	<ul style="list-style-type: none"> ▪ Assess the experience of patient's referred to Chronic Obstructive Pulmonary Disease (COPD)/Oxygen (O2) service to determine how this contributes to overall COPD management ▪ Assess the service provider (GP, Health Care Professionals, etc) experience of how COPD/O2 contributes to overall COPD management ▪ Assess COPD service user experience of the Primary Care Assessment Unit (PCAU) ▪ Assess service provider experience of the PCAU

Programme Area	Priority
Sexual Health Programme	<ul style="list-style-type: none"> ▪ Assess young people's levels of awareness of the Health Services in Schools (HSIS) initiative and associated social marketing campaign ▪ Assess why certain young people, to be identified by NHS Wirral, are not accessing the HSIS services and any barriers that may exist to access ▪ Assess perceptions, satisfaction levels, self-assessment of lifestyle changes, behaviours, level of knowledge following HSIS implementation
Alcohol Programme	<ul style="list-style-type: none"> ▪ Assess the overall experience of service users of each of the Alcohol services to determine how this contributes to overall condition management. ▪ Assess the service users' experience of (and barriers to) entry to Alcohol services, and experience of (and barriers to) effective transition between elements of the treatment pathways, including discharge procedures. ▪ Assess the service users' experiences of aftercare and support services, and their effectiveness in reducing relapse and need for hospital re-admission or other treatment. ▪ Assess reasons for non take up of services and barriers to access ▪ Assess the service provider (GP, Health Care Professionals, etc) experience of how the Alcohol Programme contributes to overall condition management and its wider implications, including services that interface with their own.
Smoking Programme	<ul style="list-style-type: none"> ▪ Compare quit rates and other relevant data (such as registration, intent to quit, support content and delivery) through 'Your reason, your way' campaign compared with those from traditional NHS Wirral Stop Smoking Services ▪ Measure awareness of the variety of quit methods available ▪ Establish the most effective methods for engaging with smokers and achieving a quit attempt (mobile outreach trailer, web based resource, incentive scheme in association with Asda, Black and Minority Ethnic community champions, Neighbourhood champions) ▪ Establish the most effective support and follow-up methods (phone, letter, text, email) ▪ Establish barriers to re-engagement with the campaign and positive facilitators to re-engagement with campaign after a failed quit attempt ▪ Establish reasons for sign up or non-engagement by smokers in comparison to traditional services ▪ Consider the cost-effectiveness of this approach ▪ Establish the views of the service providers involved in the social marketing campaign with particular regard to their perceptions and experience around effectiveness, accessibility, appropriateness and impact
Mental Health Programme	<ul style="list-style-type: none"> ▪ Effectiveness of Columbia team Dialectical behavior therapy (DBT) service (50 vulnerable families) in respect of user experience and health impact
End of Life Care Programme	<ul style="list-style-type: none"> ▪ Initial candidate for evaluation (night sitting service) is still being scoped out. The priorities for this evaluation are in development with Programme Manager.

Table 6: Current Regional Programmes

Consultation Theme	Details
<p>Paediatric Cardiac Surgery Review - The NHS Management Board asked the National Specialised Commissioning Group to examine the way that children's heart surgery services and interventional cardiology services are provided in England, with a view to reconfiguration. The objective of the programme is to deliver safe and sustainable services into the future.</p>	<p>There are currently 11 children's heart surgery centers' in England with approximately 30 surgeons conducting children's heart operations across the country. Between them they carry out around 3,800 procedures a year. The principles of the programme are delivery of the highest standards of care, regardless of where a child lives; services based around the needs of the child and their family, taking account of the transition to adult services; all relevant treatment, including follow-up, must be provided as close as possible to where each family lives.</p> <p>Site visits to all 11 service providers took place in June 2010, followed by a series of patient/carer engagement events. The outcome of the site visits and engagement events will inform the discussions of Specialised Commissioning Group Chairs, who will meet during the summer to decide recommendations for reconfiguration of services. Formal, facilitated patient engagement events were held in each of the regions in June/July 2010. The North West event took place on 16th June in Warrington and was attended by around 80 patients/carers, clinicians, specialist nurses, specialised commissioners. Members of the North West Specialised Commissioning Group were also invited to attend. The engagement event took the form of an overall presentation about the background to the review, and an extensive Q&A with an expert panel which included national and regional specialised commissioners, local clinicians and a member of the national steering group. Information from this event will be fed into national discussions about the reconfiguration options. Parents attending engagement events around the country – including the North West – will receive an email from the national team, asking them to weight a number of issues, rating their importance to them. This will be followed by full public consultation in the autumn.</p> <p>Key themes emerging from the patient/carer engagement event were: Improved support for patients and families from community services; better understanding of paediatric heart conditions among both primary and secondary care staff; concern about the future development of services, given the current economic climate; the need for more paediatric cardiac surgeons; concern about a reduction in the number of paediatric intensive care beds; improved antenatal and diagnostic services; travel times to surgical centres; problems accessing the right level of treatment when dialing 999; transition services for children moving into adult services; patient choice; specialist nursing support, and accommodation for carers at surgical centres.</p> <p>There will be a full public consultation in the autumn and the outcome of the consultation is expected around April 2011.</p>

Future Plans

NHS Wirral is committed to ensuring the voice of patients and the public are at the forefront of service developments and improvements both within its own organisation and with the wider health economy. Plans are in place to build on the progress made during 2009/10 and the foundations are in place across all work streams to guarantee the continued focus on patient involvement and engagement and improving the patient experience. An example of this includes the insertion of comprehensive schedules that have been incorporated into all the main health services contracts detailing the activity that providers have to complete, specifically regarding patient and public involvement, in order to fulfill the terms of the contract.

NHS Wirral has invested funds into developing systems to capture near real time patient experiences. Capturing experiences at the time patients have them allows for organisations to take immediate action and make improvements. Equipment such as touch screen survey kiosks and dictaphones have been purchased and will be used throughout 2010/11 to develop this methodology further. Specific plans relating to this activity can be found in our Involvement Plan and Communications and Engagement Strategy. The Communications and Engagement Strategy is available on our website at: www.wirral.nhs.uk/aboutnhsWirral/planspoliciesandpublications/strategicplans/

Consultation on the Report

NHS Wirral has endeavored to be fully inclusive in the development of this report and a period of consultation and opportunity for feedback was facilitated throughout July and August 2010. Groups consulted included PCT management boards, Wirral LINKs, Wirral Carers Association, NHS Wirral PPI Committee, Wirral Council Health and Wellbeing Overview and Scrutiny Committee prior to final approval by NHS Wirral Board in September.

Further Information

If you would like any further information on anything referred to within this report or would like to provide feedback on the content of the report, please do not hesitate to contact us through the Have Your Say Team:

- Call and speak face-to-face to the 'Have Your Say' Team at:

Old Market House
Hamilton Street
Birkenhead
Merseyside
CH41 5FL
Tel: 0151 647 4251

- Telephone us on our freephone number 0800 085 1547
- Write to us at HAVE YOUR SAY, FREEPOST *
- Complete our online feedback form at: www.wirral.nhs.uk
- E-mail us at: haveyoursay@wirral.nhs.uk
- Or text us on 07781 472493.

* This is the full Freepost address to reach the Have Your Say Team.

Glossary of Terms

All Day Health Centre	The All Day Health Centre (formerly known as the Walk-in Centre) offers a drop in service, with no appointment necessary.
Analysis	<p>The process of looking for patterns in information to identify cause and effect or answer specific questions, such as whether a treatment works and what the risks are.</p> <p>There are two types of analysis. Quantitative analysis looks for patterns in the form of numbers, such as most frequent choice of treatment option or average rating of pain during treatment. Qualitative analysis looks for patterns of meaning, feeling or beliefs. It can lead to a finding such as 'most people who support paying more for end of life therapy also believe society should give more to those with greater need.</p>
Body Mass Index	The body mass index (BMI) is a statistical measure of body weight based on a person's weight and height.
Care Quality Commission	The independent regulator of health and social care. From April 2009, the CQC brought together the work of the Commission for Social Care Inspection (CSCI), the Healthcare Commission and the Mental Health Act Commission.
Carer	Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.
Chronic	Term used to describe a disease, condition or health problem which persists over a long period of time. The illness may recur frequently and in some cases may lead to partial or permanent disabilities. Examples include arthritis, diabetes and hypertension.
Citizens Panel	A Citizens' Panel is a large, demographically representative group of citizens regularly used to assess public preferences and opinions.
Commissioning	The processes local authorities and primary care trusts (PCTs) undertake to make sure that services funded by them meet the needs of the patient.
Community Equipment	The range of equipment used for home nursing such as pressure relief mattresses and commodes, and equipment for daily living that is usually provided by local authorities such as shower chairs and raised toilet seats.
Consultations	Consultations are an opportunity for stakeholders and the wider public to contribute to government policies on a National or local level.
Contracting	The practice of organisations purchasing services from the private sector, charities or other bodies rather than providing the services themselves.

Equality and Diversity	Equality involves recognising that everyone should be given access to the same opportunities, irrespective of their age, religion, class, ethnicity, sexuality or gender.
Equality Impact Assessments	An equality impact assessment is a tool for identifying the potential impact of NHS policies, services and functions on its residents and staff. It can help staff provide and deliver excellent services to residents by making sure that these reflect the needs of the community.
Evidence Based	'Evidence-based' decisions or recommendations are based on research findings that have been systematically <i>appraised</i> - that is, the best available evidence.
Evaluation	An assessment of an <i>intervention</i> (for example, a treatment, service, project, or programme) to see whether it achieves its aims.
Expert Patients	Patients who become experts at managing their condition on a day to day basis.
General Practitioner Special Interest	GPs that supplement their generalist role by delivering a clinical service beyond the normal scope of general practice.
Have Your Say	The Have Your Say Service provides a confidential service, helping you to sort out any concerns you may have about the care you are receiving, and guiding you through the different services available from the NHS.
Health Action Areas	Health Action Areas are designated areas in Wirral that have the poorest health.
Health Inequalities	Work that contributes to the narrowing of the health gap between disadvantaged groups, communities and the rest of the country.
Independent sector	An umbrella term for all non NHS bodies delivering health care, which includes a range of private companies and voluntary organisations.
Integrated Commissioning	Joint Commissioning between Health and Social Care Services.
Learning Disability	Disabilities that reduce a person's ability to understand new or complex information, learn new skills and cope independently.
Local Involvement Networks (LINKs)	Local Involvement Networks (LINKs) are individuals and groups from across the community who are funded and supported to hold local health and social care services to account.
Metrics	Metrics are a set of measurements that quantify results. Performance metrics quantify the units performance. Project metrics tell you whether the project is meeting its goals. Business metrics define the business' progress in measurable terms.
National Association of Patient Participation	N.A.P.P. is the umbrella organisation for Patient Participation Groups (PPGs) within primary care.
National Institute for Health and Clinical	Independent organisation that provides national guidance on the promotion of good health and the prevention and treatment of ill health

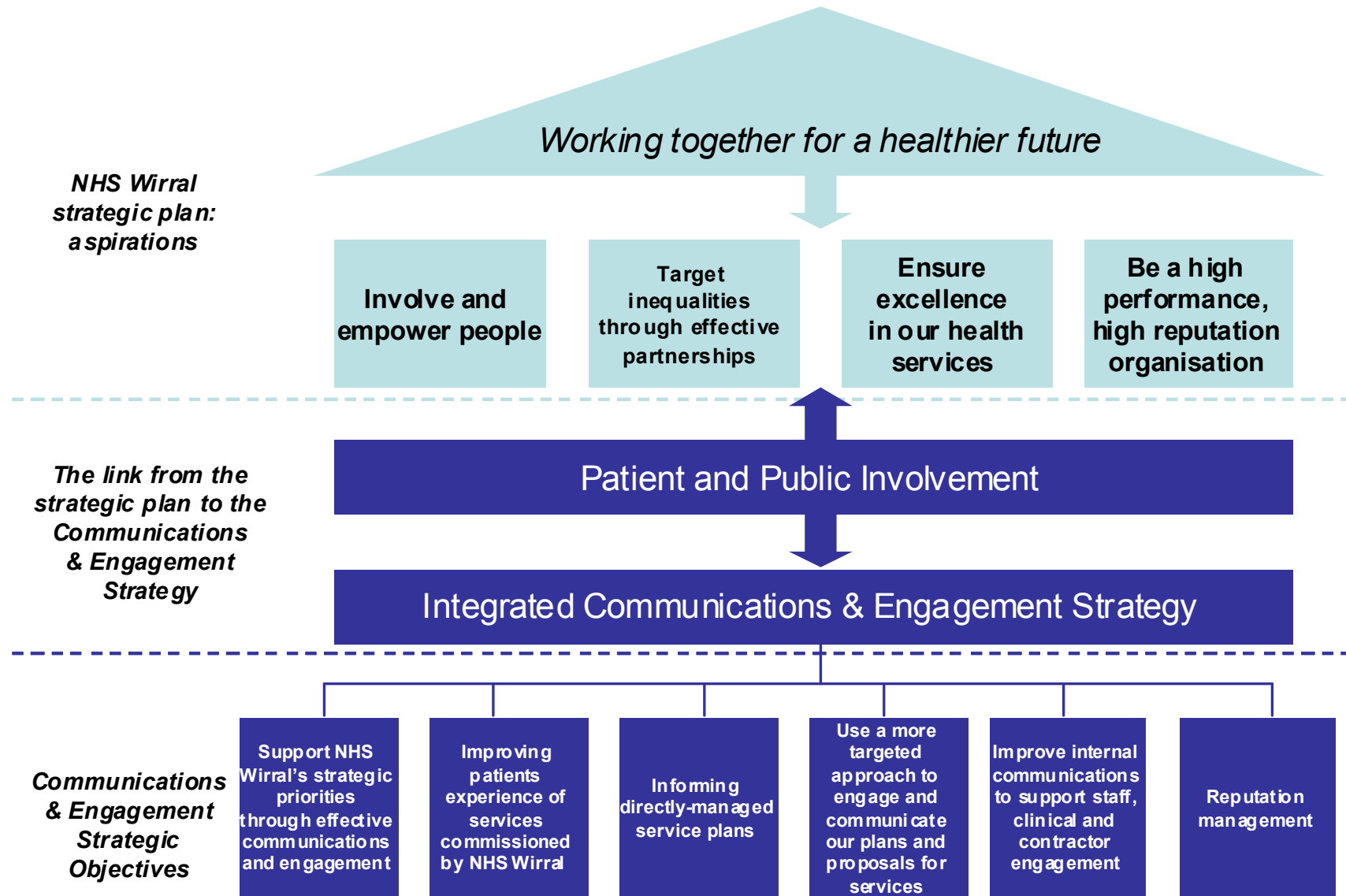
Excellence (NICE)	
NHS Constitution	The constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.
Non-Executive Director	A non-executive director (NED) is a member of the board of directors of NHS Wirral who does not form part of the executive management team. He or she is not an employee of the company or affiliated with it in any other way. They are public representatives on the board.
Palliative Care	Improving the quality of life of patients who have a life threatening illness.
Patient Advice Liaison Service	Services that provide information, advice and support to help patients, families and their carers.
Patient and Public Involvement	Involving the public in shaping a care system's development, and keeping patients well informed of clinical processes and decisions.
Practice Based Commissioning	PBC engages practices and other primary care professionals in the commissioning of services.
Primary Care Assessment Unit	The Primary Care Assessment Unit is a GP led service situated in Ward 43, Arrowe Park Hospital, Wirral Hospital Trust. The aim of the service is to provide Primary Care investigation and treatment ensuring patients get appropriate care, and avoiding unnecessary admission to hospital.
Primary Care Trust	NHS bodies with responsibility for delivering health care services and health improvements to their local areas.
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
Quality Assurance Processes	The process by which the PCT makes sure that the services they pay for are of the right quality, safe for patients and are based on patients needs.
Stakeholders	NHS Wirral has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
Strategic Plan	A plan that every primary care trust (PCT) prepares and agrees with its strategic health authority (SHA) on how to invest its funds to meet its local and national targets, and improve services.
Third Sector	Non public private organisations that are motivated by a desire to further social, environmental or cultural objectives rather than to make a profit.
Voluntary and community sector	Groups set up for public or community benefit such as registered charities, and non charitable non profit organisations and associations.

Abbreviations

APH	Arrowe Park Hospital
BMI	Body Mass Index
CCO	Clatterbridge Centre for Oncology
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CVD	Cardiovascular Disease
DBT	Dialectical Behaviour Therapy
DOH	Department of Health
EIAs	Equality Impact Assessments
GP	General Practitioner
HAA	Health Action Areas
HSIS	Health Services in Schools
HYS	Have Your Say
LINKs	Local Involvement Networks
MEND	Mind, Exercise, Nutrition.....Do it!
NAPP	National Association on Patient Participation
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
O2	Oxygen
OOH	Out of Hours
PALs	Patient Advice and Liaison Service
PBC	Practice Based Commissioning
PCAU	Primary Care Assessment Unit
PCT	Primary Care Trust
PPG	Patient Participation Group
PPI	Patient and Public Involvement
SCH	St Catherine's Hospital
VCAW	Voluntary and Community Action Wirral
VCH	Victoria Central Hospital
WCC	World Class Commissioning
WMO	Wirral Multicultural Organisation
WUTH	Wirral University Teaching Hospital
WW4H	Wirral Working for Health

Appendix 1 – Communications and Engagement Strategy links with NHS Wirral Strategic Plan

Page 86



Appendix 2 – Patient and Public Involvement Committee Terms of Reference

Patient & Public Involvement Committee Terms of Reference

Constitution

1. The Board hereby resolves to establish the Patient & Public Involvement (PPI) Committee as a Committee of the Board. The PPI Committee has no executive powers other than those specifically delegated in these Terms of Reference.

Membership

2. The PPI Committee will be appointed by the Board.
3. The PPI Committee will comprise the following members:
 - Chair (Non Executive Director)
 - Two Non Executive Directors
 - Director of Engagement (*Executive Lead*)
 - Joint Director of Public Health
 - Two Wirral LINKs representatives
 - Two other Voluntary & Community Sector representatives
 - Patient representative
 - Carer representative
 - Head of Involvement
 - Head of Communications (or representative)
 - Director of Health Systems Management (or representative)
 - Deputy Director of Strategic Partnerships
 - Director of HR
 - Staff-side representative
 - Social Care, Health & Inclusion Overview & Scrutiny Committee representative

and will be chaired by a Non Executive Director. A quorum will be 4 members and must include the Director of Engagement (or other PCT Executive Director), a Non Executive Director and a LINKs representative.

2. The Committee will also request representation from the following key posts within the PCT:
 - Senior managers responsible for PPI at main providers (eg. WUTH)
 - Head of Provider Services
 - One nominated Head of Locality
 - Head of Governance (or representative)
 - Have Your Say Programme Manager (PALS service)
 - Public Health Programme Manager
 - Equality & Diversity Lead

- Link Officer

Other senior managers will attend when they have papers to present. Any Board member who is not a member of the Committee may attend as a non-voting observer by agreement with the Chair of the Committee.

Attendance

2. The Board & Corporate Support Manager will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chairman and committee members.
3. Agendas and papers will be distributed at least four working days (or three plus a weekend) in advance of the meeting.

Frequency

4. The Committee will meet on a quarterly basis. Additional meetings may be called if required.

Authority

5. In order to facilitate the achievement of good governance, the PPI Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the PPI Committee.
6. Minutes of the PPI Committee will be presented to the Board.
7. Matters for consideration by the PPI Committee may be nominated by any member of the Committee or Executive Director of the PCT.
8. The PPI Committee is authorised by the PCT Board to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

Function/Purpose of the Committee

9. The purpose/role of the PPI Committee will be to advise the PCT Board in ensuring that the PCT involves patients and the public in a planned and proactive way, which is integrated with other local partners wherever possible and co-ordinated with staff engagement activities as appropriate, in order to shape services around the needs and preferences of individual users, patients, their families and their carers.

Duties

10. The PPI Committee will propose its terms of reference for agreement by the PCT Board, specifying its composition, governance and reporting arrangements.

11. In order to fulfill its role effectively, the PPI Committee will:
- ensure that the PCT meets its legal duties as outlined in the NHS Act 2006: Section 242 and 244
 - ensure that the PCT engages in meaningful dialogue with the local community, patients and public to inform the commissioning and planning of services in accordance with Section 11 of the Health & Social Care Act, eg. LINKs
 - oversee work to develop new models of stakeholder engagement, in order to enhance PCT accountability as a commissioner and provider of healthcare for and on behalf of the local population
 - oversee development and implementation of auditable processes for PPI activities in all areas of service commissioning and provision, including ensuring appropriate involvement at the early stages of new service development or significant redesign
 - in particular, the PPI Committee should assure itself (on behalf of the Board and Integrated Governance Committee) that the PCT is fulfilling its responsibilities under World Class Commissioning to ensure improvement in panel assessment under Competency 3
 - assure itself of the effective involvement of public and patient involvement in Practice Based Commissioning plans
 - assure itself of the effective implementation of the PCT Involvement Strategy, co-ordinating the efforts of all PCT Directorates, and ensure that the supporting Action Plan delivers key milestones (including Standards for Better Health, PPI Self Assessment Framework, key national policy initiatives etc) within agreed timescales
 - oversee the development of a wider engagement strategy
 - develop quality control processes for patient surveys and other techniques employed to assess patient satisfaction with commissioned and PCT provider services, and advise the Corporate Directors Group and PCT Board on actions required to ensure relevant quality improvements
 - establish and maintain links with other Committees and groups both inside and outside the PCT, ensuring a seamless approach to Patient and Public Involvement
 - identify key themes and significant concerns arising from Have Your Say (including PALS) contacts, and advise the PCT Board of the need for resulting actions or outstanding issues
 - ensure that the PCT meets its statutory obligations with regard to Equality & Diversity and adheres to national guidance in respect of such matters as:
 - publishing annual report and accounts
 - holding an Annual General Meeting
 - publishing a Guide to Local Health Services and distributing to all households in the Wirral area

Relationship to the Board & Reporting Arrangements

12. The minutes of the PPI Committee shall be formally recorded by the Committee Secretary and submitted to the PCT Board. The Chair of the PPI Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action. Items relating to assurance of Competency 3 of World Class Commissioning should also be reported to Integrated Governance Committee.

13. The Committee will produce an annual report on the decisions it has taken and submit for the Board's consideration.

Links with Other Committees/Groups

17. The minutes of the Maternity Services Liaison Committee will be submitted for noting.

Review

18. These Terms of Reference shall be reviewed annually by the Patient & Public Involvement Committee, with recommendations made to the PCT Board for any amendments. Thereafter, the Terms of Reference will be reviewed annually by the PCT Board to ensure they are still appropriate.

Appendix 3 – PPI Committee Annual Work Plan Report

Patient & Public Involvement Committee Annual Report 2009-2010

Frequency of Meetings

1. The Patient & Public Involvement Committee meets quarterly and has held 4 meetings from April 2009 – March 2010.

Key Issues

2. The following table details the regular items taken to each Committee and the frequency of those submissions:

Frequency	Date of Submission	Item
Each meeting		Communications Update
		Complaints, Incidents and Communications Activity Reports
		Scrutiny Report
		Committee Workplan
		Update on LINKs
		Equality and Diversity

3. The table below details the key issues discussed at each meeting:

Date of Meeting 2009/10	Area	Item
14 May	Engagement	Communications and Engagement Strategy
	Engagement	PCT Membership Scheme
	Engagement	Communications and Engagement Proposal to support the commissioning of a Male Circumcision (MC) service for non clinical reasons.
	Engagement	Hospital Discharge Scrutiny Review, The patient experience of older people in the Wirral – Response to Recommendations
	Premises Development	Premises update
9 July	Engagement	Carers Development <ul style="list-style-type: none"> • Life Channel video • WIRED Carers Information DVD
	Governance	Healthcare Commission Standards for Better Health
	Access	Scrutiny report – Integrated Care at Home

Date of Meeting 2009/10	Area	Item
	Urgent Care	Scrutiny report – Primary Care Assessment Unit (PCAU)
	WCC	World Class Commissioning Competency 3 update
	Engagement	LSP Comprehensive Engagement Strategy
15 October	Governance	Governance Issues
	Governance	Terms of Reference
	Access	Scrutiny Report – Choose and Book
	Cancer	Scrutiny report – Cancer Network PPI
	Premises Development	Scrutiny Report – Update on St. Catherine’s and St. Warrens
	Public Health	Health and Wellbeing OSC
	Engagement	Public Perception Survey
	Engagement	Membership Update
21 January	Governance	Provider Assurances
	Governance	NHS Wirral Provider Assurance <ul style="list-style-type: none"> • Wirral University Teaching Hospital NHS Foundation Trust • Cheshire and Wirral Partnership NHS Foundation Trust • Primary Care and Provider Services
	Governance	Real Accountability Guidance – Committee Annual Report and Committee Workplan
	Health Inequalities	Scrutiny Report – Health Action Areas Progress Report
	Learning Disabilities	Scrutiny Report – Learning Disabilities presentation
	Engagement	Communications and Engagement Database/ Promise
	Engagement	Communications and Engagement Strategy Refresh
Governance	Risks related to Patient and Public Involvement Committee	

4. The following table details the decision taken by the Committee and when the Board was advised of said decision via the Committee Minutes:

Date of Meeting 2009/10	Decision Taken	Board advised (meeting date)
14 May	There were no decisions for noting.	9 June 2009
9 July	<ul style="list-style-type: none"> • AS to progress Staff side representative. • Head of Governance to be asked to come to the next meeting. • A full update report on PAL and Have Your Say will be brought to the next meeting. • Head of Complaints to be invited to next 	8 September 2009

Date of Meeting 2009/10	Decision Taken	Board advised (meeting date)
	meeting.	
15 October	There were no decisions for noting.	10 November 2009
21 January	There were no decisions for noting.	13 April 2010

Chris Allen
Chair of Committee

Martin McEwan
Lead Director

This page is intentionally left blank

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH, WIRRAL

PROSTATE CANCER

Executive Summary

In response to the Council Motion 108: Prostate Cancer in Wallasey and Moreton and amendments (Council – 15 February 2010); this briefing paper provides a brief overview of prostate cancer and the Prostate-Specific Antigen (PSA) Test. It also outlines the reasons why the National Screening Committee has recommended that population screening for prostate cancer should not be introduced in England, and information on the Department of Health informed choice programme known as 'Prostate Cancer Risk Management'.

1 Background

- 1.1 Prostate cancer is second only to lung cancer as England's biggest cancer killer in males. Each year in the UK about 35,000 men are diagnosed with prostate cancer and 10,000 die from the disease. From 2002 to 2008 there were 407 deaths from prostate cancer in Wirral. The number of deaths for prostate cancer was about the same as would be expected when compared to the rate of death in England as a whole.
- 1.2 The disease is rare in men under 40 years of age. The average age at diagnosis is 70-74 years. It is more common in men with a family history of the disease and in some ethnic groups. Black African and black Caribbean men in England are three times more likely to get prostate cancer than white men, but South Asian men are less likely to get prostate cancer.
- 1.3 There has been considerable media focus on the disease, along with calls for the introduction of a national prostate cancer screening programme.
- 1.4 Natural History of the Cancer:
 - 1.4.1 No cause of prostate cancer, either genetic or environmental, has yet been discovered. The natural history of the cancer is not fully understood and prostate cancer does not behave like other cancers.

1.4.2. Two common types of prostate cancers are the tumours that grow rapidly and can spread to other parts of the body (dubbed 'tigers') and those that remain localised to the prostate gland and grow very slowly (dubbed 'pussycats'). The localised slow-growing tumours often produce no symptoms and do not shorten life, while full-blown treatment (with surgery or radiotherapy) can cause incontinence and impotence.

1.4.3 There is no way of predicting which localised, slow-growing prostate cancers will become aggressive, grow and spread (i.e. turn from 'pussycats' into 'tigers'), leaving men and doctors with difficult decisions about treatment.

1.5 The Prostate-Specific Antigen (PSA) Test:

1.5.1 The prostate-specific antigen (PSA) test is currently the best method of identifying an increased risk of localised prostate cancer. The PSA test is a blood test that measures the level of PSA in the blood. PSA is made by the prostate gland, and some of it will leak into the bloodstream depending on age and the health of the prostate.

1.5.2 However, there are a number of uncertainties surrounding the PSA test and the diagnosis and treatment of prostate cancer. A raised PSA level may mean a person has prostate cancer. However, other conditions which are not cancer (for example, enlargement of the prostate, prostatitis, urinary infection) can also cause higher PSA levels in the blood. About 2 out of 3 men with a raised PSA level will not have prostate cancer. The higher the level of PSA, the more likely it is to be a sign of cancer. The PSA test can also miss cancer.

Benefits and limitations of the PSA test	
The benefits of PSA testing	The limitations of PSA testing
<ul style="list-style-type: none"> • It may be reassuring if the test result is normal 	<ul style="list-style-type: none"> • It can miss cancer and provide false reassurance
<ul style="list-style-type: none"> • It may give men an indication of cancer before symptoms develop 	<ul style="list-style-type: none"> • It may lead to unnecessary worry and medical tests when there is no cancer.
<ul style="list-style-type: none"> • It may find cancer at an early state when treatments could be of benefit. 	<ul style="list-style-type: none"> • It cannot tell the difference between slow-growing and fast-growing cancer.
<ul style="list-style-type: none"> • If treatment is successful, the worst possible outcomes of more advanced cancer, including death, are avoided. 	<ul style="list-style-type: none"> • It may make men worry by finding slow-growing cancers that may never cause any symptoms or shorten your life.
<ul style="list-style-type: none"> • Even if the cancer is more advanced and treatment is less successful, it will usually extend life. 	<ul style="list-style-type: none"> • 48 men will undergo treatment in order to save one life.

- 1.5.3. Currently, there is no evidence that the benefits of a PSA-based screening programme would outweigh the harms.
- 1.5.4 The majority of prostate cancers detected by screening are early cancers that may become 'tigers' but are more likely to be 'pussycats'. Finding more of these cancers leads to distress and anxiety and potentially to unnecessary treatment resulting in impotence and incontinence. It may be only when correct identification of 'tigers' at an early stage and better treatments are possible that population screening becomes viable.
- 1.5.5. New evidence from a prostate cancer screening trial in Europe has shown that 'screening' reduced mortality by 20 per cent. However, this was associated with a high level of over treatment. To save one life, 48 additional cases of prostate cancer needed to be treated. The UK National Screening Committee has recommended that a national prostate cancer screening programme should not be introduced in England at this time, but they will continue to keep the situation under review.
- 1.5.6 An informed choice programme, 'Prostate Cancer Risk Management', has been introduced. This is to ensure that men who are concerned about the risks of prostate cancer receive clear and balanced information about the advantages and disadvantages of the PSA test and treatment for prostate cancer. GPs have received an information pack to assist them in the counselling of men who enquire about testing. This pack helps primary care teams to provide men with information on the benefits and limitations of the PSA test.
- 1.6 Next Steps - The Wirral Cancer Network Group has developed a DRAFT Cancer Prevention and Early Detection action plan to ensure progress in reducing the burden of cancer In Wirral and to reduce excess deaths from cancer.

2 Strategic Action Plan Implementation

This briefing paper relates to the cancer programme in the NHS Wirral Strategic Plan 2009-2013.

3 Strategic Recommendations

Not applicable - this is a short briefing paper for information.

4 Data recommendations

None identified within this paper.

5 Communication recommendations

There are no specific recommendations within this briefing paper. The Prevention and early detection plan includes communication actions relating to all cancers.

6 Implementation recommendations

None identified within this paper.

7 Support required from Members

To note the content of the report.

8 Staffing Implications

None identified within this paper.

9 Equal Opportunities Implications

There are no specific recommendations within this briefing paper. The prevention and early detection plan (currently in draft) referred to within the paper, aims to reduce inequalities within communities by focussing upon those groups who are at greatest risk of cancer.

10 Community Safety Implications

None identified within this paper.

11 Local agenda 21 implications

None identified within this paper.

12 Planning implications

None identified within this paper.

13 Anti-Poverty Implications/Social Inclusion implications

None identified within this paper.

14 Local member Support Implications

None identified within this paper.

15 Background Papers

None.

16 Recommendations

For Members to note the recommendation by the UK National Screening Committee, that a national prostate cancer screening programme should not be introduced at this time.

Marie Armitage
Joint Director of Public Health

Teresa Owen
Consultant in Public Health

Tel: 651 0011

9 August 2010

This page is intentionally left blank

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:

9 SEPTEMBER 2010

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

UPDATE ON PODIATRY SERVICE AND WAITING TIMES

Executive Summary

This update has been submitted at the request of the Health and Wellbeing Overview and Scrutiny Committee and covers the following aspects of Podiatry provision by NHS Wirral; Scope of Service, Referral, Access and Acceptance Criteria, Discharge Criteria, Activity and Performance Management

1 Background

- 1.1 The aim of the Community Podiatry Service is to provide equitable therapeutic interventions to people of all ages with a Podiatry need, who meet the agreed criteria for referral and treatment.
- 1.2 The service undertakes vascular, neurological and functional lower limb assessments which will determine a patient's suitability for one or more of the following clinical services;
 - Nail care.
 - Corn/Callus reduction or removal.
 - Wirral Diabetic Register (WDR) foot screenings.
 - Nail Surgery.
 - Biomechanical services (Gait analysis, provision of orthoses/insoles).
 - Footwear and foot health education.
 - Referral to the Therapies and Specialist Nursing Service.
- 1.3 This is a longstanding service which was developed for patients registered with a Wirral GP who, because of their medical condition are unable to manage their own foot care. Routine and maintenance care is provided in the community to prevent patients having to travel to hospital.
- 1.4 Podiatry assessments are available to any member of the public registered with an NHS Wirral GP.

- 1.5 Following assessment, ongoing Podiatry treatment will be provided to patients who have been diagnosed with one or more of the following conditions:
- Diabetes
 - Connective tissue disorders e.g. Rheumatoid Arthritis, Lupus, Scleroderma
 - Peripheral vascular disease (PVD) and severe circulatory diseases e.g. frostbite, chilblains, any patient with current/past ulceration
 - Peripheral neuropathy
 - Chronic obstructive airway disease
 - Parkinson's disease (poorly controlled with significant tremor)
 - Registered blind
 - Immuno-deficiency disorders
 - Terminal illness
 - Dermatological conditions whose symptoms require expert Podiatric intervention
 - Long term conditions that prevent self-care
 - Health promotion - Podiatry is involved (along with Dietetics & Heart Support) with the Wirral wide patient education programme for all newly diagnosed diabetics.
- 1.6 The service works to National Institute for Clinical Excellence (NICE) guidelines for the prevention and management of foot problems for people with type 2 diabetes. In accordance with NICE guidance, all diabetic patients registered with the Wirral Diabetic Register are offered foot screening on an annual basis. In addition to undertaking foot screenings for 'at risk' and 'high risk' diabetic patients, the service also provides training and support to enable 'low risk' patients to be seen safely within General Practice.
- 1.7 For other patient groups, future Podiatry intervention is provided on medical need and, where necessary, patients are discharged from the service once their course of treatment is complete.
- 1.8 The Podiatry Service is sensitive to the specific needs of individual patients and establishes on assessment if:
- The patient has been identified as a vulnerable adult
 - Translation services are required
 - The patient requires a specific risk assessment
 - There are any identified equality and human rights requirements
- 1.9 Community Podiatry is fully integrated with Wirral University Teaching Hospital, providing ward rounds and specialist clinical services for orthopaedic and diabetic patients. Established referral pathways exist between the community and hospital trusts providing a seamless service for those patients who require on-going Podiatry intervention in primary care following discharge from the hospital trust.

- 1.10 The Podiatry Service impacts the local health economy by improving the quality of life for patients who are unable to manage their own foot care and who would otherwise have to fund treatment themselves from a private provider. Podiatry contributes to the PCT meeting the National Service Framework (NSF) in Diabetes, Long Term Conditions and Older People. The service, by providing foot care which helps prevent/reduce infections and pain, contributes to keeping patients mobile and helps in preventing falls.
- 1.11 The service provides care in Wirral to patients' homes (if unable to access clinics) and across 10 Community clinic bases, offering a choice of venue to the patient and information on waiting times.
- 1.12 Waiting times for each community clinic are monitored on a weekly basis. Equality is maintained by providing additional clinical sessions to those clinics with the longest waiting times.

2 Referral, Access and Acceptance Criteria

Clinical Services (including referrals to Biomechanics/Orthotics)

- 2.1 The Podiatry Service operates an open referral policy and accepts written referrals from Patients, their representatives, or any other member of the multi-disciplinary team working across primary or secondary care.
- 2.2 Referrals for routine non-urgent Podiatry services are processed in date order and are allocated the first available appointment at their chosen clinic.
- 2.3 Referrals for acute/urgent assessments should be accompanied by a letter from an appropriate healthcare professional stating the reasons for referral. Urgent referrals will be prioritised and allocated an appointment as soon as possible. Depending on the nature of the referral, this appointment may be at any of the community clinics on Wirral where Podiatry services are undertaken.
- 2.4 It is the service manager's responsibility to decide whether the referral is urgent or non-urgent.

Nail Surgery

- 2.5 Referrals for nail surgery can be made on a designated 'nail surgery referral form' which will allow acute cases to be identified and prioritised. Nail surgery referrals are managed centrally by the department's administration team.
- 2.6 Nail surgery appointments are pre-allocated with patients being booked into one of four specific nail surgery clinics, with the aim of undertaking the surgical procedure immediately following a satisfactory assessment.

Therapies and Specialist Nursing Service for Nursing Homes

- 2.7 Referrals to the Therapies and Specialist Nursing Service must be made by the Nursing Home using the appropriate referral form held in their 'Nursing Home File'. This form should be faxed directly to the department's central administration point.
- 2.8 In order to access Podiatry services via the Therapies and Specialist Nursing Service, patients should be resident in a Wirral nursing home and registered for 'Nursing Care' by Wirral Social Services.

Domiciliary Services

- 2.9 Referrals for domiciliary assessments are restricted to those patients who;
- Are visited at home by their GP for their routine medical needs.
 - Require ambulance transportation for hospital visits.
- 2.10 All referrals must be in writing from a GP or District Nurse with confirmation that the patient meets the above criteria.

Referral to other Primary Care / Secondary Care / Social Care Services

- 2.11 Following initial or follow-up assessments, pathways exist to allow onward referral to other members of the multi-disciplinary team or outside agencies, in line with department, Trust and professional guidelines, policies and procedures.
- 2.12 Response times for initial and follow up appointments are dependant upon waiting times at individual community clinics.
- 2.13 The service will prioritise acute/urgent referrals where necessary and will offer these patients the first available appointment. Diabetic patients who have been categorised as 'high risk' following assessment or during a course of treatment will be actively recalled by the service for future appointments in accordance with NICE guidelines.

3 Discharge Criteria

- 3.1 The Podiatry Service operates to agreed assessment, treatment and discharge criteria. Patients suitable for discharge or whose course of treatment is complete are discharged with foot health advice and literature where appropriate. Patients are also advised how to access the service again if they experience further problems.

4 Activity and Performance Management

Key Performance Indicators (KPIs)

4.1 The following KPIs are reported on a monthly basis:

- Average waiting time for initial appointment following receipt of referral
- Average waiting time for a follow up appointment

4.2 In addition, the clinical and administrative functions of the service are monitored for performance and service quality in the following ways;

- Patient satisfaction surveys.
- Weekly audit of waiting times.
- Regular internal audit of record keeping.
- Audit of administrative functions via the Mersey Internal Audit Agency.

4.3 In addition, the service works to agreed protocols for invasive Nail Surgery procedures and adheres to the NICE guidelines for the management and safe delivery of care for patients with Type II Diabetes.

Clinical Activity and Waiting Times

4.4 The average current waiting times (based on latest figures for July 2010) for agreed KPIs are as follows;

- Average waiting time for initial appointment: 43 days
- Average waiting time for follow-up appointment: 38 days

4.5 The target for both KPIs is 50 days.

4.6 On average, the Podiatry service receives around 500 new referrals every month. This is a combined figure for routine clinical, nail surgery, nursing home and domiciliary services and during the last financial year (ending March 2010) the service completed in excess of 40,000 individual patient contacts.

5 Financial Implications

There are no implications.

6 Staffing Implications

There are no implications.

7 Equal Opportunities Implications/Health Impact Assessment

There are no implications.

8 Community Safety Implications

There are no implications.

9 Local Agenda 21 Implications

There are no implications.

10 Planning Implications

There are no implications.

11 Anti Poverty Implications

There are no implications.

12 Social Inclusion Implications

There are no implications.

13 Local Member Support Implications

There are no implications.

14 Health Implications

There are no implications.

15 Background Papers

Podiatry Services update for the Overview and Scrutiny Committee.

16 Recommendations

That the Committee notes the attached report.

JOHN SOUTH

Director of Primary Care & Provider Services, NHS Wirral

Name: Michael Milton
Title: Head of Podiatry, NHS Wirral
Ext no: 0151 514 2314

Date: 12 August 2010