



Health and Well Being Overview and Scrutiny Committee

Date:	Monday, 1 November 2010
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

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

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

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

2. MINUTES (Pages 1 - 8)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 9 September, 2010.

3. HOSPITAL DISCHARGE REVIEW (Pages 9 - 14)

4. ALCOHOL RELATED HOSPITAL ADMISSIONS (Pages 15 - 20)

5. VCAW 'HOME FROM HOSPITAL' QUARTERLY REPORT (Pages 21 - 30)

6. 'YOUR REASON, YOUR WAY' - STOP SMOKING CAMPAIGN (Pages 31 - 36)

7. CONTRACTS FOR PERSONAL SUPPORT (Pages 37 - 46)

8. PRESENTATION ON SECOND QUARTER PERFORMANCE 2010/2011

The Quarter 2 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.

9. COMMITTEE REFERRAL FROM SCRUTINY PROGRAMME BOARD

The following minute, 28 (Consultation Task Forces) has been referred by the Scrutiny Programme Board to all themed overview and scrutiny committees for consideration:

“As an item of urgent business, the Chair referred to the four Task Forces, which had been set up to assist the Council in formulating a consultation document with a view to achieving budgetary savings. He proposed that the Scrutiny Programme Board should receive a detailed overview report upon the background to the task forces, the cost of them to the Council and upon the process that was followed in the selection and appointment of the Task Force members, together with any register or declaration of interests that may have been completed by Task Force members.

Members expressed the view that it may be more appropriate for such information as falls within their remit to be requested by the relevant Overview and Scrutiny Committees.

Resolved – That the matters referred to by the Chair in relation to the Task Forces be referred to each of the themed Overview and Scrutiny Committees and they be requested to seek information in relation to those issues which fall within their remit.”

10. WORK PROGRAMME (Pages 47 - 54)

11. FORWARD PLAN

The Forward Plan for the period November 2010 to February 2011 has now been published on the Council's intranet/website. Members are invited to review the Plan prior to the meeting in order for the Committee to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

12. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 9 September 2010

Present: Councillor M McLaughlin (Chair)

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

Deputy: Councillor S Williams (for G Watt)

Co-opted: S Lowe (Service users under OPP age group)
S Saagar (BME Community)
S Wall (OPP)

Apologies D Hill (LINKs)

13 CHAIR'S OPENING REMARKS

The Chair reported that Bev Bray had resigned as a co-opted member of the committee owing to her increased commitments as a carer. The Chair will write to thank Bev for her contribution to the work of this committee and seek a replacement.

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

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

Councillor Steve Williams declared a personal interest in respect of minute 21 (Wirral Local Involvement Network Annual Report) by virtue of his company having previously carried out work for this organisation.

Councillor Mountney asked the Chair to clarify her position regarding minute 18 (Care Quality Commission Inspection Report) because she would now be scrutinising a decision taken by the executive when she was the portfolio holder.

Following appropriate advice on the Members' Code of Conduct, requested from the Director of Law, HR and Asset Management, the Chair indicated that she would not be declaring an interest in this matter because this was a review of the whole service. She would stay in the chair and allow a full and open discussion on this matter.

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 item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement. No such declarations were made.

15 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 21 June, 2010.

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

16 **NHS WHITE PAPER - 'LIBERATING THE NHS'**

The Director of Adult Social Services submitted a report, supplemented by a presentation, regarding the NHS White Paper - 'Liberating the NHS' which made fundamental changes to the way health services are organised across the UK.

Russell Favager, Director of Finance, NHS Wirral gave a presentation on the strategic issues announced in the White Paper and the latest guidance on their implementation locally. Key issues brought to the Committee's attention included:

- (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

Mr Favager responded to a range of questions from members including the timelines and key milestones for the transition process; the role and responsibilities of the Health and Well Being Board (co-ordinating an integrated approach on delivery of national and local priorities; development of strategic commissioning; reshaping local strategic partnership priorities; and building the views of key stakeholders and the local community into strategic plans and service delivery); the role of the local authority in the scrutiny process; the patient choice agenda and their involvement in the new commissioning consortium.

The Director of Adult Social Services referred a keynote speech delivered by Andrew Lansley, Secretary of State for Health, at a recent partnership event, outlining the key reforms which aimed to deliver a patient led services based on the G.P. model, and emphasising that this was the way in which health services would be determined in the future.

Resolved –

(1) That the Committee note the report and receive the presentation.

(2) That the regular reports on the progress of the White Paper be included in the committee's work programme.

17 MANAGING THE BUDGET ACROSS HEALTH AND SOCIAL CARE

The Director of Adult Social Services submitted a report introducing a presentation regarding the financial pressures facing the NHS and the Council and their joint approach, at a strategic level, to deliver improved outcomes for local people and reduce inequalities whilst facing significant reductions in available resources.

Russell Favager, Director of Finance, NHS Wirral gave a presentation confirming their commitment to joint working, as reflected in the Local Area Agreement, to address key issues across the health and social care economy including:-

- (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.

He submitted details of the total efficiency requirements; the cumulative cost implications, the potential for improved performance against better value indicators and targets; and the role of the partner leadership group in co-ordinating the response of all agencies to achieve the savings targets.

Resolved –

(1) That the Committee note the report and receive the presentation.

(2) That a further report be presented to this committee following the leadership group progress review meeting.

18 CARE QUALITY COMMISSION INSPECTION REPORT

The Director of Adult Social Services submitted a report providing an introduction to the Care Quality Commission(CQC) Inspection findings from its inspection undertaken in May 2010. The focus of the inspection had been on safeguarding adults, making a positive contribution for adults with a learning disability and increased choice and control for adults with a learning disability.

He gave a presentation setting out the main findings of the inspection, that had taken place over six days in May. The CQC had criticised the Council's performance on safeguarding adults and increasing choice for adults with learning disabilities stating it was "poor". It was rated just "adequate" on making a positive contribution for adults with learning difficulties and the Council's capacity to improve had been categorised "uncertain".

The Inspection Report identified what the CQC found the Council was doing well, areas for development, and its recommendations for improvements in each of the areas inspected that would need to be addressed through a robust Improvement

Plan. Cabinet had recognised that improvements would need to be made, both to Safeguarding and Services for People with Learning Disabilities. The first comprehensive Improvement Plan had been submitted to the Care Quality Commission and would be kept under close scrutiny with progress reports to Cabinet submitted at two monthly intervals. A second revised Improvement Plan would be submitted after wider consultation and refinement by 17 October.

The Council had produced an action plan in response to the inspection report to address all areas for improvement and the Care Quality Commission would return to Wirral in approximately six months' time undertake a follow up inspection and check on progress made.

The Director of Adult Social Services apologised that this Service had not been acceptable. He was given full Cabinet support, and a timetable to take whatever action was necessary to turn the unacceptable performance around.

Councillor Bob Moon, Cabinet Member, had thanked the CQC for bringing this matter to the Council's attention and noted that they would return in January to check on progress.

The Chair said that she was dismayed and disturbed by the report. Having worked in the social care sector for many years with the most vulnerable people she was committed to improving services and therefore offered her apologies to these service users.

The Director outlined the role of the Reform Team in introducing reforms in safeguarding and changes in processes which had been acknowledged by the CQC. However, the CQC were concerned with outcomes when they had examined the individual case files. The Reform Team would therefore focus on review and reform of day time services.

There was a general discussion regarding the failures identified in the CQC report which highlighted the need to drive forward the improvement plan and closely monitor its progress.

It was moved by Councillor Mountney and seconded by Councillor Williams that:

- (1) That this Committee note the disturbing findings of the CQC inspection report published on 2 September, 2010 and note the improvement plan put forward and initially agreed by Cabinet
- (2) That Committee note the content of the improvement plan and understand that this will be monitored and amended as necessary by cabinet

It was moved as a friendly amendment by Councillor McLaughlin and seconded by Councillor Bridson that the motion be amended by the addition of the following:

- (3) That a working group be established comprising the chair and party spokespersons (or their nominees) to monitor the progress of the improvement plan

The friendly amendment was accepted without a vote.

The motion, as amended, was put and carried unanimously.

Resolved –

(1) That this Committee note the disturbing findings of the CQC inspection report published on 2 September, 2010 and note the improvement plan put forward and initially agreed by Cabinet.

(2) That Committee note the content of the improvement plan and understand that this will be monitored and amended as necessary by Cabinet.

(3) That a working group be established comprising the chair and party spokespersons (or their nominees) to monitor the progress of the improvement plan.

19 PRESENTATION ON FIRST QUARTER PERFORMANCE 2010/11

The Director of Adult Social Services presented an overview of progress made against the indicators for 2010/2011 and key projects which were relevant to the Health and Well-Being Overview and Scrutiny Committee covering the first quarter, from April to June 2010. Appendix 1 provided the detail of the performance indicators that were reported for the first quarter and included the context and corrective action as requested by the committee.

In summary, 21 out of the 32 performance indicators had performed close to the 2010-11 target, 9 were underperforming, 18 showed stable or improving performance, and 10 had deteriorated since the last report. He reported by exception on the indicators that were significantly underperforming (red) and outlined the corrective actions that were being taken.

He reported that the quarter one projection had identified financial pressures of £6.1 m. The options for budget stabilisation were being progressed. However, there was still a shortfall of £3.3 m which would need to be identified to achieve a balanced budget.

Resolved – That the report be noted.

20 CHANGES TO INDEPENDENT LIVING FUND (ILF)

The Director of Adult Social Service submitted a report highlighted the recent changes made to the Independent Living Fund, the impact that this may have on supporting adults with complex needs to live independently, and the possible related impact on the Department's budget.

The Independent Living Fund (ILF) was administered through a national government charity to enable people to pay for a range of support services, or to provide access to other services that were not statutory, and had been predominantly used to support people with complex needs as part of wider packages of funding and support to allow them to live independently. In response to a significant increase in demand and the incremental increase in costs, ILF had changed its regulations and advised that it would only accept new applications from people working 16 hours or more with effect from May, 2010. However, this decision was followed by an unprecedented

demand and the ILF had now advised that they would not be in a position to honour any of these new applications.

The ILF had given assurances regarding their commitment to continue funding for existing people but were unable to increase individual awards above the amount currently paid.

There were currently 13 people supported by DASS who had outstanding applications for ILF funding and a further 3 where applications were in the process of being submitted. This was 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 equated to a total of £5,040 per week and £262,080 in a full year. Some of these people were close to moving into Supported Living accommodation with friendship groups, and this decision had severely disrupted financing of these schemes and delayed "moving in dates" which in some cases were only weeks away.

A supplementary paper on a sample of individual case studies was circulated to show how the use of ILF fitted into the care package.

The Director reported that it was too early to assess the impact of the withdrawal of ILF, and this would be subject to a monitoring report on the 16 individual cases and the budget implications. From a support planning point of view and without alternative funding available, the local authority may need to reconsider situation where moves into Supported Living required 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, and could increase cost pressures in DASS.

Resolved –

(1) That the Committee note the contents of this report and the possible impact of pressures on the community care budget in year.

(2) That it be noted that further direction may be required from Cabinet in addressing the impact of ILF changes.

21 **WIRRAL LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT 2009/10**

Audrey Meacock, Vice Chair of Wirral LINK, gave a presentation on the progress of Local Involvement Networks (LINKs) in Wirral, which was the mechanism for involving patients, the public, people who use Social Care Services, Carers and interested groups and organisations in improving health and social care. The presentation outlined the objectives of Wirral LINK, the governance framework, the range of activities which were currently being undertaken and the future work plan.

Resolved – That the Comments accepts the Annual Report and acknowledges the positive contribution Wirral LINK towards the improvement of health and social care services in Wirral.

22 **NHS WIRRAL PUBLIC AND PATIENT INVOLVEMENT ANNUAL REPORT - APRIL 2009 - MARCH 2010**

Martin McEwan, Director of Communications and Engagement, NHS Wirral, presented a report providing an outline of the NHS Wirral Public and Patient Involvement Annual Report April 2009-March, and an opportunity for discussion and amendments to the draft report prior to final NHS Wirral board approval mid September.

Resolved – That the Committee accepts the content of the Annual Report.

23 **PROSTATE CANCER**

Teresa Owen, Consultant in Public Health, presented a report in response to the Council Motion 108: Prostate Cancer in Wallasey and Moreton and amendments (Council – 15 February 2010); providing a brief overview of prostate cancer and the Prostate-Specific Antigen (PSA) Test. It also outlined the reasons why the National Screening Committee had 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'.

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

24 **UPDATE ON PODIATRY SERVICE AND WAITING TIMES**

John South, Director of Primary Care & Provider Services, and Michael Milton, Head of Podiatry, presented a report covering Podiatry provision by NHS Wirral; the Scope of Service, Referral process, Access and Acceptance Criteria, Discharge Criteria, Activity and Performance Management.

Resolved - That the Committee note the contents of this report.

25 **WORK PROGRAMME**

The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year.

In addition to items on the programme already, the following items were added:

- (1) A report on progress on payments to clients as identified in PIDA
- (2) A report on diversification of services on offer in care homes to be incorporated into the report on contracts for personal support.
- (3) The visit to talk to young people coming up to transition
- (4) Progress to single sex wards - follow up report
- (5) Explore the offer of training to members by NICE.
- (6) A piece of panel work on domestic violence (the Chair, Councillor Glassman and nominations from the Conservative and Liberal Democrat Groups).

It was also agreed that a sub group be established to monitor progress on implementation of the Improvement Plan resulting from the CQC report (the Chair and nominations from the party spokespersons).

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

26 **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.

27 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR**

(a) Children's Heart Surgery

Martin McEwan presented a briefing paper on the NHS review of children's heart surgery services in England. The views of Health Overview and Scrutiny Committees were requested on their proposed scrutiny arrangements in time for formal public consultation in the Autumn of 2010.

Resolved – That the response on this matter be referred to the Chair and party spokespersons.

(b) NHS Appointments

The following new appointments were noted:

Russell Favager, Director of Finance, Wirral University Teaching Hospital, NHS Foundation Trust, NHS Foundation Trust.

Tina Long, Director of Nursing and Midwifery, Wirral University Teaching Hospital, NHS Foundation Trust.

Fiona Johnstone , Joint Director of Public Health, Wirral.

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

HOSPITAL DISCHARGE REVIEW FROM DISCHARGE TURNAROUND TEAM

Executive Summary

This report summarises the actions which have been completed from the Turnaround Team report which was commissioned in January 2010 by the Chief Officers of NHS Wirral, Wirral University Teaching Hospital Foundation and the Department of Adult Social Services. The aim of the report was to improve the experience for people being discharged from hospital.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 In January 2010 a report was commissioned by the Chief Officers of NHS Wirral, Wirral University Teaching Hospital Foundation Trust (WUTH) and Department of Adult Social Services (DASS) the remit of the report was to;
- Identify the factors which contribute to the unsatisfactory patient/person experience and the reasons for delays in patients receiving appropriate care.
 - Make recommendations which facilitate the achievement of the shared objective.
 - Consider the cultural issues which may contribute to the sub-optimal operation of the current system and make recommendations for improvement.
 - Suggest a range of Key Performance Indicators (KPI)/performance dashboard which will facilitate strong local performance management and early identification and rectification of operational problems.
- 1.2 The report and the recommended actions arising were shared within the three organisations as an agreed template for improvement. This report will outline the actions completed to date and the actions outstanding.

2 Key actions implemented

- 2.1 Formation of an integrated discharge team
The Social Workers and Assessment and Support Officers employed by the Department of Adult Social Services have been co-located with the Patient Flow Practitioners employed by the Acute Hospital Trust, to ward 42 within Arrowe Park Hospital.

This was to improve the discharge process by integration of key professionals involved in the patient journey. The location also houses the patient advocacy scheme and the voluntary home from hospital service. There is also an agile working space for staff from the Home Assessment and Reablement Team (HART).

2.2 Implementation of Social Care Pathways to Support the Primary Care Assessment Unit

An Assessment and Support Officer has been appointed to work with the Primary Care Assessment Unit (PCAU) which was set up to prevent hospital admissions. The post has been successful in supporting the medical team by providing low level and preventative support to people to maintain them within the community.

2.3 Improved information for carers

Marketing events providing information about a range of Adult Social Services provision are taking place in a kiosk in the main foyer of Arrowe Park Hospital. Information is available for carers to register with WIRED and there has been good uptake for this.

From 6 September, pre-publicity about personal budgets and assistive technology went on display in the hospital foyer and this remains in situ, directing people to (Central Advice and Duty Team) CADT for further information. Future events are planned including information about the smart house and assistive technology

Work is also underway with GP surgeries to identify carers who are not known to Adult Social Services but would need to access help quickly if they suddenly became unable to care. This will build upon the current concept of a registration system but with the aim to have a single registration point and to implement an emergency response system.

2.4 Capacity Management

The Deputy Chief Operating Officer for the acute trust has corporate responsibility for bed management. Standard presentation of information on bed capacity and demand is in place at bed meetings seven days per week. A standardised handover of information to duty managers is in place.

Weekly extended length of stay figures are published and issued to the executives and senior divisional management teams. The lead nurse in the medical division is tasked with ensuring that patient pathways are being proactively managed. Within the medical division each ward is set weekly discharge targets. Actual discharges are reported weekly and reviewed by managers and clinical teams to ensure effective patient flow.

The Department of Adult Social Services have had negotiations with the independent domiciliary care providers to look at ways of improving response and capacity within the system to support more timely discharges. Care management processes within the hospital have been amended to support this.

2.5 Review provision of Single Point of Access via the unplanned Care Services with a view to diverting all GP referrals that require a hospital admission via the Primary Care Assessment Unit (PCAU) initially

Following assessment at PCAU if hospital admission is required then PCAU would arrange this via Wirral Hospital University Trust. This has been in place since May 2010. The recently appointed Clinical Directors for Urgent Care for WUTH and primary care are revising the clinical pathways between WUTH/PCAU and vice versa, to ensure that patients are seen in the right place by the right clinician at the right time.

2.6 Review current form and function of Provider Services Discharge Team (PSDT), incorporating extended hours/provision, involvement in end of life care, links with localities structure regarding Community Nursing referrals and Continuing Health Care involvement

Complete, and PSDT commencing extended hours and weekend provision on 2 October 2010.

2.7 Review current provision of Community Equipment Service regarding hours/provision, list of equipment, online ordering for Wirral University Teaching Hospital staff

Complete and increased provision of equipment to WUTH for discharge implemented.

2.8 Implementation of Estimated Dates of Discharge

Following two multi agency workshops that were facilitated by WUTH and which used Kaizen efficiency improvement methodology a system of work called multidisciplinary board rounds were piloted on acute medicine for the elderly wards from May 2010.

The board round system uses estimated dates of discharge and a multidisciplinary approach to improve the discharge planning process. This work has been driven by the Medical Division and from 4 October 2010 daily Multi Disciplinary Team (MDT) board rounds have been established on all medical, acute medicine for the elderly and elderly rehabilitation wards. Estimated dates of discharge are established within 24 hours of admission and reviewed at the daily MDT board round. This system also acknowledges the need for social care staff to be involved earlier within the discharge planning process. Patient flow practitioners have been designated to work with named wards; social work, occupational therapy and physiotherapy have adopted the same model so that named MDT's are linked to wards.

2.9 Integrated Care at Home

Wallasey locality has been piloting an integrated care at home scheme which involves a multidisciplinary approach to problem solving. This has proved very effective but has highlighted the need for community access to intermediate care step up facilities. Bebington and West Wirral and Birkenhead localities are about to implement similar models.

3 **Outstanding actions**

3.1 Consider models of provision for nursing/residential care home patients. Incorporating a single point of access for this patient group, telephone triage, assessment via nursing/GP based at all day health centre/PCAU

This recommendation was placed on hold by Chief Executives due to other developments within Urgent Care including Single Front Door. Appointment of Clinical Director for Unplanned Care is currently reviewing this recommendation with a view to implementation.

3.2 Review of the intermediate care pathways

Over the summer a review of the patient journey through intermediate care was undertaken by the Strategic Health Authority on behalf of the local health and social care partners. The findings from this utilisation review were reported to stakeholders at the end of August. The main issues identified by the review were: -

- There is poor access to intermediate care from the community
- Access to medical care could be improved
- Length of stay could be improved (although the report acknowledged that Wirral sites are performing better than other parts of the country)
- Readmissions to hospital could be improved
- Poor psychological support for people in the system
- Management of discharges could be improved with discharges being spread more evenly over the week
- Fragmented clinical notes
- Lack of input from medicines management

These findings are being used to inform a review of the criteria, pathways and delivery of intermediate care.

3.3 Further Actions

There are a number of further outstanding actions which relate to the modeling of community support services required to enable hospital discharges and admission prevention. This needs to be supported by joint commissioning decisions. These models will need to be progressed within a wider strategic agenda of transfer of funding responsibilities from NHS Wirral to GP consortia and be informed by other developments such as the proposals of the Task Force groups and council consultation proposals regarding service priorities.

4 Financial Implications

The achievement of timely discharges from and appropriate prevention of admission to hospital, provide financial benefits across both the health and social care system.

5 Staffing Implications

There are no direct staffing implications that arise from this paper.

6 Equal Opportunities Implications/Health Impact Assessment

There are no equal opportunities or health impact assessment issues that arise directly from this report but the individual improvements in service delivery described within the report will have positive impacts on health and wellbeing.

7 Community Safety Implications

There are none directly arising from this report.

8 Local Agenda 21 Implications

There are none directly arising from this report.

9 Planning Implications

There are none directly arising from this report.

10 Anti Poverty Implications

There are none directly arising from this report.

11 Social Inclusion Implications

There are none directly arising from this report.

12 Local Member Support Implications

There are none directly arising from this report.

13 Health Implications

The improvements described will improve the health and social care economy.

14 Background Papers

Turnaround Team report.

15 Recommendations

That Members note the content of this report.

JOHN WEBB

Director of Adult Social Services

Name Anne Bailey
Title Service Manager
Ext no 666 4839

Date 13 October 2010

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE ON THE PERFORMANCE OF NATIONAL INDICATOR 39 - ALCOHOL RELATED ADMISSIONS TO HOSPITAL

Executive Summary

The NHS Wirral Alcohol Programme aims to address alcohol-related harm, improve access to alcohol treatment services and reduce alcohol-related admissions. The programme seeks to achieve the National Indicator to decrease the rate of alcohol related hospital admissions per 100,000 of the adult population by delivering the following initiatives:

- *Delivering developments in primary care screening and brief intervention*
- *Increasing capacity in specialist alcohol treatment programmes*
- *Increasing the capacity of community-based detoxification services (to help prevent re-admission)*
- *Improve crisis management responses*
- *Increase capacity in aftercare services*
- *Provide interventions in the criminal justice services*
- *Increase the provision of information and awareness raising*

1 Background

- 1.1 In 2006 the Department of Health issued 'Models of Care for Alcohol Mis-users' (abbreviated to 'MoCAM') and this guidance provided the best practice guidance for local health organisations and their partners to deliver a planned and integrated local treatment system for adult alcohol mis-users. The guidance emphasised that treatment for dependent drinkers and brief interventions for harmful and hazardous drinkers, when delivered as part of an integrated system, can offer economic benefits for the NHS.
- 1.2 Responding to this improving evidence base and an increasing demand for alcohol services, a three-phase review and redesign of Wirral alcohol services was initiated in 2006. In 2007, Wirral launched its alcohol harm reduction strategy, outlining a number of strategic priorities, including the development of an integrated alcohol treatment system.

- 1.3 In 2009 the Department of Health issued ‘*Signs for Improvement – commissioning interventions to reduce alcohol-related harm*’. This guidance recommended several actions for tackling alcohol-related harm, highlighting the importance of improving the effectiveness and capacity of specialist treatment, providing identification and brief advice to encourage people to drink less and amplifying national social marketing priorities to promote drink awareness.

2 The Wirral Alcohol Programme

- 2.1 In response to the evidence and the guidance, the NHS Wirral alcohol programme seeks to increase specialist alcohol treatment programmes, increase capacity of community detoxification services, improve crisis management, increase capacity in aftercare services, improve communication and public education and provide interventions in the criminal justice services.

3 What is National Indicator 39 (NI 39)

- 3.1 National Indicator 39 is defined as:

“The rate of alcohol related hospital admissions per 100,000 of the population over the age of 18”.

- 3.2 The overarching objective of the Wirral Alcohol Programme is to achieve a reduction in the rate of alcohol related hospital admissions per 100,000 of the population over the age of 18.

4 The performance of NI 39 in Wirral

- 4.1 The table below shows a number of calculations and trend estimates concerning NI 39 - the rate of alcohol related admissions to Hospital per 100,000 of the adult population.

Table 1

	2002 /03	2003 /04	2004 /05	2005 /06	2006 /07	2007/ 08	2008/ 09	2009/ 10	2010 /11	2011/ 12	2012/ 13	2013/ 14
	Baseline numbers (2002-03 to 2007-08)					The calculated trajectory for NI 39 (from 2007-08 to 2013-14)						
NI39 Trajectory	1261	1374	1630	1856	2196	2348	2581	2762	2908	3051	3113	3091
Actual	1261	1374	1630	1856	2196	2384	2427	2428				

- 4.2 The numbers sitting beneath the ‘baseline’ represent the actual rate of admissions between the years 2002-03 and 2007-08. These actual rates of admission are the bases for the calculation for the NI 39 Trajectory in admissions between 2007-08 and 2013-014. This is the target the PCT is performance managed against.

4.3 The Wirral Alcohol Programme commenced at the end of 2008.

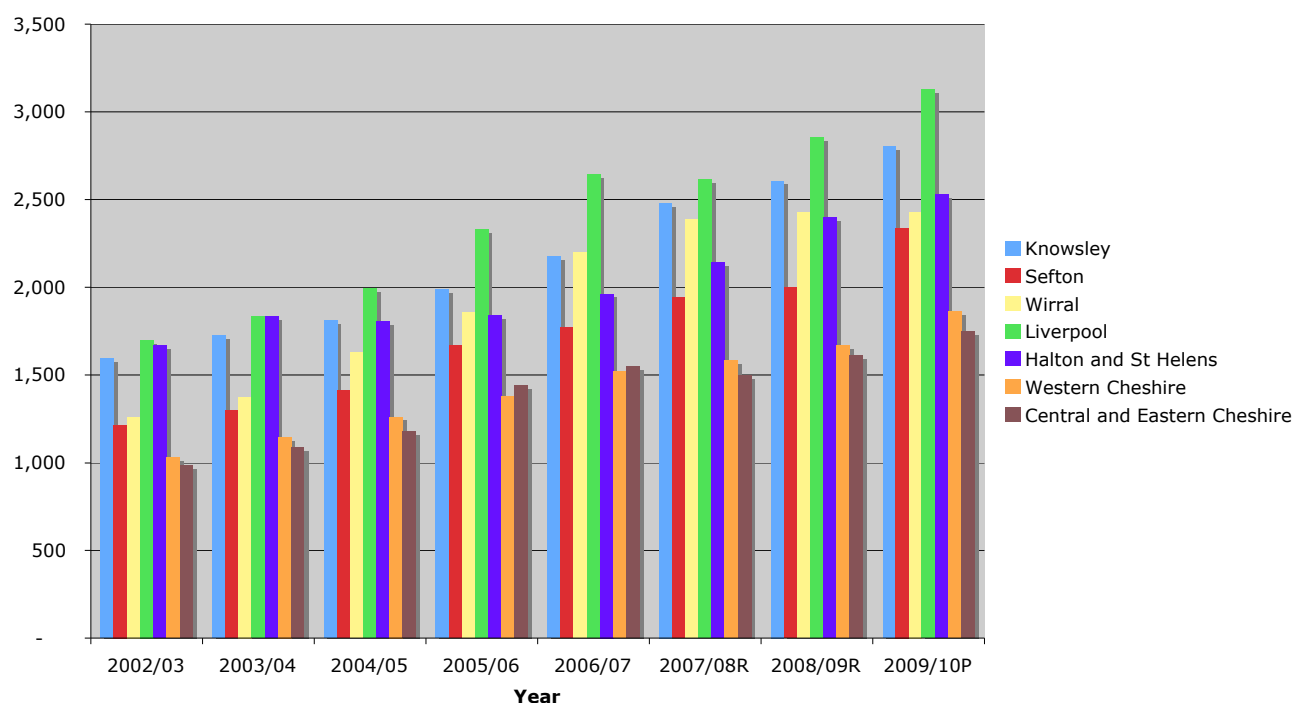
5 NI 39 – How do we compare to our near neighbours

5.1 The chart and table below describes the actual rate of admissions (in accordance with the definition for NI 39) from 2002-03 up to 2009-10 for the PCTs in our sub-region.

5.2 The data used to produce this chart and table were released by the NHS Information Centre on 7 October 2010 and is the most current data on the performance of NI 39 available.

Chart 1

EASR alcohol related admissions to Hospital by PCT 2002-03 to 2009-10



Alcohol related admissions to Hospital per 100,000 of the adult population

Table 2

PCT Name	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ^R	2008/09 ^R	2009/10 ^P
Knowsley	1,595	1,726	1,810	1,985	2,177	2,480	2,607	2,803
Sefton	1,215	1,299	1,413	1,671	1,771	1,939	1,999	2,338
Wirral	1,261	1,374	1,630	1,856	2,196	2,384	2,427	2,428
Liverpool	1,699	1,833	1,992	2,330	2,642	2,613	2,853	3,125
Halton and St Helens	1,667	1,833	1,804	1,842	1,963	2,144	2,399	2,528
Western Cheshire	1,031	1,147	1,262	1,377	1,518	1,585	1,667	1,864
Central and Eastern Cheshire	983	1,087	1,180	1,441	1,550	1,498	1,611	1,746

6 Commentary on the NI 39 performance

- 6.1 In comparison with the NI 39 trajectory targets described in table 1, the Wirral Alcohol Programme has been more successful than expected in 2008-09 (its first full year of operation) and again in 2009-10.
- 6.2 According to the most recent figures (issued on 7 October 2010), in the year 2008-09, the NI 39 target rate for Wirral was 2,581 admissions per 100,000 of the adult population. The actual rate recorded for 2008-09 was 2,427. This is 154/100,000 lower than the expected target (exceeding the target by approximately 5%).
- 6.3 In the year 2009-10, the NI 39 target rate was 2,762 admissions/100,000 of the adult population (described in table 1). The actual rate recorded was 2,428. This is 334/100,000 lower than the expected target (exceeding the target rate by approximately 12%).
- 6.4 The average cost of an admission to Hospital is approximately £1,200.

7 The Impact of other programmes

- 7.1 In addition to the directly attributable causes of alcohol related admission to Hospital (gastro-intestinal disease, liver disease, etc), other causes of admission are attributable to alcohol and are often related to Cardio-Vascular Diseases (CVD) and Hypertension.

8 Financial Implications

- 8.1 The total budget allocation for the adult treatment programme in 2010-11 is £2,122,707.
- 8.2 The investment set aside by the Primary Care Trust to maintain the alcohol programme forms part of the planned expenditure to April 2013.

9 Staffing Implications

- 9.1 The PCT Alcohol Programme team have left the employment of the PCT and the Programme Manager is currently away from work on long-term sickness absence. Efforts are being made to ensure that the programme is managed via the Drug and Alcohol Action Team.

10 Equal Opportunities Implications/Health Impact Assessment

- 10.1 The PCT complies with all relevant Equality and Diversity legislation. The impact of the Alcohol Programme forms part of the on-going evaluation programme which is managed by the PCT Research and Development Team.

11 Community Safety Implications

- 11.1 Any reduction in hazardous drinking by residents may be associated with a reduction in alcohol related anti-social behaviour.

12 Local Agenda 21 Implications

- 12.1 There are no local agenda 21 implications arising from this report.

13 Planning Implications

- 13.1 There are no planning implications arising from this report.

14 Anti Poverty Implications

- 14.1 Hazardous drinking and alcohol dependence tends to affect the more deprived communities.

15 Social Inclusion Implications

- 15.1 There are no specific social inclusion implications arising from this report.

16 Local Member Support Implications

- 16.1 The delivery of the Wirral Alcohol Programme affects the entire Borough.

17 Health Implications

- 17.1 The individual and population health effects of hazardous and dependent alcohol use are well known and include gastro-intestinal diseases, liver disease, cancer, cardio-vascular disease, etc. The anti-social behaviour consequences of excessive drinking are well known and adequately described by the Wirral Community Safety Partnership.

18 Background Papers

- 18.1 Members are asked to refer to the paper submitted to the Overview and Scrutiny Committee in 2009 by the Deputy Director of Public Health for Wirral concerning the performance of National Indicator 39 in 2008-09.

19 Recommendations

That the Health and Wellbeing Overview and Scrutiny Committee note the report.

FIONA JOHNSTONE
Director of Public Health

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Registered Charity Number 112 3267
Company Number 627 6431

HOME FROM HOSPITAL SERVICE

Quarterly Report July - September 2010

The months of July, August and September have been as busy as ever for the Home from Hospital Service (HFH) for both staff and volunteers alike.

Below are the completed Referrals for the third quarter.

REFERRALS TO DATE

Number of referrals/clients to date : 163

July : 47

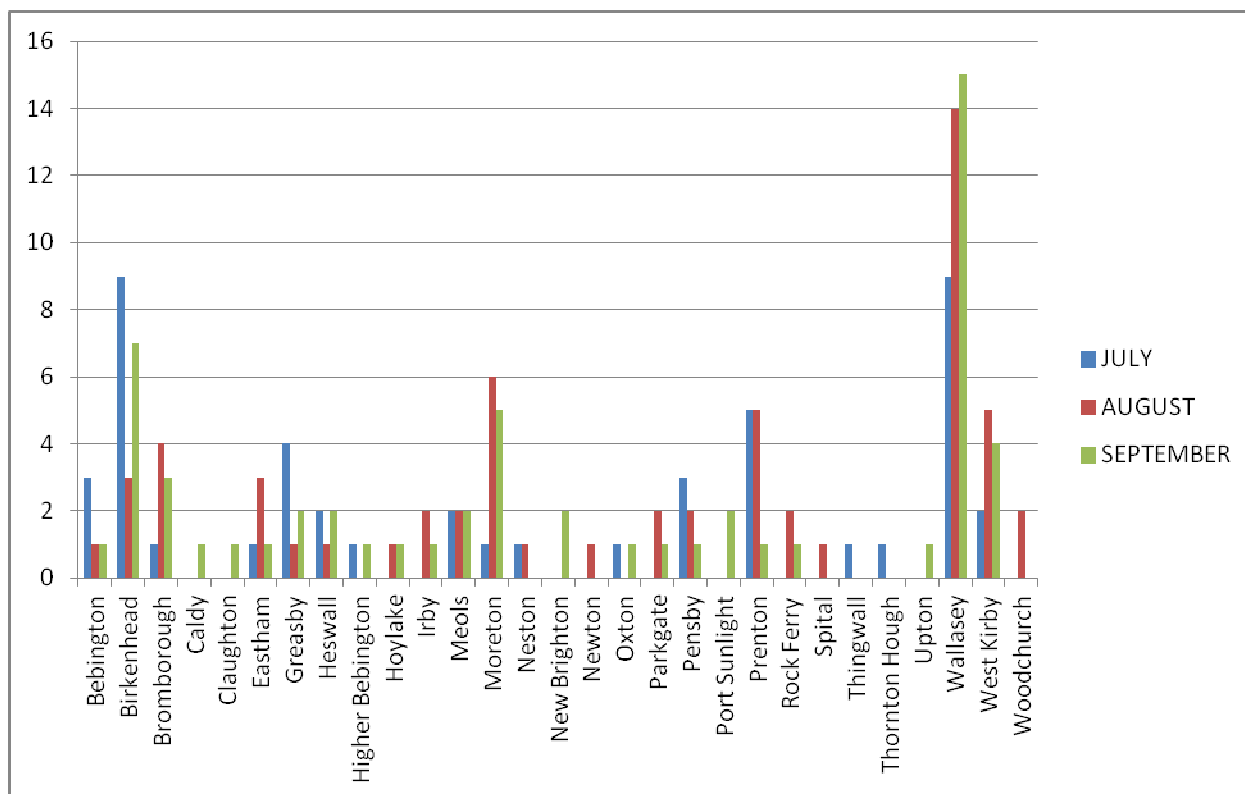
August : 59

September : 57

The referrals resulted in 430 contacts, where a contact equals a home visit and a check that the client is alright.

Completed Referrals by Areas

The graph below shows that we are a Wirral wide service, visiting and supporting clients from all Wirral localities.



The original project's remit was around supporting clients that live alone. This emphasis has continued. There are some clients, however, that are equally in need of our service who are carers for a relative and are needing a degree of low level support until they are able to manage to care for their relative on their own again.

The following table shows the numbers of clients seen who live alone and clients who live with spouse or dependant.

REFERRED CLIENTS	JULY	AUGUST	SEPTEMBER
Clients who live alone	34	47	47
Clients who live with spouse or dependant	13	12	10
TOTAL	47	59	57

Completed Referrals by Sex and Age

The following table shows the numbers of clients seen by Sex and Age.

COMPLETED REFERRALS BY SEX AND AGE									
	JULY			AUGUST			SEPTEMBER		
AGE	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
<60	1		1		1	1	1		1
61 - 70	3	1	4	2	2	4			
71 - 80	3	7	10	4	7	11	6	8	14
81 - 90	3	14	17	9	14	23	7	20	27
>91	1	6	7	1	10	11	1	7	8
not known	3	5	8	6	3	9	4	3	7
TOTAL	14	33	47	22	37	59	19	38	57

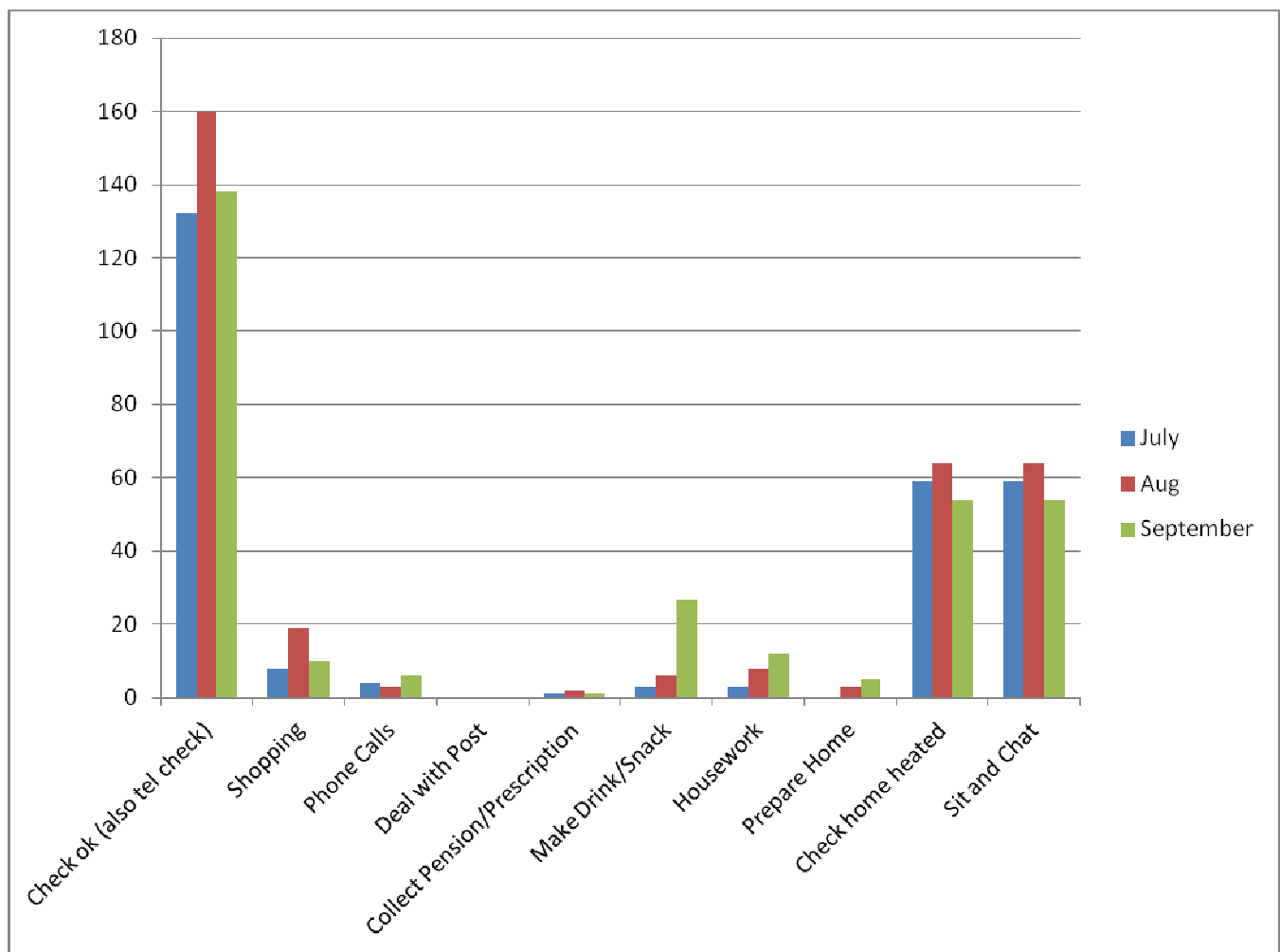
Tasks Carried out by Volunteers

These are tasks that the HFH Service volunteers offer on an initial visit and then support clients with until more permanent long-term support is put in place for those who request it.

TASKS CARRIED OUT BY VOLUNTEERS	JULY	AUGUST	SEPTEMBER
Check OK (also telephone check)	132	160	138
Shopping	8	19	10
Phone Calls	4	3	6
Deal with Post			
Collect Pension/Prescription	1	2	1
Make Drink/Snack	3	6	27
Housework	3	8	12
Prepare home		3	5
Check home heated	59	64	54
Sit and chat	59	64	54
OVERALL TOTAL	269	329	307

Activity Chart for Tasks Carried Out by Volunteers

Below is a chart showing all volunteer activity over the last 3 months.



Many of the extended activities have involved working closely with the Department of Adult Social Services (DASS) and with the staff at Arrowe Park Hospital (APH). In particular we have worked closely with the Patient Flow Practitioners (PFP) to enable clients who are medically fit to get discharged safely and promptly. One example of this, is a gentleman who was in an Intermediate Care setting (IMC), ready for discharge, but unable to return to his house as it was a health risk. His only relative, a son, who lived in the South of England and due to his own health needs was unable to travel. Therefore, we became the conduit for the client in the IMC setting to express his wishes in the management of the cleaning of his property, liaising with the son around the contracting of a cleaning company, paying for said cleaning, and then banking the remaining money at his father's bank branch.

The volunteers worked with the client in deciding what should remain in the house, what could be removed by the cleaning company for disposal, and supervised the access of the property with the consent of the client. So that the cleaning was carried out promptly both the HFH volunteer and the cleaning company worked on a Saturday thus preventing a delayed discharge. The volunteer's role was to enable the cleaners to gain access to the property and she became the client's 'voice', informing the cleaners of the client's wishes.

Many clients who live alone do not have a relative or friend who is able to help them in the process of being discharged from hospital. By engaging a volunteer to liaise with the client at an early stage in the process it can result in a smoother discharge from hospital. An example of this is the preparation of home element of the service. With the permission from the client, the volunteer can receive equipment at a client's home from the Community Equipment Store, allow the Home Oxygen team access to a property to install oxygen and the Handyman to make alterations to a house. All of these have been cited in the past as causes of bed blocking and delayed discharge.

Wallasey Integrated Care at Home Referrals

The service has also made links in the wider community and now attends the Wallasey Integrated Care at home meetings every Wednesday and has become a valuable member of the meeting bringing new ideas and making aware what the voluntary sector can offer when supporting clients to remain well at home. The following are examples of referrals made to the HFH Service.

JULY

Referral 1 – Visit by Volunteer who identified the need for a Befriending Service although the client had family support. Subsequent visits were declined due to the client saying he was not well enough to have a volunteer visit and was reluctant to accept any help. The HFH Service made several phone checks to support this client.

Referral 2 - The Co-ordinator and Co-ordinator Assistant visited this client several times on the ward at Arrowe Park Hospital to reassure him and explain what our Service offered. After the client's discharge from hospital the HFH Service made 6 phone checks to the client at his home to offer him support and whether he wished to take up our service but declined a visit although appreciated our checks on him.

AUGUST

Referral 3 - Visit by Co-ordinator Assistant who signposted the client to other organisations who offered more of a long-term solution to their needs. A subsequent referral was thus made to Age Concern for the client. The HFH Service made 7 phone checks to support this client during the months of August and September.

Referral 4 - Joint visit took place with the Community Matron and the HFH Service. Following this visit the HFH Service enabled the client to liaise with the SAFA (Soldiers Sailors Airmen and Families Association) to support the client on a long-term basis.

Referral 5 - This client was given continuous weekly support by the HFH Service over a period of two months. This support included shopping, light housework and changing bedding. This client was then referred to a Befriending Service which took over these tasks on a long-term basis.

Referral 6 - The HFH Service accepted this referral and supported him through telephone checks and weekly shopping until he regained his confidence and mobility.

SEPTEMBER

Referral 7 - This referral from Wallasey Initiative resulted in visits from HFH Service volunteer twice weekly to support and encourage the client to engage in community activities. The volunteer accompanied the client to luncheon clubs and community groups until they felt able to access these independently.

Referrals from Poulton and Pensall Intermediate Care homes

The following table sets out the number of clients seen at Poulton and Pensall Intermediate Care homes:

SOURCE	NUMBER OF CLIENTS			TOTAL
	JULY	AUGUST	SEPTEMBER	
Poulton House	8	9	10	27
Pensall House	5	4	7	16
TOTAL	13	13	17	43

Completed Referrals by Source

This table shows who is referring to the service. It can be seen that the source of referrals is varied and therefore we can conclude that the service is well known and valued by the statutory organisations.

SOURCE	JULY	AUGUST	SEPTEMBER
Wards at Arrowe Park Hospital	28	30	15
Observation Ward APH	1		
Poulton and Pensall House - Consultant led Case Conferences	13	13	17
Intermediate Care - Grove House			1
Warden at Sheltered Accommodation			1
Self/Family/Friend	1	3	2
Community		4	1
Social Services		5	3
Wirral HART		1	1
POPIN (Promoting Older People's Independence Network)			1
Liverpool Social Services		1	
Stroke Association			
GP			2
Consultant			
Patient Flow Practitioner			1
Wallasey Integrated Initiative	2	2	2
Unknown	2		10
TOTAL	47	59	57

The following table show referrals made to voluntary, statutory and other organisations by the Home from Hospital Service.

REFERRALS MADE TO/INFORMATION GIVEN AROUND SERVICES AND PARTNERSHIP WORKING:		
Groups/Organisations Signposted	Partnership Working	Information Around Services
<u>JULY</u>		
Befriending Helplink Age Concern Local Solutions POPIN Helping Hands Helplink Meals on Wheels (Icare) Red Cross	DASS Access Team Poulton House Intermediate Care Home Loan Store	Blue Badge information Leaflets given: Age Concern Luncheon Clubs POPIN Cleaning Agencies
<u>AUGUST</u>		
Fire Service Helping Hands Befriending Deaf Society Local Solutions Carelink Deaf Society Meals on Wheels (Icare) Assistive Technology WIRE Medico Age Concern Specsavers	Social Services Incontinence Adviser Falls Prevention Service GP Housing Association Audiology Department Arrowe Park Hospital	Leaflets given: Befriending Cleaning Agencies Arch Age Concern Luncheon Clubs Age UK POPIN Helplink Care Agencies Wiltshire Farm Foods Laundry Services Plumber Services United Utilities Falls Prevention Service Handyperson Assistive Technology

REFERRALS MADE TO/INFORMATION GIVEN AROUND SERVICES AND PARTNERSHIP WORKING:		
Groups/Organisations Signposted	Partnership Working	Information Around Services
<u>SEPTEMBER</u>		
Meals on Wheels Alzheimer's Society Eldercare Assistive Technology Wirral Partnership Housing West Cheshire Cleaning Services Carer Support Brookfield Care Agency	Community Matron Social Services GP Staff on Ward 20 at Arrowe Park Hospital Respiratory Support Nurse Poulton House Intermediate Care Home Pensall House Intermediate Care Home Bebington & West Wirral Access Team Bebington Long-term Care Team DASS at Arrowe Park Hospital IMCA Community Mental Health Team Patient Flow Practitioners Consultants	Direct Payments Age Concern Meals on Wheels CADT and DASS Leaflets given: Wirral Care Services Directory Harvest Court POPIN ERIC Cleaning Services DIY Incontinence advice
TOTAL OVERALL Groups/Organisations Signposted to - 30		

This signposting to other organisations and agencies is increasing all the time and we continue to add new contacts to our database. By signposting and referring clients on we are helping the clients increase their support networks within the community and that may in turn enable them to manage at home for longer periods of time.

Feedback

A few examples of the feedback from the service user questionnaires which are mailed out to each client after they have received a service from the Home from Hospital Service thanking us for the support we offer to clients on their discharge from hospital are set out below:

- *“First class service”* **July 2010**
- *“Excellent service at all times”* **August 2010**
- *“I would just like to say ‘thank you’ for all your help, I couldn’t of managed without you”* **Sept 2010**

Aline Delmotte
Co-ordinator
Home from Hospital Service
October 2010

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH QUIT STOP

Executive Summary

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 In addition to the Stop Smoking Service (SSS) NHS Wirral has recognised a need to target smokers from deprived areas and routine and manual occupations who would not normally engage with NHS Services for a variety of reasons. This is a Strategic Commissioning Plan target and requires that through a social marketing campaign an additional 5,000 4-week quitters will be generated outside of the traditional service. In order to identify the best means of achieving this target in these areas with individuals who will not come to the NHS for help, insight work has been conducted with smokers (in 2009) from the 20% most deprived areas in Wirral (Health Action Area) and those in routine and manual occupations.
- 1.2.1 In response to these findings a social marketing campaign was developed known as 'Quit Stop Wirral'. The service is an instant access service in that clients are not required to make an appointment and the engagement is minimal and quick. The campaign has developed a concept of easy access differing from previous campaigns with the slogan 'No Appointment, No fuss'. The campaign has a non-NHS feel which is a must in order to reach a different population segment than those currently accessing stop smoking service provision.
- 1.2.2 The central components of the campaign are:
- A mobile outreach service (consisting of a trailer, registration point, promotional staff who can issue Nicotine Replacement Therapy (NRT) on the spot without appointments which smokers can access in their own locality. This is specifically aimed at reaching smokers living in the 20% deprived areas who do not access the internet.
 - A website service (consisting of a web based registration point and facebook where smokers can talk to other smokers, share quit tips, and experiences). This service is aimed at reaching smokers living in the 20% deprived areas who cannot access the mobile outreach service or other local services.

- An incentive scheme in partnership with Asda to encourage engagement and increase the number of quitters making a quit attempt. The incentives are in the form of a monthly prize draw and are there primarily to engage and create a supporter network for smoking quitters.
- BME community champions are out in the community registering tobacco users and providing NRT support within local BME communities.
- 'Quit Stop Wirral' supporters (people from within the local community who have quit smoking) further reinforcing the social marketing campaign
- Phone, text, letter and email communication may be selected for smokers who wish to have their NRT delivered to their home. This ensures that smokers can access NRT without stepping out of their daily routine.
- The follow-up of unsuccessful quitters to encourage re-engagement of the campaign
- Intense customer relationship marketing

2 Financial Implications

This is a Strategic Commissioning Plan target and is funded through this funding stream. The total allocation for the delivery of the programme is £450,550 per annum until 2013.

3 Staffing Implications

None.

4 Equal Opportunities Implications/Health Impact Assessment

All smokers may access the service who live or have a GP in Wirral. Specific provision for BME tobacco users has been addressed through commissioning of the third sector organisation Wirral Change.

5 Community Safety Implications

N/A

6 Local Agenda 21 Implications

N/A

7 Planning Implications

N/A

8 Anti Poverty Implications

N/A

9 Social Inclusion Implications

Positive impact on social inclusion as it is making services accessible to those who currently do not access traditional NHS Services.

10 Local Member Support Implications

Quit Stop Supporters are previous smoking quitters that are engaged with the campaign. Support and resources are provided to help them promote the campaign with their surrounding networks.

11 Health Implications

Smoking is one of the most significant contributing factors to low life expectancy, health inequalities and ill health, particularly cancer and coronary heart disease. Therefore, reducing smoking is a key improvement area within the overarching Health of the Population public service agreement (PSA) area and strategic health authority (SHA) local delivery plans, as well as within the NHS Operating Framework and in social care local area agreements (Department of Health, 2008).

12 Background Papers

N/A

13 Update

Figures to date:

Number engaged with the campaign	2,389 (1134 male 1254 female)
% from areas of deprivation	86%
Smokefree	617 (26%)
Not Smokefree	727
Unknown	919 (38%)
Visits to website	3756
Page views	45,698
Facebook friends	120

Partnerships

The campaign was on hold for three months during the election period, since its re-launch a solid partnership with Wirral News and Asda has been established. It is recognised that the private sector has a greater reach with the target population and are a trusted source amongst this segment. Wirral News now voluntarily do editorials. Asda have offered to host the winner's events on a monthly basis along with tannoy announcements to advertise the service and links with their pharmacy in promoting the campaign.



Community Ownership

One of the most significant elements to this campaign is the use of successful quitters as promoters of the campaign. Currently we have two administrators from the public leading on Facebook and talking with other smokers attempting to quit. Also the winners from the campaign are photographed and then advertised in their area of residence. This provides a feeling of ownership in the communities we are working with and the non lecturing nature of the campaign creates a quitter's environment which is made to feel achievable and not dictated.



Main Challenges

The main challenge to the campaign is contacting smoking quitters at 4 weeks for their smoking status. While we are pleased with the take-up of the service and the level of engagement with the 20% most deprived which is higher than would normally be achievable (86%). Those who register are difficult to contact again in order to update their smokefree status. In order to address this, the incentivising prize draw is being used as a 'carrot' to contact us either by phone, text or e-mail. However, this will take time to build awareness as evaluation indicates that often the public do not believe a prize draw is real. It is hoped that through advertising local faces of winners, people will begin to recognise their peers and believe in the draw. This should in turn motivate those who have registered to make contact with the campaign.

Evaluation

An evaluation was commissioned in June 2010 and the results will be available in February 2011. Initial surveys indicate that the service is reaching the right places and people. The only comments are requests that the mobile trailer remain in one area for longer periods of time for word of mouth to spread. This has been addressed.

FIONA JOHNSTONE
 Director of Public Health

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

PROGRESS TOWARDS THE TRANSFORMATION OF ADULT SOCIAL SERVICES CONTRACTS FOR PERSONAL SUPPORT

Executive Summary

This report provides an update on progress to develop new outcome based contracts for personal support as part of the transformation of adult social services. These contracts cover Residential and Nursing Home Care, Supported Living and Personal Support provided to people in their own homes.

The report focuses on the changes to the existing service specifications in the context of managing the market and the broader transformation agenda for Adult Social Services. The proposed changes are considered essential to improve safeguarding, value for money and offering more choices for people to enable them to take control over their lives. The aim is to have the new contracts in place by 1 April 2011.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 At its meeting of 9 December 2009 Cabinet resolved to give notice to providers of domiciliary, supported living, residential and nursing home care to terminate the existing contracts on 31 March 2011 and agree a new contracting framework that would help re-shape the market in the context of the personalisation agenda and improved safeguarding arrangements for people living in Wirral. An open co-production methodology was adopted with as many Providers as possible engaged in the process - and many did.
- 1.2 The price the Council pays for these services is subject to the wider public consultation '*Wirral's future, be a part of it*' and will be an issue discussed at a future Cabinet meeting as part of the budget setting process for 2011-12.
- 1.3 The new contract specifications have been designed alongside other changes that underpin the Transformation of Adult Social Care. They have greater focus on outcomes for people, increased choice and control and less bureaucratic business processes wherever possible. A further key development is the strengthening of Safeguarding arrangements. The new contracts give clearer direction to Providers over what is expected of them, and gives the Council greater powers to act when concerns are raised. This important development is contained within the Improvement Plan arising from the inspection in May 2010 by the Care Quality Commission on safeguarding adults, making a positive contribution, and increased choice and control for adults with a learning disability.

1.4 A disciplined project management approach has been adopted which has been overseen by the Department of Adult Social Services Transformation Board and reported to the Council's Strategic Change Programme Board. This has ensured a robust audit trail exists that evidences the transparency and fairness of the process. Best practice procurement guidelines have been adhered to and the Project has benefited from the close involvement of officers from Legal Services and Central Procurement which reflects the size of the contract value over its projected life, and the significance to people who are vulnerable. If present trends were to continue the contract value would grow from £71.3m in 2011-12 to £80.2m in 2015-16, representing total expenditure over 5 years of £378.3m. Of course, with major changes facing adult social services arising from the need to significantly reduce spending, this growth is not sustainable.

Service Type	2011-12 £000	2012-13 £000	2013-14 £000	2014-15 £000	2015-16 £000	5 Year £000
Supported Living	10,371	10,683	11,004	11,334	11,674	55,066
Domiciliary	10,262	10,570	10,887	11,213	11,550	54,481
Residential	30,975	31,904	32,861	33,847	34,862	164,449
Nursing	19,655	20,245	20,852	21,478	22,122	104,353
Total Value	71,264	73,402	75,604	77,872	80,208	378,349

Source: 2010-11 Budget Projections with projected growth of older people and people with a learning disability.

2 Residential and Nursing Home Care

2.1 The market in Wirral provides approximately 3,500 registered beds. Approximately 500 (14%) of these are not currently occupied which represents a market inefficiency. This directly impacts on market stability and cost to the Council. Members are advised the optimal occupancy is 95% which means there is some availability so people can exercise choice and control over where they live and Providers have sufficient business to cover their costs and achieve a reasonable rate of return.

2.2 At the end of 2009-10 the Council supported 1,081 people in residential care and 710 people in Nursing Home care costing £46.6m. Over the last six months this has risen by 34 people net of departures, 36 in residential care and -2 in Nursing Home Care, increasing the projected spend by £0.8m in a full year. The greatest movement is for people with dementia with 55 new placements being made in the last half of the year. There has been a different pattern of this additional demand over the three Localities, with 31 people from Birkenhead, 18 from Bebington & West Wirral and only 6 from Wallasey. The new contract will need to take account of the increasing complexity and dependency of supported people.

- 2.3 One of the current financial pressures being faced by the Council is the increasing number of older people who were previously self-funded and entered residential or nursing home care without a statutory assessment. The Council has no option but to offer financial support to these people when their resources run out. This may only be 2.5 people per month however it represents an additional cost of £0.5m per year. The new contract will aim to limit this financial risk to the Council by encouraging Providers to be assured private payers have sufficient funds to pay for their care for as long as they are likely to need it. The Council cannot lawfully fully mitigate this risk.
- 2.4 The price the Council currently pays was determined by a *Fair Price* model developed with providers and consultants 'Laing and Buisson' in 2005. This examined the basic input costs such as staffing, provisions, and utilities of providing a registerable and financially sustainable business. It also included a reasonable rate of return on investment, or profit in many cases. The core principles of this model remain valid; however the impact of the current economic climate and the need to make savings demand a review of what the Council can reasonably afford to pay.
- 2.5 The average price paid for residential care in Wirral is 9.5% more than its nearest neighbours, and 9.17% more for nursing home care. The Task Team examining Adult Social Services costs as part of the consultation exercise in the summer of 2010 were informed this represents £4m above the average total expenditure. A specific question has been asked of people in Wirral whether this differential should be reduced.
- 2.6 The reason why this cost differential has arisen is because the Council introduced quality premiums in 2005. 80% of the bed capacity in Wirral now qualifies for the maximum 3 Star rating which brings with it a financial reward of £60 per person per week. The Care Quality Commission in their report to Cabinet of 2 September 2010 identified that the quality of care in Wirral is greater than it is in other areas and it is suggested this is a direct consequence of the star rating and premiums and their effective quality assurance.

2.7 **General Market Considerations**

2.7.1 The new contract has been developed to reflect the need to change the shape of the market to meet the requirements of the personalisation agenda, achieve better value for money and critically to respond to the need to improve safeguarding arrangements. They are based on a good understanding of market forces and prevailing conditions: -

- There is an oversupply in the market of approximately 300 beds
- There is a 2% per annum increase in the older population in Wirral
- More people are being supported in their own homes for longer
- People will exercise more choice and control with their personal budgets.
- More people are being re-enabled and supported with assistive technology
- There is increased availability of alternatives such as extra care housing
- Fees in Wirral are more than 9% above fees paid in neighbouring Councils
- The Council is the purchaser of approximately 50% of the market

- The Council provides 155 beds in direct competition with the market
- The current economic climate has a direct bearing on running costs

2.8 Progress (Residential & Nursing Home Care Contract)

2.8.1 Cabinet on 9 December 2009 authorised the consultation with providers regarding the shape of a new contract that better reflected the personalisation agenda and a review of fee levels including quality premiums. A process was agreed with Providers who elected for open consultation rather than through a representative group. This has included: -

- 16 March 2010 - Workshop 1, to agree a common definition and understanding of outcome based support (over 50 people attended).
- 13 April 2010 - Workshop 2, to explain how the Department of Health 7 outcomes of 'Our Health, Our Care, Our Say' will be defined within the delivery of personalised support (over 60 people attended).
- 18 May 2010 - Workshop 3, to discuss the initial principles and terms of the proposed new contract (over 60 people attended).
- 15 July 2010, consultation event with user/carer and representative groups, to discuss service specification and contract terms (6 people attended).
- 20 July 2010 Workshop 4, to further discuss and agree terms of contract (over 100 people attended).
- 26 July 2010, wider consultation event with users, carers and community representatives (approximately 100 people attended).
- 3 September 2010, workshop with providers to finalise contract terms (40 people attended).
- 5 October 2010, final consultation with homeowners to communicate the wider consultation on fee levels.

2.8.2 There have also been numerous exchanges of ideas and requests for information from individual providers and the Wirral Care Homes Association. The principles of transparency and a genuine attempt to co-produce the new specification have been paramount throughout. The presentations made at the Workshops have addressed the reality of the economic climate and Providers have been fully briefed on the considerations being presented to the Task Force looking at priorities for Adult Social Services. The Committee is reminded that in the last few years, prices have been reduced in real terms by over £2.6m through agreeing by contract variation a reduction in the baseline fee for 2009-10 of 1.3% and non payment of inflation for 2009-10 and 2010-11.

2.8.3 Notice was served on 30 September 2010 that the current contract would end on 31 March 2011 and be replaced by a new contract on 1 April 2011. This gives more than the minimum notice period of 3 months. However the final contract and the price the Council is prepared to pay does need to be agreed by 31 December 2010 in order to meet this deadline.

2.9 Key Changes to the Residential & Nursing Home Care Contract terms and Service Specification

2.9.1 The revised draft contract is available from the Director of Adult Social Services. These continue to be modified by agreement with Providers until the formal date of inception. Key changes from the previous specification have been learned from customer feedback and consultation with practitioners across health and social care. Many contribute to improved Safeguarding arrangements and this project has prominence in the Adult Social Services Improvement plan. They include: -

- a) Clause 10 of the contract limits the Council's funding responsibility when people enter residential or nursing home care without a statutory assessment. This means Homes bear a greater financial risk should people be placed by Health without the Council's agreement to offer continuing financial support.
- b) Clauses 13 and Section 7.3 limit the Council's responsibility to fund people who pay for their accommodation themselves should their resources run out, or whose fees which are higher than the Council is prepared to pay, are met by a third party.
- c) Clause 10 and Section 1.12 of the Service Specification clarifies the Council's responsibility to provide information about people's needs, preferences and aspirations in a more timely way, and Provider's responsibility to act upon that information.
- d) Clauses 25 and 26 give greater clarity to the circumstances where either party can terminate the contract in respect of the whole contract or for individual resident.
- e) Clause 35 requires Providers to comply with Wirral's Safeguarding policy and procedures relating to adults and children.
- f) Section 1.7 of the Service Specification sets out the principles of support that the Provider must comply with. These are: -
 - the right to dignity, privacy, confidentiality and independence
 - residents are central in making decisions about their lives
 - residents' property is treated with respect
 - people acknowledge and respect all aspects of diversity
 - people have the greatest control over how they live their lives
 - the needs of carers and families are recognised
 - support is flexible and able to respond to people's changing needs.
- g) Section 1.8 sets out new requirements of Providers relating to people's quality of life. This sets out the provider's obligation to maximise people's independence and inclusion as active citizens.
- h) Section 1.9 sets out a different way of quality assuring the service provided under the contract using the seven outcomes outlined in the White Paper 'Our Health, Our Care, Our Say'. The new focus will be on asking people who use the service to report on the extent to which they are supported to: -
 - be as healthy as they can be
 - live a fulfilled life
 - participate as a full and equal member of their community
 - have the same life chances as other adults
 - live free from harm, fear, discrimination and prejudice
 - be financially stable and have control over their money
 - feel valued by others

- i) Section 1.11 covers the administration of medicines and health related interventions. These have been developed in conjunction with NHS Wirral.
- j) Sections 2, 7 and 9 cover the financial arrangements. These strengthen the reporting requirements which will serve to avoid confusion over financial liability. They will include the price the Council is prepared to pay for the Service, Quality Premiums and the inflation to be/or not to be applied each year. Cabinet have not yet made a decision in this regard as this remains open to public consultation. Section 7 sets out the arrangements for dealing with people's personal finances.

2.9.2 In summary this revised contract maintains people's choice about where and how they choose to live. It gives the Council more authority to hold to account Providers who fail to meet the required level and standard of service and enhances safeguarding arrangements. By setting the price the Council has more control over its Budget. The changes outlined in this paper are as a result of lessons learned from customer feedback and are consistent with the Adult Social Services Improvement Plan and broader transformation agenda.

3 Personal Support to people in their own homes

3.1 The Council currently has 2 contracts covering personal support at home (a) Domiciliary Care, and (b) Supported Living.

3.2 These are essentially the same specification however they currently have different price structures. The Council is projected to spend £9.96m on domiciliary care, procuring 15,500 hours of support per week at a unit cost of £12.28 per hour. Projected expenditure on Supported Living is £10.1m at a unit cost of £13.49 per hour, providing 14,400 hours per week. Discussions with Providers have centred on combining these contracts into a single specification with a standard price. It is recognised however that the Council may pay a differential hourly rate from time to time; for example when block contract arrangements are put in place where a discounted price is expected or for highly specialist support (such as for people with very challenging behaviour) that requires a supplementary specification and highly specialised skills. In both cases these price differentials will be secured by tender.

3.3 The following hourly rates are paid among Wirral's nearest neighbours:

Liverpool	£10.94
Lancashire	£11.96
Halton	£11.22
Cheshire West	£12.24 - £14.28
Wirral	£12.28 - £13.49

3.4 **Progress (personal Support at Home Contract)**

3.4.1 The consultation process has been the same as that outlined in paragraph 2.3.1. The new contract has been developed with a focus on outcomes for people rather than inputs. The principle is that it is more important what a provider achieves for someone than the time and task specified at the point of assessment. However for audit purposes it will still be necessary to commission and measure this in terms of hours of support to enable the Council to commit and monitor expenditure appropriately.

3.4.2 It is likely that the demand for personal support will continue to rise as more people with assessed need choose to live at home rather than enter residential or nursing home care. It is also likely that more people will choose to manage their own support with the aid of personal budgets. The new contract provides a contractual framework that enables people to use their personal budget to buy their support directly from accredited Providers with the added protection it gives them.

3.5 Key Changes to the Personal Support at Home Contract

3.5.1 It is intended that the contract will be tendered for on the basis of awarding it to 3 Primary and 3 Secondary Providers for each of the 3 Localities, and a number of Tertiary Providers operating on a Wirral wide basis.

3.5.2 The Council will set the price for personal support at home for the Primary and Secondary Providers, and open tenders will be invited for 'specialist support' for people with more complex need and for the Tertiary Provider status.

3.5.3 Contracts will be awarded to Primary and Secondary Providers on the basis of existing provision, and a qualitative assessment. This is to address customer's main concern that continuity and quality of care should be the paramount consideration. The price, like that for residential and nursing home care, will be set by Cabinet and based on a jointly agreed model with providers that reflects the actual costs of providing personal support. This ensures consistency and reduces the Council's exposure to financial risk from market forces.

3.5.4 The contract aims to place the customer first. This means people who are assessed as needing support, and who ask the Council to organise that support are free to choose which Provider from the accredited list they would like to provide their support. Where no such wish is expressed the Council will be obliged to use the Primary Provider in the first instance and then the Secondary if the initial request cannot be met.

3.5.5 It is also proposed that Primary and Secondary Provider status is reassessed from time to time. The Contract specifies how this will be achieved using a quality assurance framework linked to how well people's outcomes are being met and Provider's speed of response to new referrals. Customers have fed back that the speed of response has been an issue with the current arrangements and this has sometimes led to people being unsupported or delayed in hospital for longer than is necessary. The new contract sets challenging targets for Providers to retain their status.

These are: -

- Providers will be expected to respond to new referrals within 1 hour of the referral being made, indicating their willingness and ability to provide the support; and
- To commence that support within 72 hours of such positive indication.

3.5.6 The key changes in this Contact include the following: -

- (a) Clause 30 of the contract gives greater clarity to Providers responsibilities regarding Safeguarding arrangements. There are also enhanced clauses in the Service Specification (Section 2.1) to protect people from the risk of financial abuse when an individual needs an appointee to help manage their benefits, or assistance is needed, and requested, when people lack capacity to manage their personal financial affairs safely.
- (b) Section 1 of the Service Specification established the key principles of support which are the same as those listed in paragraph 2.9.1(f). The focus of these is to put people first and enable them to live as independently as possible.
- (c) As with the contract for Residential and Nursing Home Care the support provided will be quality assured against the seven outcomes of 'Our Health, Our Care, Our Say'. The quality assurance framework for this is set out in Section 1.3.
- (d) Section 1.5 extends this contract standard to people who privately fund support from Providers who have a contract with the Council. This includes people who use their personal budget to pay for support. Whilst the contractual relationship in these cases exists between the person who uses the service and the Provider, its acceptance is a pre-requisite to being an accredited Provider. Of course, people using their own money or a personal budget are free to use any Provider or person they wish to employ, including non-registered services. People will be given sufficient information and advice to help them make their own decision in this respect.
- (e) Section 1.10 requires Providers to maintain links with their local communities so that people are encouraged and supported to access local services that help meet their outcomes in a cost effective way.

3.6.5 In summary this new contract gives greater freedom for people to specify the support they need. It gives an alternative for people who pay for their own support or buy it with their personal budget. By setting the price the Council has more control over its Budget. The changes outlined in this paper are as a result of lessons learned from customer feedback and are consistent with the Adult Social Services Improvement Plan and broader transformation agenda.

4 Financial Implications

- 4.1 The Council is projected to spend £71.3m in 2011-12 at current prices, which over the projected life of the contracts (5 years) equates to £378m. However no decision has been made yet in respect of the revised fee levels in 2011-12 and beyond. These are subject to public consultation and Cabinet will make that decision as part of the budget setting process later in the year. Furthermore the amount the Council will spend on these contracts will depend on (i) the Fair Access to Care Services (FACS) criteria confirmed by Council for 2011-12, (ii) the extent to which people take up a personal budget and arrange alternative provision that meets their need, and (iii) the impact on early intervention, prevention, Assistive Technology and Re-enablement.

5 Staffing Implications

- 5.1 There are no specific staffing implications arising from this report. Members will be aware that the market providing support to people employs many local people, who are mainly women and lower paid. For the Council, effective monitoring of these contracts as they relate to outcomes for individuals will require a different approach to contracts Quality Assurance. That role will be spread across professionals (Contracts Officers and Fieldwork Practitioners) and partner agencies such as LINKs.

6 Equal Opportunities Implications/Health Impact Assessment

- 6.1 The new contracts will need to ensure nobody is disadvantaged and that people's health and wellbeing is promoted. The draft contracts have been developed with colleagues in NHS Wirral and include health related tasks and how these may be quality assured through the development of integrated working via a Section 75 Agreement, particularly but not exclusively in Nursing Home care.

7 Community Safety Implications

- 7.1 The new draft contracts focus on outcomes for people, primarily increased choice and control which will assist people accessing, with Providers' support, a range of community services wherever they may live. They also focus on improving the safeguarding arrangements for vulnerable people.

8 Local Agenda 21 Implications

- 8.1 None directly arising.

9 Planning Implications

- 9.1 There may be local planning implications arising from the diversity and change of business use of some premises as a result of the new contractual arrangements.

10 Anti Poverty Implications

10.1 None directly arising.

11 Social Inclusion Implications

11.1 The new contracts will aim to promote people's inclusion in local communities.

12 Local Member Support Implications

12.1 The contracts will cover support to be provided to people living in all wards.

13 Background Papers

13.1 None used.

14 Recommendations

That the Committee note the progress in developing the new Contacts for Residential and Nursing Home Care and Personal Support in people's own homes.

JOHN WEBB

Director of Adult Social Services

Name Mike Fowler
Title Head of Finance & Performance
Ext no 666 4663

Date 18 October 2010

Updated Work Programme Health and Wellbeing Overview and Scrutiny Committee.

BEGINNING OF THE MUNICIPAL YEAR 2010 /2011

(This is a rolling programme of work and should be taken with previous years' work.)

It was agreed at the Overview and Scrutiny Chairs meeting to adopt the following procedure to allow the committee members to monitor their work programme. It is felt that the work programme should be a 'living' document and as such is intended to act as a guide for the Committee throughout the year, while providing the degree of flexibility needed to respond to any emerging or pressing issues as they arise. Committee members, and particularly the Chair, should have a major role in owning and managing the work programme.

The final item on the agenda for each Scrutiny Committee will be 'Review of the Committee Work Programme'.

It is suggested that there should be four short reports. I have attached the following reports:

REPORT 1 - Lists all the issues the committee agreed to include in their Work Programme:

This report lists all items that have been selected by the Committee for inclusion on the work programme for the current year.

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It also includes items, such as previous Panel Reviews, where recommendations have been made to Cabinet. It is important that the implementation of these recommendations is monitored. Otherwise there is no measure of the success of scrutiny.

For each item on the work programme, the report gives a description, an indication of how the item will be dealt with, a where possible a relative timescale for the work and brief comments on progress.

REPORT 2 - Suggestions for Additions to Work Programme

The Work Programme for the Committee should be reviewed at each meeting. This will include members having the opportunity to ask for new Items to be added to the programme. This report will list any newly suggested items. Committee will then have the opportunity to agree (or not) for them to be added to the programme.

REPORT 3 - Proposed Outline Meeting Schedule for the Municipal Year

The report lists those items which are likely to be on the meeting agenda. This will give the opportunity for Committee members to take a greater lead in organising their work programme.

REPORT 4 - Progress Report on In-Depth Panel Reviews

This report will give a very brief update on progress / timescales for in-depth panel reviews which are in the 'ownership' of the Committee.

Report 1

MONITORING REPORT FOR HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2010/2011 (UPDATES IN RED)

Date of item	Topic Description	How the topic will be dealt with	Comments on Progress	Complete
21 ST JUNE	Hospital Discharge Review/Discharge Turnaround Team	<u>Officer Report to Nov Meeting</u>	Further report due from the 'Discharge Turnaround Team' in Sept 2010. This is now a priority item <i>(These are all reports which have been outstanding for some time)</i>	June 2010?
21 ST JUNE	Transforming Adult Social Care	<u>Officer Report to JAN Meeting</u>	Further Officer Report to the committee – date to be agreed	tba
21 ST JUNE	Review of Performance Indicators on 'red' or 'amber.' 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.	Detailed Officer Reports <u>Officer Reports to Nov, JAN & March Meetings</u>		
21 ST JUNE	Prostrate Cancer in Wallasey and Moreton	Report by Joint Director of Public Health-		
21 ST JUNE	Alcohol Related Hospital Admissions	<u>Officer Report to Nov Meeting</u>	This is now a priority item <i>(These are all reports which have been outstanding for some time)</i>	
21 ST JUNE	Your Reason, your way- reducing smoking campaign.	<u>Officer Report to Nov Meeting</u>	This is now a priority item. <i>(These are all reports which have been outstanding for some time)</i>	
21 ST JUNE	VCAW "Out of hospital Scheme"	<u>Officer Report to Nov Meeting</u>	This is now a priority item <i>(These are all reports which have been outstanding for some time)</i>	
21 ST JUNE	Homelessness and Health report.	<u>Officer Report to Nov Meeting</u>	This is now a priority item <i>(These are all reports which have been outstanding for some time)</i>	

21 ST JUNE	The impact of the budget on services.	Officer Report		
21 ST JUNE	Chiropody services.	Officer Report		
21 ST JUNE	Report from health colleagues on the Coalition Government's changes to the health service	<u>Officer Report to JAN Meeting</u>		
9 th SEPT	<ul style="list-style-type: none"> ▪ Contracts for Personal Support Scrutiny of Forward Plan 	<u>Report from Mike Fowler to NOV Meeting</u>		
9 th SEPT	<ul style="list-style-type: none"> ▪ Personal Budgets Phase 3 Scrutiny of Forward Plan 	<u>Report from Francesca Tomlin to JAN Meeting</u>		
9 th SEPT	<ul style="list-style-type: none"> ▪ Third Sector Contracts Scrutiny of Forward Plan 	<u>Report from Maura Noone to JAN Meeting</u>		
9 th SEPT	<ul style="list-style-type: none"> ▪ Member Training Sessions. 	Member Support		
9 th SEPT	<p>The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year.</p> <p>In addition to items on the Work programme already, the following items were added:.</p>			
9 th SEPT	1. A report on progress on payments to clients as identified in PIDA	<u>Report to JAN Meeting</u>		
9 th SEPT.	2. A report on diversification of services on offer in care homes to be incorporated into the report on contracts for personal support	Officer Report		
9 th Sept	3. The visit to talk to young people coming up to transition.			
9 th Sept	4. Progress to single sex wards - follow up report.	<u>Report to MARCH Meeting</u>		
9 th Sept	5. Explore the offer of training to members by NICE	Member Support		

Report 2

SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME FOR HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2010/2011

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
The Chair has requested a report to the work programme on the DH circular due October. This will give guidance on role and makeup of the new HealthWatch, which will replace Links in 2012.	Chair	Cathy Gill will compile a report which analyses the content, probably for the Jan. Meeting.	

Report 3

PROPOSED OUTLINE MEETING SCHEDULE FOR THE MUNICIPAL YEAR HEALTH AND WELL BEING SCRUTINY COMMITTEE 2010/2011

Meeting Date	Topic Description
1st Nov 2010	▪ Hospital discharge review from Discharge turn around team
1st Nov 2010	▪ Alcohol related hospital admissions
1st Nov 2010	▪ Your reason, Your way. Smoking reduction campaign
1st Nov 2010	▪ VCAW " Out of Hospital Scheme"
1st Nov 2010	▪ Homelessness and Health
1st Nov 2010	▪ Contracts for personal support
1st Nov 2010	▪ Regular performance monitoring report
18 th Jan 2011	◆ Transforming Adult Social Care
18 th Jan 2011	◆ Regular performance monitoring report
18 th Jan 2011	◆ Progress on Transforming Adult Social Services " Options for Change"
18 th Jan 2011	◆ Follow up report on impact , locally, of Govt. spending plans across Health and Social Care
18 th Jan 2011	◆ Follow up report on impact, locally, of Govt plans for future of NHS as they are reaveled and progressed

Report 4

PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS HEALTH & WELL BEING OVERVIEW & SCRUTINY COMMITTEE

END OF MUNICIPAL YEAR 2009/2010 - START OF MUNICIPAL YEAR 2010/2011

Title of Review	Members of Panel	Progress to Date	Date Due to report back
<p style="text-align: center;">Dementia Review</p>	<p>Councillors Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Teggin</p>	<p>Scope agreed. Planning of review is ongoing. 'Evidence' gathering meetings have commenced. Meetings have taken place with representatives of the Third Sector. A focus group involving carers was held at the Devonshire Centre (Age Concern)</p> <p><u>Update as at 16/02/10:</u> A number of managers and consultants have been 'interviewed' at Arrowe Park hospital and at Cheshire & Wirral Partnership Trust. An individual meeting with a carer has been held. A meeting with Wirral NHS (PCT) has also been held. Further meetings with carer groups are also anticipated.</p> <p><u>Update as at 01/05/10</u> A 'focus group' with carers has been held. Further 'interviews' have been held with managers and consultants at Arrowe Park hospital and at Cheshire & Wirral Partnership Trust.</p>	
<p style="text-align: center;"><u>2010 - 2011</u> Continuation of Dementia Review</p>	<p style="text-align: center;">Ann Bridson to continue to Chair the review.</p>		

Panel on Domestic Violence	Councillors: Moira Mc Laughlin (Chair) Pat Glassman Ann Bridson Cheryl Povall		Report to March 2011 meeting
Sub Group to monitor the Implementation of the Improvement Plan following the CQC Inspection Report.	Councillors: Tony Smith Ann Bridson Geoff Watt	Meeting arranged for Thursday 28th October.	