



Health and Well Being Overview and Scrutiny Committee

Date:	Tuesday, 18 January 2011
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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

AGENDA

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

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

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

2. MINUTES (Pages 1 - 6)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 1 November, 2010.

3. PRESENTATION ON THIRD QUARTER PERFORMANCE 2010/11

The Quarter 3 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 Interim Director of Adult Social Services. This will incorporate a report on the impact of the Government's Comprehensive Spending Review and funding allocation for Wirral's Adult Social Services.

4. TRANSFORMATION OF ADULT SOCIAL SERVICES - PERSONAL BUDGETS PROJECT PHASE 2 EVALUATION (Pages 7 - 38)

5. PROGRESS REPORT ON REIMBURSEMENT IN RELATION TO PUBLIC DISCLOSURE ACT 1998 (PIDA) (Pages 39 - 44)

6. TRANSITION SERVICES - UPDATE REPORT (Pages 45 - 56)

7. CARE QUALITY COMMISSION - UPDATE PRESENTATION

The Interim Director of Adult Social Services will give a presentation.

8. CONSULTATION TASK FORCES AND PLANNED SERVICE CHANGES BETWEEN JANUARY - MARCH 2011 - UPDATE PRESENTATION

The Interim Director of Adult Social Services will give a presentation.

9. COMMISSIONING AND PROCUREMENT FROM THE VOLUNTARY SECTOR (Pages 57 - 64)

10. LOCAL IMPACT OF GOVERNMENT PLANS FOR FUTURE OF NHS - UPDATE PRESENTATION

The Chief Executive of NHS Wirral and the Director of Public Health will give a presentation incorporating an update on the Public Health White Paper.

11. COMMITTEE REFERRAL - SCRUTINY PROGRAMME BOARD - 26 OCTOBER, 2010 (Pages 65 - 66)

At its meeting on 26 October, 2010, the Scrutiny Programme Board discussed the issue of scrutiny training and, amongst other things, resolved that the Health and Well Being Overview and Scrutiny Committee be requested to invite the Director of Public Health to provide an overview of health scrutiny and to invite all Members of the Council to attend.

The Committee is therefore asked to consider this request.

A copy of the Scrutiny Programme Board minute is attached.

12. WORK PROGRAMME (Pages 67 - 78)

13. MINUTES OF THE CHESHIRE AND WIRRAL COUNCIL'S JOINT SCRUTINY COMMITTEE (Pages 79 - 86)

The Committee is requested to note the minutes of the Cheshire and Wirral Council's Joint Scrutiny Committee held on 11 October, 2010.

14. FORWARD PLAN

The Forward Plan for the period January to April 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.

15. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

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HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 1 November 2010

<u>Present:</u>	Councillor	M McLaughlin (Chair)	
	Councillors	W Clements P Glasman B Kenny S Mountney	C Povall P Reisdorf G Watt
<u>Deputies:</u>	Councillors	A Brighthouse (in place of A Bridson) D Roberts (in place of T Smith)	
<u>Co-opted:</u>		D Hill (LINKs) S Lowe (Service Users under OPP age group) S Wall (OPP)	

28 **WELCOME**

The Chair welcomed everybody to the meeting and referred to the retirement of John Webb who had now left the Authority after 6 years service with Wirral, 3 as a Head of Service and 3 as a Director. She expressed her sadness at his departure, thanked him for his dedicated service to the Authority and wished him well for the future.

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

The Chair agreed to consideration of this item as a matter of urgent business.

Sue Lowe expressed concerns that following the retirement of John Webb a temporary appointment had been made to fill the post of Director of Adult Social Services when what was needed was to start the process immediately to make a permanent appointment.

The Chair commented that she had herself expressed similar views at the meeting of the Employment and Appointments Committee on 26 October, 2010 which had agreed to support a rigorous appointments process being embarked upon.

The Interim Director of Adult Social Services assured the Committee that although he had been appointed as an Interim Director he would not be acting in a caretaker capacity and he was in post to do the job until a permanent appointment was made. He informed the Committee that he would bring a report back to the next meeting with a full account of where the Department needed to be to address the considerable challenges facing the Council with the services it provided to adults.

30 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

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

No such declarations were made.

31 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 9 September, 2010.

In respect of minute 13 'Chair's Opening Remarks' the Chair referred to the need for a replacement co-opted Carers' representative and it was agreed that Voluntary and Community Action Wirral be approached to nominate a replacement.

In respect of minute 18 'Care Quality Commission Inspection Report', Councillor Brighthouse referred to the membership of the working group which should read, Councillor Ann Bridson (Chair of the group) and Councillors Tony Smith and Geoffrey Watt.

In respect of the attendance, Diane Hill referred to the fact that Audrey Meacock was present at the meeting as the LINks representative.

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

32 **HOSPITAL DISCHARGE REVIEW**

The Interim Director of Adult Social Services presented a report which summarised the actions which had been completed from the Discharge Turnaround Team report which was commissioned in January 2010 by the Chief Officers of NHS Wirral, Wirral University Teaching Hospital Foundation Trust and the Department of Adult Social Services. The report gave details of the implementation of Social Care Pathways to support the Primary Care Assessment Unit (PCAU), improved information for carers, capacity management and the integration of care at home.

Sandra Wall referred to the latest issue of 'Which' magazine and an article on hospital discharges, in which Wirral had received some praise for its approach to hospital discharges, following the scrutiny review, the findings of which had been published with the agenda for the former Social Care, Health and Inclusion Overview and Scrutiny Committee on 25 March, 2009 (minute 76 refers).

Dr Shyamal Mukherjee, Medical Director for the Wallasey Locality and Tina Long, Director of Nursing and Midwifery, Wirral University Teaching Hospital, NHS Foundation Trust responded to comments from Members explaining the work of the PCAU, how the issues of carers and confidentiality were being addressed and that

Community Matrons were measuring the numbers being kept out of hospital due to integrated care at home. Monitoring also took place of those who had been in hospital for longer than 14 days.

Resolved – That the report be noted.

33 **ALCOHOL RELATED HOSPITAL ADMISSIONS**

The Director of Public Health submitted a report on the NHS Wirral Alcohol Programme which aimed to address alcohol-related harm, improve access to alcohol treatment services and reduce alcohol-related admissions.

The programme sought 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

The report included comparative data with neighbouring authorities and figures showing that the rate of admissions was slowing down.

Responding to comments from Members both the Director and Dr Mukherjee stated that there was no doubt of the health effects of hazardous and dependent alcohol use leading to gastro-intestinal diseases, liver disease, cancer and cardio-vascular disease. They emphasised the need to make people aware of the dangers of alcohol abuse and of initiatives to reduce alcohol dependence.

The Chair suggested that a follow up report could be brought to the March meeting of the Committee.

Resolved – That the report be noted and a further report be brought to the March, 2011 meeting of this Committee.

34 **VCAW 'HOME FROM HOSPITAL' QUARTERLY REPORT**

The Chair informed the Committee that Karen Prior from Voluntary and Community Action Wirral had sent her apologies as she was unwell and unable to attend the meeting.

The Committee received a quarterly report from Voluntary and Community Action Wirral (VCAW) on the 'Home from Hospital' service which during the months of July to September, 2010 had received 163 referrals. These had resulted in 430 contacts, a contact being a home visit and a check that the client was alright.

The Committee expressed its congratulations to VCAW for this valuable service and the Chair requested information on the possible capacity to extend the service further and of how much awareness there was of the service.

Resolved – That the report be noted and the information on the service be requested from VCAW.

35 **'YOUR REASON, YOUR WAY' - STOP SMOKING CAMPAIGN**

The Director of Public Health submitted a report on the social marketing campaign, 'Quit Stop Wirral' which, in addition to the Stop Smoking Service, targeted smokers from deprived areas and those with routine and manual occupations who would not normally engage with NHS services. She gave details of the campaign which had so far engaged with 2389 people, 60% of whom were from areas of deprivation and responded to comments from Members.

Resolved – That the report be noted.

36 **CONTRACTS FOR PERSONAL SUPPORT**

The Interim Director of Adult Social Services submitted a report updating the Committee on progress to develop new outcome based contracts for personal support as part of the transformation of adult social services. These contracts covered Residential and Nursing Home Care, Supported Living and Personal Support provided to people in their own homes.

The report focused 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 were 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 was to have the new contracts in place by 1 April 2011.

The Director responded to comments from Members, in particular with regard to one of the current financial pressures being faced by the Council of the increasing number of older people who were previously self-funded and entered residential or nursing home care without a statutory assessment. The Council had no option but to offer financial support to these people when their resources ran out. The new contract would aim to limit this financial risk to the Council by encouraging providers to be assured private payers had sufficient funds to pay for their care for as long as they were likely to need it.

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

37 **PRESENTATION ON SECOND QUARTER PERFORMANCE 2010/2011**

Mike Fowler, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2010/2011 in the second quarter and key projects which were relevant to the Health and Well-Being Overview and Scrutiny Committee.

He referred to those performance indicators which had exceeded or met their target and expanded on those performance issues which weren't achieving on target, and the corrective action being taken to address them, these included:

- Support through the NHS Stop Smoking Services
- Early access for women to maternity services
- People supported with Assistive Technology
- Safeguarding alerts dealt with in 24 hours
- Safeguarding incidents closed within 28 days

In respect of the financial position Mike Fowler outlined the key financial pressures and the budget efficiencies and actions in place to reduce the projected overspend.

Responding to Members' comments Mike Fowler explained that it was expected that the number of supported placements of people going into residential care would reduce as more people were supported at home and interventions were shifted into intervention and intermediate care.

Resolved – That the presentation be noted.

38 COMMITTEE REFERRAL FROM SCRUTINY PROGRAMME BOARD

The Committee considered the following minute, 28 (Consultation Task Forces) which had been referred by the Scrutiny Programme Board on 20 September, 2010 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.”

The Chair commented that she would have preferred to have seen a report on this matter at this meeting but she had asked the Interim Director of Adult Social Services to submit a report to the January meeting of this Committee.

Resolved – That the minute of the Scrutiny Report Programme Board be noted and the Interim Director of Adult Social Services submit a report on the matter to the January meeting of this Committee.

39 **WORK PROGRAMME**

The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year. The Chair referred to the report on Homelessness and Health which would now be brought to the January meeting.

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

- A report on the impact of the Government's Comprehensive Spending Review and funding allocation for Wirral's Adult Social Services (January meeting).
- A report on the number of applications for severance / EVR and how it would affect the Department (January meeting).
- Follow up report on alcohol related hospital admissions (March meeting).

The Chair referred to the CQC Working Group which would report back to the Committee in January and also that the Domestic Violence Panel had held its first meeting and would be meeting again at the end of November.

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

40 **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.

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
18 JANUARY 2011

REPORT OF THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES

TRANSFORMATION OF ADULT SOCIAL SERVICES - PERSONAL BUDGETS PROJECT PHASE 2 EVALUATION

Executive Summary

This report provides information on the progress being made on personal budgets in Wirral. It provides an evaluation of phase 2 and details of phase 3. Overview and Scrutiny Committee Members are asked to note the contents of the report and the progress being made on the implementation of personal budgets in Wirral.

This item falls within the Social Care and Inclusion portfolio.

1 Introduction

1.1 This report provides information on the progress being made on personal budgets in Wirral, providing details of evaluation of phase 2 of the personal budgets project and details of phase 3. Personal budgets are just one way of approaching the bigger personalisation agenda and form part of a different offer Adult Social Services will deliver to residents in Wirral. This includes the use of assistive technology, rehabilitation and integrated locality working practices.

2 Progress on Personal Budgets

Background

2.1 The Governments commitment to date has been to pilot individual budgets¹ in 13 local areas. This was set out in the Health White Paper 'Our Health, Our Care, Our Say'. In addition, Local Authorities were being encouraged during 2006/2007 to give people greater choice and control of the services they use.

¹ Individual budgets bring together a variety of income streams from different agencies including Independent Living Fund, Continuing/Joint Health Care, Community Care, Access to Work or Supporting People funding to provide a sum for an individual, who has control over the way it is spent to meet his or her support needs. A personal budget is an allocation of money that is purely from social care funding sources and used to purchase support from the public, private or voluntary sector. In Wirral's pilot phase one has been testing out the use of personal budgets.

- 2.2 The central idea behind the individual budgets concept is to place the person who is supported, or provided with services, at the centre of the process. They should have the power to decide the nature of their own support. The concept builds on the successful features of direct payments and other initiatives to develop self directed care.

Personal Budgets

- 2.3 A personal budget is the amount of money that is available to individuals from Wirral Council to help meet eligible social care needs. It also takes into account the needs of family carer's where appropriate.
- 2.4 A personal budget is calculated following the completion of a straightforward assessment where discussion takes place with individuals about the support that is required and how much money the Council will contribute to meeting assessed needs, after the individuals own financial resources have been taken into account. A personal budget will be offered in most cases after immediate needs have been met, for example, once individuals have received support through the HART (re-ablement) or Assistive Technology service.
- 2.5 With a Personal Budget individuals can:
- know up-front how much money is available from the Council to meet assessed needs
 - decide how that money can be used
 - get the support and advice to make the choices that best meet needs
 - know how much to contribute financially

Implementing Personal Budgets in Wirral

- 2.6 Wirral Council has been working on the concept of personal budgets since November 2007 and a project approach consisting of 3 phases to introduce personal budgets to people in Wirral began in January 2009.
- 2.7 Wirral's personal budgets project (phase 1) commenced on 26 January 2009. 17 people from mental health, learning disabilities, physical disabilities and older people from across 11 wards in Wirral were chosen to be part of phase 1. These people had approached the Department and expressed a wish to be considered and were from the outset prepared to share the learning as part of the project. The project was developed based on the knowledge from the 13 national pilot sites and ran for 9 months. Lessons learnt from phase 1 were incorporated into phase 2 and reported to Health and Wellbeing Overview and Scrutiny Committee on 19 January 2010.
- 2.8 Phase 2 of the project was undertaken with a much larger cohort of people. Cabinet agreed a minimum of 200 people on which to test the resource allocation system prior to rolling out personal budgets as part of the phase 3 of the project. Phase 2 commenced in December 2009 and ran for 9 months in Birkenhead locality, Adults with Learning Disability Services and survivors of stroke leaving hospital.

Phase 2 Evaluation

- 2.9 The evaluation of the personal budgets project phase 2 has now been completed. The purpose of the evaluation was to record the effectiveness of the processes and documentation used, and to collate the views and experiences of people who use services, carer's, staff and identified others related to the project. This report provides information around the approach taken to evaluate personal budgets evaluation phase 2 and details of the findings. The evaluation report is attached at the appendix.
- 2.10 Phase 2 of the personal budgets project has proved that the involvement of all stakeholders in the co-design of processes and systems is critical to ensuring sustained ownership. A product of phase 2 was to deliver a re-designed business process for delivering personal budgets which has been achieved. The re-design has taken place with a wide range of stakeholders, through extensive testing and 188 staff has been briefed on the new process which has been delivered by a customer, reform unit staff, access and assessment staff and finance and performance staff.
- 2.11 Phase 2 has positively impacted on the delivery of key performance indicators on self directed assessment (8858) and self directed support (NI130) and Putting People First Milestone 2 (self directed support and personal budgets). Customers have reported improved outcomes from phase 2 with 81% of customers reporting that their personal budget made a difference to whether they felt supported with dignity and 74% felt safer at home. 74% of carers reported that they felt their personal budget had improved their quality of life.
- 2.12 Further evidence suggests that individuals benefit more once they have had their personal budget for six months with 100% of customers from phase 1 of the personal budgets project reporting that the personal budget made a difference to the control they had over their support compared to when they first had the personal budget. 25% of phase 1 customers originally reported that the personal budget had made a difference to their health with 75% reporting it had made a difference after six months of having a personal budget.

Phase 3 Project

- 2.13 Learning from Phase 1 and Phase 2 is being taken forward into Phase 3 of the personal budgets project. On 4 November 2010, Cabinet agreed the resource allocation of £1.62 to be rolled out from 11 November 2010 which meant that the final stage (phase 3) of the personal budgets project could proceed. Phase 3 will see the offer of personal budgets made to all eligible residents in Wirral. The aim of the phase 3 personal budgets project is to ensure that at least 30% of eligible people in Wirral receive a personal budget by the end of March 2011 which is an indication that people are receiving personalised support to enable them to have more choice and control over their lives.

- 2.14 Given the significance of this project phase 3 will continue to be project managed and the project board will continue to be chaired by the Interim Director of Adult Social Services. The work to be taken forward as part of the phase 3 project is identified in the appendix, section 14. Phase 3 will ensure that personal budgets is consistently embedded within day to day working practices using the new business processes created during phase 1 and phase 2. In addition phase 3 will ensure new learning is embedded into working documentation and phase 3 is evaluated in the same manner as phase 1 and phase 2.

3 Financial Implications

- 3.1 The resource allocation system (£1.62) was agreed by Cabinet on 4 November 2010 to be rolled out on 11 November. This is being monitored on a monthly basis by the personal budgets project board chaired by the Interim Director of Adult Social Services.

4 Staffing Implications

- 4.1 There will be an impact on the role and function for the social care workforce. Indications from Wirral's phase 1 and phase 2 project show that heavy investment in staff is required to support them with adapting to this radical change. This support has and continues to be provided.

5 Equal Opportunities Implications/Health Impact Assessment

- 5.1 Phase 1 and 2 were subject to an initial equality impact assessment to ensure that vulnerable people and those from minority groups are not adversely affected by the implementation of personal budgets and self directed support.

6 Community Safety Implications

- 6.1 Personal budgets and self directed support provides a more holistic approach to addressing an individual's need. By empowering individuals to take control of their support package it is likely that they will be able to identify more clearly issues which concern them about their own safety within the community. A process of managing risk is currently being developed.

7 Local Agenda 21 Implications

- 7.1 There are no local Agenda 21 implications.

8 Planning Implications

- 8.1 There are no planning issues from this report.

9 Anti Poverty Implications

- 9.1 There are no direct anti poverty implications from this report.

10 Social Inclusion Implications

- 10.1 Personal budgets and self directed support enables people to be eligible for a range of funding streams, greater control and choice over their personal budget. In general people benefiting from these developments are likely to be amongst the most socially excluded in society. As a result, they will have more active participation in their support arrangements and enhance their status with providers.

11 Local Member Support Implications

- 11.1 Personal budgets and self directed support has Wirral wide implications.

12 Health Implications

- 12.1 There are no health implications directly arising from this report. However, personal health budgets are currently being piloted nationally.

13 Background Papers

Cabinet report dated 4 November 2010 accessed at <http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=121&MId=3062&Ver=4>

14 Recommendations

That: -

Overview and Scrutiny Committee Members note the contents of this report and the current progress of implementing personal budgets in Wirral.

HOWARD COOPER
Interim Director of Adult Social Services

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Appendix

Personal Budgets

Phase 2

Evaluation 2010



Wirral

Contents

Executive Summary	3
Acknowledgements	4
‘Putting People First’	4
Background	5
Phase 1: Evaluation	6
Phase 2: Research Methods	7
Findings: Customer Feedback	8
Findings: Financial Impact	11
Findings: Performance Information	13
Findings: Training and Support	15
Findings: Involvement of Relevant Stakeholders	16
Findings: Local, Regional and National Learning	18
Conclusions	19
Recommendations for Phase 3	21
Appendix	23

Personal Budgets are a new way of giving individuals greater control and flexibility over the way assessed needs are met. A Personal Budget is the amount of money that is available to individuals from Wirral Council to help meet eligible social care needs. It also takes into account the needs of family carer's where appropriate. A Personal Budget is calculated following the completion of a straightforward assessment where discussion takes place with individuals about the support that is required and how much money the council will contribute to meeting assessed needs, after the individuals own financial resources have been taken into account. A Personal Budget will be offered in most cases after immediate needs have been met, for example, once individuals have received support through the HART (re-ablement) or Assistive Technology service.

With a Personal Budget individuals can:

- know up-front how much money is available from the council to meet assessed needs
- decide how that money to be used
- get the support and advice to make the choices that best meet needs
- know how much to contribute financially.

The Department of Adult Social Services has been working on the concept of Personal Budgets since November 2007. A project approach consisting of 3 Phases to introduce Personal Budgets to people in Wirral has been taken. On 26th January 2009 Phase 1 began to test out Personal Budgets to a small cohort of 17 people. During the initial stages the department worked with those involved in the project to help shape and learn from people's experiences of having a Personal Budget.

Phase 2 of the project was then undertaken with a much larger cohort of people. The evaluation of Personal Budgets Project Phase 2 has now been completed. The purpose of the evaluation was to record the effectiveness of the processes and documentation used, and to collate the views and experiences of people who use services, carer's, staff and identified others related to the project. This report provides information around the approach taken to evaluate Personal Budgets evaluation Phase 2 and details of the findings.

Phase 2 of the Personal Budgets project has proved that the involvement of all stakeholders in the co-design of processes and systems is critical to ensuring sustained ownership. A product of Phase 2 was to deliver a re-designed business process for delivering Personal Budgets which has been achieved. The re-design has taken place with a wide range of stakeholders, through extensive testing and 188 staff has been briefed on the new process which has been delivered by a customer, reform unit staff, access and assessment staff and finance and performance staff.

Phase 2 has positively impacted on the delivery of key performance indicators on self directed assessment (8858) and self directed support (NI130) and Putting People First Milestone 2 (self direct support and Personal Budgets). Customers have reported improved outcomes from Phase 2 with 81% of customers reporting that their Personal Budget made a difference to whether they felt supported with dignity and 74% felt safer at home. 74% of carers reported that they felt their Personal Budget had improved their quality of life.

Further evidence suggests that individuals benefit more once they have had their Personal Budget for six months with 100% of customers from Phase 1 of the Personal Budgets project reporting that the Personal Budget made a difference to the control they had over their support compared to when they first had the Personal Budget. 25% of Phase 1 customers originally reported that the Personal Budget had made a difference to their health with 75% reporting it had made a difference after six months of having a Personal Budget.

2 Acknowledgements

We would like to take this opportunity to thank all those involved in Phase 2 of the Personal Budgets project especially those people who use services and carers who embarked upon this journey with us. Special thanks should be acknowledged to Birkenhead locality, Adults with Learning Disability teams and Sue Lowe, customer representative, who have worked ceaselessly to test and re-test the re-designed business processes, providing appropriate challenge and ensuring that we learn together the new job to be undertaken – that of providing personalised support.

3 'Putting People First'

Ivan Lewis, the Minister for Social Care has described Personal Budgets as “a revolution in terms of the way we seek to offer services to people in this country in the future. This will be the mainstream of the social care system in this country, the radical transformation of social care putting those who use services and their family members in the driving seat, providing control, choice and power”.

Wirral Council Department of Adult Social Services have implemented a transformation agenda, which includes personalisation. It has a major focus on the provision of effective and efficient services. This means a change agenda for adult social care, service remodelling, partnership working to promote and deliver choice, training and support for workforce to deliver personalised care, using Personal Budgets and self directed support, enabling individuals to assess and manage their self care needs. The model for 'Putting People First' is clearly focussed around individuals and has four key themes as detailed below:

Putting **People First**
Transforming Adult Social Care



4 Background

- 4.1** Wirral Council has clearly articulated the concept and benefits of Personal Budgets and aims to ensure the individuals are offered choice, control and improved outcomes to live their lives in the way and place of their own choice.
- 4.2** The outputs from the project are in line with putting people first milestones:
- Ensuring effective partnerships with people using services, carers and other local citizens
 - Providing self-directed support and Personal Budgets
 - Taking a whole system approach to prevention, intervention and cost effective services
 - Providing information that all citizens should be able to easily find, locally relevant quality information and advice about their care and support needs in order to enable control and inform choice
 - Local commissioning is developed ensuring a diverse and high quality market in care and support services to offer real choice and control to individuals and their carers.
- 4.3** The roll out of Personal Budgets in Wirral has been agreed in 3 Phases. Phase 1 commenced in January 2009, with a small cohort of people who use services of various ages having varying needs, located in all wards of Wirral Council. The aim of Phase 2 was to test a minimum of 10% of people receiving community based services which equated to approximately 200 cases. This was intended to give a more realistic and statistically valid assessment of the impact of the resource allocation system on the budget and test if processes and systems were workable on a wider cohort of individuals. Phase 2 commenced in December 2009 and ran for 9 months. Phase 2 was undertaken within the Birkenhead locality, Wirral people who have a learning disability and survivors of stroke leaving hospital.
- 4.4** Learning from Phase 1 and Phase 2 will be taken forward into Phase 3 of the Personal Budgets project. Phase 3 will see the offer of Personal Budgets made to all eligible residents in Wirral. The aim of Phase 3 Personal Budgets project is to ensure that at least 30% of eligible people in Wirral receive a Personal Budget by the end of March 2011 which is an indication that people are receiving personalised support to enable them to have more choice and control over their lives.
- 4.5** This evaluation report reflects on the learning to date from Phase 2 and from customer feedback from Phase 1 six months after they had received their Personal Budget. The evaluation draws together a range of information which gives a fuller picture of the impact of Personal Budgets in a range of areas. The evaluation covers the following areas:
- customer feedback; chapter 4
 - financial impact; chapter 5
 - performance information; chapter 6
 - training and support; chapter 7
 - involvement of relevant stakeholders; chapter 8
 - Regional and National learning; chapter 9.

5 Phase 1: Evaluation

- 5.1** Wirral's first Personal Budget evaluation report, gave positive feedback from those individuals who took part in Phase 1. Eight people who use services and six carers returned completed questionnaires. 25% of people who use services taking part in the Phase 1 said their Personal Budget had made a positive difference to their health and wellbeing. 37.5% of people felt safer in their home as a result of their Personal Budget and 25% felt safer whilst outside. 75% felt that their Personal Budget had given them more control and increased their social life.
- 5.2** 83.3% of carers said that the Personal Budget had increased their ability to continue caring and 66.7% said that it had a positive affect on their physical and mental wellbeing along with a positive affect on their quality of life.
- 5.3** To further assess experiences from people who had been in receipt of a Personal Budget for more than six months the original questionnaire was sent again to participants of Phase 1.

People in receipt of a Personal Budget for more than 6 months from Phase 1

- 5.4** To further assess experiences from people who had been receipt of a Personal Budget for more than six months the original questionnaire was sent again to participants of Phase 1. Eight people who use services and six carers returned completed questionnaires. Findings from the questionnaires were that satisfaction for people in receipt of a Personal Budget had improved in all but one area from when the questionnaire was first sent out compared to six months later.

	Phase 1 original questionnaire	Phase 1 After 6 months
Has the Personal Budget made a difference to your health?	25%	75%
Has your Personal Budget made a difference to how safe you feel at home?	37.5%	87.5%
Has the Personal Budget made a difference to how safe you feel when you go out?	25%	75%
Has your Personal Budget made a difference to the control you have over your support?	75%	100%
Has you Personal Budget made a difference to your social life?	75%	62.5%
Has your Personal Budget made a difference to whether you are supported with dignity?	12.5%	75%

- 5.5** Carer's satisfaction also improved reporting increases in improved quality of life, improved mental health and wellbeing and improved opportunities to undertake paid work.

	Phase 1 original questionnaire	Phase 1 After 6 months
What effect has your Personal Budget had on your quality of life?	66.67%	100%
What effect has your Personal Budget had on your capacity to have social life or follow leisure activities?	50%	100%
What effect has your Personal Budget had on your ability to continue or undertake paid work?	0	50%
What effect has your Personal Budget had on the relationship you have with the person you care for?	50%	100%
What effect has the Personal Budget had on other significant relationships (family and friends) in your life?	50%	83.3%
What effect has the Personal Budget had on the level of choice and control you have over the important things in your life?	16.67%	100%
During the Personal Budgets process how far would you say you felt you were an equal party with expertise to contribute?	83.33%	100%

6 Phase 2: Research Methods

- 6.1** The focus of the evaluation was to collect people's thoughts and experiences during the project period. Linked to this was a fundamental wish to empower people who use services and carers to tell their own stories of how Personal Budgets had changed their lives.
- 6.2** Feedback was gathered using simplified versions of the same tools (questionnaires) used to evaluate Phase 1. This was so that results could be directly compared during the analysis. The questionnaires for people who have a Personal Budget and Carers measured key social care outcomes from the person's perspective. Both qualitative (experiences) and quantitative (performance) data was collected and analysed.
- 6.3** Staff conducted telephone and face-to-face interviews with people in receipt of a Personal Budget (for six weeks or more) and carers. Questionnaires were distributed to staff involved in Phase 2 off the project. The research method is summarised as follows:

Stakeholders	Method
Staff involved in the project	Questionnaire + face-to-face interaction
People who have had a Personal Budget for six weeks or more	Telephone and face-to-face interviews using simplified version of Phase 1 questionnaire
Carers	Telephone and face-to-face interviews using simplified version of Phase 1 questionnaire

7 Findings: Customer Feedback

7.1 55 individuals and 19 carers were identified as having a Personal Budget for more than six weeks. All individuals and carers were contacted however 26 individuals and 19 carers responded and took part in completing evaluation questionnaires.

7.2 People who use services feedback

Gender	Male	7
	Female	19
Ethnic origin	White British	26

7.3 We asked individuals if their Personal Budgets had made a difference

Question asked	% improvement
Has your Personal Budget made a difference to your health?	69%
Has your Personal Budget made a difference to how safe you feel at home?	73%
Has your Personal Budget made a difference to how safe you feel when you go out?	46%
Has your Personal Budget made a difference to the control you have over your support?	62%
Has your Personal Budget made a difference to your social life?	42%
Has your Personal Budget made a difference to whether you are supported with dignity?	81%

7.4 Comments made by individuals during the questionnaire

“Don’t think it could have been done better. Social Worker very good, not like the old days”.

“I am very pleased with the service as it stands now not sure how things could be improved”.

“I don't think they can do anything else really. It's working for me, they're very good, if there is a problem, my assessment officer sorts it, she has been absolutely brilliant”.

“Before I had assessment support officer I felt like I was being told what I need rather than asked, which made me feel patronised.”

“My Personal Budget has improved my confidence and communication. Laughing with the carer is so important and being able to speak and relate to others”.

“I have excellent support around Personal Budgets from social services staff they were very helpful, kind and reliable. However the assessment document was very long and tiring”

“Paperwork took too long. Found it hard to remember what had been said”.

“Filling in the SDA without support was difficult and upsetting”.

7.5 Carers feedback

Gender	Male	4
	Female	15
Ethnic origin	White British	19

7.6 We asked carers if their Personal Budgets had made a difference

Question asked	% improvement
What effect has the Personal Budget had on your quality of life?	74%
What effect has the Personal Budget had on your capacity to have a social life or follow leisure activity?	68%
What effect has the Personal Budget had on your ability to continue or undertake paid work?	11%
What effect has the Personal Budget had on the relationship you have with the person you care for?	42%
What effect has the Personal Budget had on other significant relationships (family and friends) in your life?	42%
What effect has the Personal Budget had on the level of choice and control you have over the important things in your life?	47%
During the Personal Budget process, how far would you say you felt you were an equal part with expertise to contribute?	58%

7.7 Comments made by Carers during the questionnaire

“Yes it helped me get help I now have piece of mind, in case of emergencies. It has made ours lives easier.”

“Well I think I may be able to go away on holiday in the future because I know he will still get what he needs”.

“Makes it easier for me to go to work and makes it possible”.

“I value the help that I have received and couldn’t do without the help. Not many people understand and neighbours don’t pop in to ask for a message like in the old days”.

“I was having real difficulties with the care agency before the Personal Budget; it’s made my life a lot better”.

“Social Worker has been brilliant and helped a lot”.

“A positive experience and I feel like they have listened”.

“I don't want Direct Payments, or to be responsible for paying wages and tax it is more work and extra pressure for me with these 'separate' bank accounts, it is difficult enough managing my account and my Mums finances without a Personal Budget account for carers. On the plus side it did enable a care package to be put into place really quickly and the staff helping to sort it out and set it up have been brilliant”.

“Overwhelming, didn't know were to go for what”.

“The paper work was daunting to say the least, but my social care worker was great, he filled everything in with us and in the end it was worthwhile”.

“Knowing what to spend the money on is difficult to understand but working my way through it”.

7.8 Staff feedback

7.9 36 staff completed an evaluation questionnaire which asked staff to look at areas of work and for each area say whether having a Personal Budget had (a) helped, (b) made things worse, (c) made no difference. The results were as follows:

Area of work	(a) Helped	(b) Worse	(c) No Difference
Making a positive difference to peoples lives	50%	8%	31%
Helping people plan creatively	67%	6%	17%
Getting the right amount of help to people	33%	19%	31%
Getting help to people in a timely way (when they want it)	8%	64%	11%
Using your own skills and knowledge	39%	22%	33%
Allocating resources fairly	31%	28%	22%
Helping people to maintain existing support networks	44%	3%	31%
Supporting people to take an active part in their community	44%	3%	44%
Managing risks	19%	11%	61%
Supporting people to take control and make choice about their lives	56%	6%	22%
Developing support that is tailored to the needs of an individual	44%	11%	28%
Staying motivated in your own work	8%	56%	19%

7.10 Comments made by staff during the questionnaire

“Personal Budgets empower people”.

“The concept is rewarding”.

“The concept of Personal Budgets is positive; systems and lack of resources are slowing it up”.

“I feel if we moved at a slower pace I feel us the front line workers would feel more in control”.

“Service users unable to help themselves, with the present system, the worker does it all for them”.

“Could do with more info on what we can access or brokerage”.

“It would be useful to have a resource directory, covering providers, community services, criteria, costs”.

“My experience shows that 100% of the people contacting DASS want face to face contact”.

“New systems sometimes confusing and time consuming, complex cases take a lot longer and a lot more planning with clients and families”.

“Greater participation with local communities needs to be facilitated in order to effect stronger stakeholder involvement in the development /shaping of services which customers require”.

“Whilst you’re still carrying on with the double running of the systems, it’s very easy to lose people from – in terms of their buy-in, from staff feeling its more work and they’re not quite sure where it’s going”.

7.11 Conclusion

Evidence suggests that Personal Budgets are meeting people’s aspirations for independence and are giving people greater control over their lives. Two example case studies are attached at the appendix, which further demonstrates, a shift towards focussing on individuals and fitting services around people not people around services. Feedback confirms that customers have a stronger voice and have been major drivers in developing the systems, processes and improving approaches.

The process of delivering a Personal Budget involves spending more time with customers at the assessment stage, which has proven to be a very positive experience for those people. However, the testing and re-testing of business processes has been time consuming. However, this has results in a set of processes which are significantly streamlined and easy to use focussing on the customer at all times and which meet the Council’s statutory duties.

There is an impact on the role and function for the social care workforce where the customer is in control of the support planning stage and the investment in training and support has been significant to enable staff to the new approaches and re-skilling where required.

8 Findings: Financial Impact

- 8.1** When the evaluation was completed there were 1,782 individuals with a completed self-directed assessment. 477 of these individuals had completed the Resource Allocation System and been given an Indicative Budget.

- 8.2** Of the 477 individuals with an Indicative Budget, 14 had chosen to go into residential care and 50 had chosen to go into nursing home care. These people were excluded from the financial evaluation because a Personal Budget cannot be used to pay for residential or nursing home care. Therefore the financial evaluation was based on 413 individuals. The cost of the Indicative Budgets allocated for these individuals is £5,451,784 (an average of £253.85 per person per week). This was not individual's final budget following support planning.
- 8.3** In order for a comparison to be made it was important to know how much support costs would have been under the previous assessment and care management model, for these individuals.
- 8.4** 224 of the 413 individuals had an existing support package in place. This gave a high level of confidence that an average cost for these existing packages could be used to estimate the cost for those individuals who did not have a package of support already in place. This gave a total annual cost of support of £5,021,432.
- 8.5** The evaluation shows that for the majority of cases the actual cost of support that is put in place is less than the Indicative Budget. This may be because the support being provided was not at the right level to meet needs currently and therefore support needs may have increased since the last assessment. However for some people the cost of support put in place can be more due to very complex needs. In these cases all monies agreed for these individuals would have been approved by the risk and support group. 113 individuals have completed the whole process and have a fully costed support package and are receiving services. The average cost of their support is 28% less than their Indicative Budget.
- 8.6** The new system has also identified the additional needs of carers that were not previously met. 53 carers were identified who qualify for a carers Personal Budget at an average of £40.64 per week, £112,000 per year.
- 8.7** A summary of the findings is provided below.

Previous cost of support for the sample 413 people	5,021,432
Indicative Budget at £1.88 per point	5,451,784
Actual cost of final budget after support planning (known as a Personal Budgets)	3,925,284
Spend on new carers identified (assuming no further increase)	112,000
Positive variance	984,147

- 8.8** A 'positive variance' is the amount that is not spent on people but was spent previously on their commissioned support. If everyone elected to take a Personal Budget this would mean a reduction in the Department's spending. However, the project confirms the expectation that not everyone will elect to have a Personal Budget.

8.9 This will particularly be the case for people with complex needs or whose commissioned support is currently much greater than would be offered by a Personal Budget. In these cases transitional arrangements will need to be put in place for an agreed period of time in order to keep the individual safe. 32 people fall into this category and the difference in cost of continuing their existing support arrangements is £890,196 per year. Over time this group of individuals will be replaced or will be motivated to elect for a Personal Budget which would give them better outcomes with increased choice and control.

8.10 Further learning from the initial phases shows that the needs of carers are being more clearly identified and eligible needs are being met. Supporting carers is a priority within Wirral Council's Corporate Plan. As with all Personal Budgets affordability is based on effective assessment and support planning, identifying the carer's relationship with the person they are supporting. The cost of support to carers has therefore been included in this initial evaluation.

8.11 Conclusion

The conclusion for this part of the evaluation is that there is enough evidence to show that the Resource Allocation System gives, as an Indicative Budget, 8.57% more than the existing cost of commissioned support from the assessment and care management model, assuming that these current services are meeting all of the individuals' current needs. However this is not the actual cost incurred by the Council. The Indicative Budget gives no guarantee of the amount the Council will spend on meeting an individual's needs, this is determined at the support planning stage. The evaluation demonstrates that the average cost of support for the group of people identified is 78.2% of the previous cost of support and 72% of the Indicative Budget.

9 Findings: Performance Information

9.1 There are two key performance indicators which have been used as a measure of success for implementing Personal Budgets and have been monitored during Phase 1 and 2 of the Personal Budget project. Performance targets have been set and progress has reported weekly in team meetings and monthly by the Personal Budgets project board. The performance indicators are as follows:

- The percentage of completed assessments that are recorded as self directed assessments (a local indicator called 8858)
- Percentage of social care clients receiving self directed support (a national indicator called NI130)

9.2 Self directed assessments (8858)

Number	Target 09/10	Actual 09/10	Target Q1 10/11	Actual Q1 10/11	Target Q2 10/11	Actual Q2 10/11	Target Q3 10/11	Target Q4 10/11
Percentage	25%	1.93%	12.50%	14.58%	18%	20.90%	32%	50.00%
Number of self directed assessments	4615	413	577	662	1661	2159	4430	9230

9.3 Self directed support (NI130)

Number	Target 09/10	Actual 09/10	Target Q1 10/11	Actual Q1 10/11	Target Q2 10/11	Actual Q2 10/11	Target Q3 10/11	Target Q4 10/11
Percentage	15.00%	5.55%	7.00%	6.76%	10%	9.36%	20%	30%
Number of people with self directed support	1300	504	483	428	725	704	1626	2751

9.4 The Personal Budgets project (Phase 1, 2 and 3) is ensuring that the Putting People First Milestone 2 (self directed support and Personal Budgets) will be delivered on time. The key dates and deliverables are as follows:

Key Date	Key Deliverable	Status
April 2010	That every council has introduced Personal Budgets, which are being used by existing or new service users/ carers	Achieved via Phase 1
October 2010	That all new service users / carers (with assessed need for ongoing support) are offered a Personal Budget. That all service users whose care plans are subject to review are offered a Personal Budget.	Full roll out begins on 19.11.10. Training on process undertaken in October 2010
April 2011	That at least 30% of eligible service users/carers have a Personal Budget.	On target

9.5 Conclusion

Phase 2 of the Personal Budgets project has positively impacted on the number of people receiving a self directed assessment (8858). Quarter 1 and Quarter 2 targets have been exceeded. This performance indicator consistently under performed in 09/10 prior to the start of Personal Budgets Phase 2 project.

Phase 2 of the Personal Budgets project has positively impacted on the number of people receiving self directed support (NI130). Quarter 1 target was narrowly missed by 55 people and Quarter 2 target was narrowly missed by 21 people. This performance indicator consistently under performed in 09/10 prior to the start of Personal Budget Phase 2 project.

The Personal Budgets project (Phase 1, 2 and 3) is ensuring that the Putting People First Milestone 2 (self directed support and Personal Budgets) will be delivered on time. The October 2010 key date was narrowly missed due to a delay on the Council's decision to roll out the resource allocation system.

10 Findings: Training and Support

10.1 Training and support has been designed and delivered alongside the Personal Budgets project. The involvement of relevant stakeholders in the design and delivery of this training and support has been critical. The following is the training and support that has been provided:

- **Personalisation Process Training:** Ten sessions have taken place. A total of 188 staff have received full training on the revised business processes taking into account lessons learned during Phase 2. This is core training for all access and assessment branch staff and includes other staff in the Department and equips staff for delivering the new agenda. This training was designed in response to feedback received from staff as part of Phase 2.
- **Personalisation Awareness:** Eight Personalisation Awareness sessions have taken place between January and August 2010 with 116 people attending from Adult Social Services, independent provider services, carers and the voluntary sector. All sessions were well attended with an 80% attendance rate. An additional four sessions have been advertised and places booked offering 68 places.
- **Support Planning:** Nine Support Planning training programmes have been delivered to priority groups between January and August 2010 with a further seven planned to take place between September 2010 and January 2011 ensuring that all priority staff attend across localities and organisations.
- **Self Directed Assessment and Resource Allocation System:** Support on the self directed assessment and resource allocation system has been delivered as part of the support planning training facilitated by staff development and Reform Unit and through mentoring provided by the Reform Unit and Finance staff.
- **Outcomes:** Training on Outcomes has taken place for 25 staff. A further three dates have been identified to take place in October and November 2010.
- **Co-production:** An AFTA Thought event on 16th July 2010 took place for 100 people including staff from DASS, NHS Wirral and individuals who use services.
- **North West Personalisation Project:** is a partnership between the Open University, Department of Adult Social Services and NHS Wirral to develop a distance learning course on personalisation.

10.2 Feedback from the training events has been reflected upon and, where relevant, adjustments made to the training programmes. Some feedback received from the personalisation process training is as follows:

"I enjoyed the training and love the fact that customers are having a say in their future support needs. I would consider perhaps a future change in career for myself in creating support plans"

"Excellent involvement of individuals to provide input/reflection on the customer perspective. Sufficient time allowance to cover all elements/questions"

"Clearer sense of the journey through process documents involved and emphasis on the focus being person using services"

"I feel today's workshop has helped reduce the 'process from overwhelming challenging to challenging which is a positive outcome for me"

“The training was excellent, it will enable me to effectively manage my area under the new process and advise my staff. The new process should really improve income collection if it is carried out effectively”

10.3 Conclusion

The training and support provided has been well received. The involvement of relevant stakeholders in the design and delivery of this training and support has been critical. Feedback from all events has been reflected upon and, where relevant, training programmes have been adjusted. Learning and resources available from the ‘Skills for Care’, North West Joint Improvement Partnership and other relevant organisations has been.

11 Findings: Involvement of Relevant Stakeholders

11.1 A central feature to the introduction of self directed support and Personal Budgets project has been the involvement of all relevant stakeholders. The guiding principal has been to involve relevant stakeholders at every step in the project, not just through consultation, but through co-designing processes, systems and documentation together. This has been achieved in the following ways:

- The Personal Budget Project Board was reviewed and restructured to initiate Phase 2 of the project working within the ethos of co-design and based on the PRINCE 2 model of project management/planning. Project board meetings took place on a monthly basis and a person who uses services was a member of the board. A protocol for the involvement of people who use services and carers was designed and used setting down role, purpose and data protection issues
- The project was managed through five work streams focussing on Awareness, Assessment & Validation, Support Planning, Monitoring & Review and Training & Development. Testing has been undertaken through co-design, with both staff and customers, to ensure full engagement is secured in reaching a position where new processes are created together, worked through together and agreed together. This has created a sense of ownership and will ensure a consistent approach is taken by staff in applying processes and procedures when undertaking their roles
- A process and practice handbook has been developed with staff and customers. Consultation took place with stakeholders within all Department of Adult Social Services Branches, the Council Legal Services and Audit Departments and Unions
- Wirral’s joint health and social care self directed assessment has been extensively tested by customers and staff and refined during Phase 2 of the project work. This Joint Assessment documentation has also been designed and agreed with health colleagues will be rolled out across the health economy as part of Phase 3 Personal Budgets project
- Work has started with the voluntary and community sector to develop brokerage support within existing contract arrangements. This work will continue with the new contracts from April 2011 and work is currently taking place to develop an approved provider list for those agencies wishing to provide brokerage support
- Extensive work has been undertaken on the resource allocation system with input from the Department’s Finance Team, Corporate Finance and an external consultant paid for from the Department of Health. The resource allocation system has been subject to scrutiny from as part of the work of the Taskforce looking at options for Adult Social Care and locally elected members

- The reform unit staff, staff within finance and performance branch and access and assessment managers have provided an intensive mentoring and support service to staff working as part of Phase 2 and have been on-site in the teams providing advice and guidance and attending assessment visits with staff
- Weekly team meetings within Phase 2 teams have taken place reporting on progress of performance indicators and time for a question and answer session which has been facilitated through 'learning boards' for locality / team staff to place questions and suggestions of 'post it' notes as and when they occurred. All question and answers have been recorded however some common themes emerging throughout the project included:

Q1. After the Personal Budgets project is complete will Personal Budgets be compulsory or will it be optional?

A1. The departmental and national vision is to make Personal Budgets compulsory remembering that Personal Budgets are a way of giving individual's greater control and flexibility over the way their assessed needs are met. The Personal Budget is an amount of money that is available to the individual from Wirral Council to help meet social care needs. The definition of a Personal Budget as measure through a national performance indicator (NI130) is that with a Personal Budget an individual can:

- know up-front how much money is available from the council to meet individual needs (called an Indicative Budget)
- decide how they want that money to be used (called support planning)
- get the support and advice to make the choices that best meet their needs
- know how much contribute financially and the final budget.

Q2. If the individual in receipt of a Personal Budget is also acting as an employer, how does this affect and protect the rights of the employer and those they employ e.g. employment law, Criminal Records Bureau check (CRB)?

A2. If the individual wants the Personal Budget delivered via a Direct Payment, where they then choose to act as an employer, then the Direct Payment team in the Department of Adult Social Services give free advice and guidance on becoming an employer. There are a number of organisations that people are advised to contact for advice and support.

Q3. Is there any interim brokerage services available seeing as no organisations are coming forward?

A3. The Department of Adult Social Services currently provide some in house support around brokerage through the brokerage and Direct Payments team however we also have a list available of the current brokers we know in Wirral and are developing an approved provider list that can be distributed to individuals. However, individuals do not need to use those on our approved provider list. It is there choice who they use.

- Q4.** Is the self directed assessment sensitive to the fact that other streams of funding such as Independent Living Fund are changing their criteria?
- A4.** The Self Directed Assessment embeds Fair Access to Care criteria which has been set by Local Authority ensuring that eligible needs will be met. Triggers have been set within the Self Directed Assessment that indicate the possibility that other funding streams may need to be considered. If those funding streams are denied and the support plan exceeds the Indicative Budget, it will be presented at the risk and safety group.

11.2 Conclusion

Involving people who use services at an early stage within Phase 2 of the Personal Budget project has improved the development of processes ensuring that the approach taken has a 'buy-in' from those affected. It has helped policy makers to engage with the involvement process personally. People who use services and carers are members of the project board, various work streams, risk and safety meetings and have enabled a balanced decision making process. The Independent Disabled People's Forum has provided support and guidance with support planning. The development of brokerage support in the community is critical to ensuring customers have choice and control over their lives.

12 Findings: Local, Regional and National Learning

- 12.1** Wirral Council undertook an internal audit on the personal budgets business process in November 2009 to ensure that the identified controls within the phase 1 project were working effectively and were adequate to mitigate the risks identified. The audit identified a number of areas of good practice and recommendations. In March 2010 the internal audit follow up report confirmed that all the recommendations had been fully implemented.
- 12.2** Wirral continues to be members of the North West Joint Improvement Partnership (NWJIP) and Merseyside Meetings. A raft of information has been exchanged and joint working continues with North West Councils. The learning resources available through this network have been used in the design of the business process for personalisation and in the training and support programme which have been designed.
- 12.3** As a high priority the development of the resource allocation system was regarded as the most challenging task throughout Phase 1 and Phase 2. Wirral has benefited from working with an external consultant commissioned by the National Programme Director for Personalisation via the North West Joint Improvement Programme, who has assisted in the further development of Wirral's resource allocation system.

12.4 Conclusion

The input from regional and national learning has been invaluable in the design, delivery and approach to Wirral's Personal Budget project Phase 1, 2 and 3. Learning from the 13 national pilot sites has been used, alongside other available resources and best practice has been utilised at every opportunity to ensure Wirral's approach to Personal Budgets is grounded in the important principals of personalisation.

13 Conclusions

- 13.1** Personal Budgets are meeting people's aspirations for independence and are giving people greater control over their lives. Evidence from customers suggests a shift towards focussing on individuals and fitting services around people not people around services. Feedback confirms that customers have a stronger voice and have been major drivers in developing the systems, processes and improving approaches.
- 13.2** The Phase 2 evaluation can confirm the concept of Personal Budgets is welcomed by customers and social care professionals. Feedback and case studies suggest Personal Budgets are improving outcomes for individuals. Similar outcomes can be identified between the results of the Personal Budget project Phase 1 and Phase 2 with significant improvement being reported once an individual has received a Personal Budgets for six months.
- 13.3** During Phase 2 testing new business processes was time consuming. This was as a consequence of running two systems and testing new processes. The new business process has now been streamlined and positive feedback has been received through the personalisation process training on the new business process. A new set of processes are now in place which are significantly streamlined and easy to use focussing on the customer at all times and which meet the Council's statutory duties.
- 13.4** The process of delivering a Personal Budget involves spending more time with people who use services, which has proven to be a very positive experience for those people. There is an impact on the role and function for the social care workforce where the customer is in control of the support planning stage and the investment in training and support has been significant to enable staff to the new approaches and re-skilling where required.
- 13.5** The conclusion for this financial evaluation is that there is enough evidence to show that the Resource Allocation System gives, as an Indicative Budget, 8.57% more than the existing cost of commissioned support from the assessment and care management model, assuming that these current services are meeting all of the individuals' current needs. However this is not the actual cost incurred by the Council. The Indicative Budget gives no guarantee of the amount the Council will spend on meeting an individual's needs, this is determined at the support planning stage. The evaluation demonstrates that the average cost of support for the group of people identified is 78.2% of the previous cost of support and 72% of the Indicative Budget.
- 13.6** Phase 2 of the Personal Budgets project has positively impacted on the number of people receiving a self directed assessment (8858) and positively impacted on the number of people receiving self directed support (NI130). In addition the Personal Budgets project (Phase 1, 2 and 3) is ensuring that the Putting People First Milestone 2 (self directed support and Personal Budgets) will be delivered on time.
- 13.7** Training and support has been well received and the involvement of relevant stakeholders in the design and delivery of this training and support has been critical. Feedback from all events has been reflected upon and, where relevant, training programmes have been adjusted. Learning and resources available from the 'Skills for Care', North West Joint Improvement Partnership and other relevant organisations has been.

- 13.8** Involving people who use services at an early stage within Phase 2 of the Personal Budget project has improved the development of processes ensuring that the approach taken has a 'buy-in' from those affected. It has helped policy makers to engage with the involvement process personally. People who use services and carers are members of the project board, various work streams, risk and safety meetings and have enabled a balanced decision making process. The Independent Disabled People's Forum has provided support and guidance with support planning. Although work has started with the voluntary and community sector to develop brokerage support this needs to be accelerated as it is critical to ensuring customers have choice and control over their lives.
- 13.9** The input from regional and national learning has been invaluable in the design, delivery and approach to Wirral's Personal Budget project Phase 1, 2 and 3. Learning from the 13 national pilot sites has been used, alongside other available resources and best practice has been utilised at every opportunity to ensure Wirral's approach to Personal Budgets is grounded in the important principals of personalisation.

14 Recommendations for Phase 3

14.1 Phase 3 of the project began in September 2010 with recommendations made on a suitable resource allocation system and the launch of a new business process through training to 188 staff. The majority of the work has been done as part of Phase 2 which has assisted with the preparatory work needed for fuller roll out. It is therefore considered that it is appropriate to roll out Personal Budgets as part of Phase 3 of the Personal Budgets project.

However, there are some further areas which will need to be implemented, evaluated and overseen as part of Phase 3 to ensure further learning takes place on this new way of working. The recommendations for Phase 3 are detailed below:

Area of focus	Recommendations
Customer feedback	<ul style="list-style-type: none"> • Monitor and evaluate the use of the new business processes to ensure staff are adhering to processes • Adjust, where relevant, business processes focussing on customers and the council's legal duties • Analyse feedback from customer feedback surveys, compliments and complaints and feed learning into processes and approaches • Provide appropriate, timely advice and information to customers on Personal Budgets
Financial impact	<ul style="list-style-type: none"> • Monitor and evaluate impact of resource allocation system • Make recommendations to Council for any relevant adjustments to be made to resource allocation system alongside Fair Access to Care criteria
Performance information	<ul style="list-style-type: none"> • Monitor key performance indicators (NI130 and 8858) to ensure targets are met and report to relevant stakeholders • Ensure Putting People First Milestones are met
Training and support	<ul style="list-style-type: none"> • Continue to deliver training to relevant staff • Schedule additional sessions on personalisation process training during December 2010 • Support and mentoring programme in place to support staff with applying the new processes delivered by Reform Unit and Finance and Performance staff
Involvement of relevant stakeholders	<ul style="list-style-type: none"> • Communication with all key stakeholders to ensure any changes are communicated effectively and understood • Continue to develop brokerage support in the voluntary and community sector • Continue to develop an approved provider list for brokerage support • Implement plan for involvement of customers in Phase 3

Local, Regional and national learning	<ul style="list-style-type: none">• Continue to use regional and national available resources• Plan focus of external consultant's work – 2 days remaining• Implement the recommendations from the Audit Commissions report (October 2010) 'Financial management of personal budgets; challenges and opportunities for councils'• Implement the guidance accompanying the Vision for Adult Social Care related to personal budgets
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Personal Budget Case Studies

The following case examples provide an insight into the impact Personal Budgets is having on the lives on people in Wirral. Consent has been given to publish the photograph and stories of the individuals for the purpose of this evaluation report.

An interview took place, this is what was said:

I am 87 years of age and in very poor health. I am housebound and cannot look after myself. I am becoming forgetful and confused and when this happens I get very anxious. I spend most of my time alone staring at the four walls, and this makes me feel very sad and lonely. I often miss meals either because I forget to eat or I can't be bothered. I forget to take my medication, I have not taken it on a number of occasions, and there is so much of it! I find every aspect of looking after myself exhausting, sometimes I just feel like giving up.

Carer - I am her daughter and I am tired! I live in Maghull with my husband and have a full time job in Bootle working for the Inland Revenue. I have been the main carer for my mum for some time, over the past few months, I have been really worried about her, she has lost a lot of weight and I think she is depressed. I am travelling to the Wirral on a daily basis and sometimes twice a day, to look after her. I do feel guilty when I have to leave her, she often wants to just chat, but after I have sorted all the things I need to do for her I haven't got time to chat. There were times when all that I could see for mum was a residential care home, mum wouldn't want that, but I can't go on the way things are.

How was your first interview with your assessment support officer?

Carer - explained Personal Budgets to us, and I was very apprehensive, so was mum, he reassured us and we decided to go with it. The assessment document was lengthy and daunting, but I deal with paper work in my job, I can imagine it would be difficult for others.

How did you find the process from the assessment to receiving your Personal Budget?

The assessment support officer was lovely.

Carer - The length of the process was fine, our assessment support officer kept us informed along the way, when you know what is going on and help is on its way, every thing feels much brighter.

How did you choose your support?

Carer - We choose an agency, to support mum, our assessment support officer provided a list of Wirral agencies, I was concerned they would not be responsive to mums needs and wishes; however I contacted a provider who came to help us with mums support plan. The agency worker listen to everything mum wanted, she also took on board the flexibility that maybe needed if I wanted to go away at short notice.

Do you use all your Personal Budget on agency?

Most of it, mum employs a cleaner who now helps mum get a shower when she requires one.

Have you had any problems with your support?

Only once the care worker didn't turn up until 6.15 to give me my tea, it was too late for me, I did explain that to the worker, it hasn't happened since then.

Carer – It is going great, I recently went away for a break at short notice, the agency provided the care at the weekend mum needed she was fine, I doubt she even missed me. I had no idea an agency could work in such a personalised way.

I see you have assistive technology what do you think about it?

I have bits of technology in my flat, it helps me with my medication and security, my piper life line is great, everyone should have one. I did leave my piper life line in the living room one evening, I fell out of bed and ended up on the floor all night, I was so scared and in pain, my hair dresser found me the next morning. I had a long stay in hospital which was awful. I always wear my life line now, it has kept me out of hospital and I feel so much safer.

You have had your Personal Budget for over 3 months now what difference has it made to you?

Although my health is not great, it's a lot better than it was, I do have osteoporosis you know! I love my food again and have recently put weight on and I have been discharged from the dietician. I am no longer housebound I go out with my support worker twice a week and still go to my daughters house in Maghull on Sundays. I can still be forgetful at times but don't we all?

I have support from an agency every day, which is on a chart for me to help me remember. I was concerned of having different people assisting me with my personal care at first, but the agency has arranged regular girls to support me and they are lovely. I love chatting with them and I know they listen to me, one of them remembered me telling her I use to play in the Arno in Birkenhead as a youngster, she arranged a surprise visit one afternoon, it was wonderful. I went to West Kirby the other day, I had an ice cream, I can't remember the last time I did that. My daughter has recently been able to go away on holiday, she organised with the agency the support I would need when she was away, all worked out fine.

The best things about having a Personal Budget is not having to rely on my daughter and bringing her out of work all the time, we now have a proper mother and daughter relationship again. I have more control and choice in my life, I feel safer, knowing I have nice people coming to help me daily. I feel my life is worth living again.

Same question for the carer

Mum is great, it is lovely to see her smiling again, she looks a lot better and has lots to tell me when I visit. She still loves spending Sundays with me and my family, it feels more relaxed, I love watching her enjoying her food again. I really enjoyed my recent holiday, I doubt mum even missed me. I have confidence in the support she receives. I am not as stressed and tired as I use to be. I have more time to spend with her to just chat as we use to do. Mums Personal Budget has changed hers and my life.

Reflections from the Assessment Support Officer

I have seen the way in which a Personal Budget can work for an individual. It was a very daunting process for the individual and their carer, and for me initially, however it was important to never lose sight of what they both wanted to achieve.

Personal Budgets have so much more flexibility. They enable and empower people to live their life how they choose to do so. I have seen such a difference especially with the individual and her carer; they both have a life now, individually and as mother and daughter. Prior to Personal Budgets I feel the system took away peoples chance to live a flexible life.

The process was very smooth and it was clear what they wanted to achieve and it helped that the carer was very supportive. It would have been much more difficult if there was no one to assist with managing the budget. In some cases I know that this won't happen and there will be a lot of challenges surrounding Personal Budgets and individuals wanting to manage their support and budget. However over time I see them having a positive affect on many people's lives.

It has given me so much satisfaction knowing that a Personal Budget and the support I have given has had such an impact on the woman's life and also her daughters and her families' life. I did find the process so much longer and yes it can sometimes feel quite stressful, however putting that aside it has made a difference, its individual and mum and daughter are happy.

It is very hard to know what I would change about the process as each case brings its own challenges and it is an ongoing learning curve.

Case Study 2

I am a wheelchair user and have moderate learning difficulties. When I first heard about the Personal Budget I requested to have one, as the care package I used to get often limited my choices. I used to live in shared accommodation with two other people and things that were important to me, I sometimes felt let down with, because the carers had to take care of all of us together. I even missed a really important event to me because we were an hour and a half late, which really upset me. I wanted to be more independent and make my own decisions.

I applied for the Personal Budget and at first it was difficult to get, because of my shared accommodation and care. However, as soon as I moved out I was able to apply for everything I need. I felt unsure at first about the self-directed assessment and support plan, but my mum and social worker helped me a lot. I feel it takes into account all my needs and the biggest difference in my life with a Personal Budget, is that it is based around me and what I want. It has really helped me to feel more independent. It was difficult to set up the Personal Budget but once I got it was really good. It took a few months to get everything into place. My mum and social services help me to decide everything that I wanted to do. I couldn't have done it without my Mum's help though.

My experience of getting a Personal Budget has been very positive. I also feel very positive that I will receive the right help and support in the future. These types of forms centre around my needs and wishes, although they are difficult and sometimes long-winded to fill in, it is worth it when everything is in place. It has helped me decide what is important to me, what I wanted to be different and the ways I can still get the support I need.

Now I can decide who I see and when I see them. Because I can swap and change, I feel more in control of what is going on. I have also had an advocate to help me with my finances and set up most of my direct debits. My new home is adapted for my needs and I have Assistive Technology to call on someone if I need to. I get very jumpy and wary if I'm on my own for long, especially during night times. I think I could do with some more personal care hours because my Mum spends so much time with me in between the carers that visit. She helps me to feel safe at home. I sometimes wish Mum had more support too. I hope I will feel more confident as time passes. I applied for more care hours but couldn't get them. The Personal Budget has however included or considered all my needs. I get help with getting washed and dressed, getting in and out of bed, practical stuff like washing and shopping. I've even had advice to help me lose weight. It's helped me to socialise and get out more in the community when I want, and to feel more independent and in control. I feel listened to and I can now have more family and friends to visit me, as I have got my own living space and I can decide what I want to do.

My voice as a person using services has been listened to and acted on. I know how to find out information about services and problems are sorted fairly quickly and simply. I know my safety is of the utmost importance to everyone who cares for me. I can rely on getting the right care (although I could do with more hours). Since having a Personal Budget I have an improvement in my well-being and health. I do feel happier having more choice. Personal Budgets give you more options, and I think they are a good idea.

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
18 JANUARY 2011

REPORT OF THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES

PROGRESS REPORT ON REIMBURSEMENT IN RELATION TO PUBLIC INTEREST DISCLOSURE ACT 1998 (PIDA)

Executive Summary

The purpose of this report is to update members of the Health and Wellbeing Overview and Scrutiny committee on progress in implementing reimbursement to certain residents and former residents of Bermuda Road, Curlew Way and Edgehill Road following the agreement of Cabinet to the recommendations of this Committee.

An update on the project to reimburse the 16 individuals provides the following progress: relatives of the 4 deceased people have received reimbursements; one person with capacity has received their's; the department has been appointed deputy by the Court of Protection for one person without capacity and payment has been made, all other repayments are awaiting the appointment of a deputy in order for the payments to be made.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 This paper provides a progress report on the work undertaken to proceed with reimbursing sixteen individuals who were identified as eligible for a payment following a decision by Cabinet on 14 January 2010. Twelve of these people who currently use services are still alive and four people are now deceased.
- 1.2 Each of the twelve individuals had been provided with an advocate, ten with Wirral Mind, one with Mencap and one with Advocacy in Wirral.

2 Reimbursement Task Force

- 2.1 A task force meeting has been held regularly since February 2010 in order to the review progress with advocates on individual cases and discuss any issues. The meetings have been attended by advocates, Weightmans Solicitors and Council staff, including individuals from finance, welfare benefits and operational services.
- 2.2 Reimbursement has been paid to one of the twelve individuals in July 2010 who had capacity.

- 2.3 Reimbursement has been paid in respect of one individual who did not have capacity. In this case the Director of the Department of Adult Social Services has become deputy in the absence of anyone else able or willing to do so, and the payment has been made to the deputy in December 2010.

3 Office of the Public Guardian

- 3.1 Where issues of capacity have arisen in relation to making payments for reimbursements, the department has liaised with the Compliance and Regulation Unit of the Office of the Public Guardian to agree the actions to be taken on those cases. They advised to complete capacity assessments on all individuals and where they do not have capacity an application should be made to the Court of Protection. If they do have capacity then the reimbursement can go ahead to the individual.
- 3.2 The department will make the applications to the Court where there is not an appropriate person able or willing to do so, such as a family member.
- 3.3 Initial capacity assessments have been completed for all twelve individuals and they are currently at varying stages:
- One person did have capacity and has been reimbursed in July 2010
 - One person did not have capacity, confirmed by their GP. The department applied to the Court and deputyship was granted in November 2010. Reimbursement was paid to the deputy in December 2010.
 - One person who did not have capacity confirmed by their GP and the department applied to the court of protection. The order has now been granted for the DASS to act as deputy. The reimbursement payment will now be made without further delay.
 - Six people did not have capacity, confirmed by their GP. The department has applied to the Court for deputyship and is awaiting the outcome for five people. An order for one individual has been received and this should mean that the department is able to make this reimbursement payment in the New Year.
 - One person did not have capacity and we are awaiting confirmation from the GP. If the GP agrees then the department will apply to become deputy.
 - Two people do not have capacity, confirmed by GP and their relatives are applying to the Court to become deputy.
- 3.4 Where applications have been made to the Court of Protection, the department expects these five applications to be completed by the end of January after which reimbursements can be made without further delay. This will leave three applications to be progressed following the decision from the GP and the applications to become deputy being made by the relatives.

4 Contact with the individuals and their relatives

- 4.1 Letters were written to the families of those affected by re-imbursements in August 2010. An update was given in relation to applications to the Court of Protection. Families were invited to contact relevant people in the department with respect to the role of the deputy. The department agreed to become deputy for ten of the twelve individuals.
- 4.2 For the two relatives who wished to become deputy, the relevant personnel within the department were made available to explain the process and to assist with the completion of the forms.

5 Advocacy Involvement

- 5.1 The advocates have continued to work extensively with the individuals concerned, completing best interest assessments and working with other relevant people including families and key workers. One advocate terminated his involvement in December 2010 with one individual, so alternative advocacy services have been offered.
- 5.2 The advocates will continue to be involved after the repayments are made to ensure that the reimbursement monies paid will be used in the best interests of the individuals. The advocates have reported positively on the support provided to the individuals and the care they receive.

6 Future Progress

- 6.1 Progress in making payment for the remaining individuals is dependent on the progress of the applications to the Court of Protection but with all the preparatory work now completed by the advocates, once orders have been made by the Court, reimbursement can proceed without delay.

7 Project Closure

- 7.1 Once all the individuals are reimbursed, this project will be closed. An estimate of final time scales would be to make all reimbursement payments by 31 March 2011, contingent on the orders being made by the court of protection
- 7.2 The work completed as part of this project would ensure that if there were any further monies to be paid to the individuals involved this could be progressed without further delay.

8 Financial Implications

- 8.1 The total cost of reimbursement is £243,460. To date £86,885 has been paid. At Cabinet on 14 January 2010 it was agreed to provide the sum of £243,000 to meet the cost of the reimbursements.

9 Staffing Implications

9.1 There are none.

10 Equal Opportunities Implications/Health Impact Assessment

10.1 This issue has concerned the fairness of the Council's charges to a group of people with learning disabilities.

11 Community Safety Implications

11.1 There are none.

12 Local Agenda 21 Implications

12.1 There are none.

13 Planning Implications

13.1 There are none.

14 Anti Poverty Implications

14.1 Part of the concern with previous practice was the impact on individuals with capital resources.

15 Social Inclusion Implications

15.1 The objective of supported living schemes is to enable disadvantaged individuals to have more independence and integration in the community.

16 Local Member Support Implications

16.1 The houses concerned are in Moreton Ward.

17 Health Implications

17.1 None as a result of this report.

18 Background Papers

18.1 Previous reports to Committee and Cabinet

18.2 Letter received from the Office of the Public Guardian

19 Recommendations

That;

- (1) The report be noted.
- (2) The Committee is informed when the final reimbursement payment has been made.

HOWARD COOPER
Interim Director of Adult Social Services

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE:
18 JANUARY 2011

JOINT REPORT OF THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES
AND THE DIRECTOR OF CHILDREN AND YOUNG PEOPLE'S DEPARTMENT

TRANSITION SERVICES - UPDATE REPORT

Executive Summary

This report provides an up-date to Committee Members of the Development and Progress of Transition Services following the agreed formation in January 2010 of a joint Social Care Team of both Children and Adult Services staff to improve the experience of young people with learning disabilities as they move from children's into adult services. A previous report was submitted to the Children's Overview and Scrutiny committee on 2 June 2010 on this topic.

The new team, based within the Dept of Adult Social Services at Westminster House, supports joint planning from the age of 14, have taken on the majority of social care casework responsibility from the age of 16, and continue a role until an appropriate point in the young person's life to pass onto a relevant service within the authority.

Significant links have been established and developed with key partner agencies across the authority which is seen as further consolidation of a holistic service for young people with learning disabilities living in Wirral.

This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 Transition for young people with a disability has been highlighted as an area of concern by the Government over a number of years. Transition will always be a time which provokes anxieties for young people and parents due to the fact that it involves changes in expectations of services and the people who will offer support. There are differences regarding the eligibility of people for services due to the different legislation under which services for children and adults are provided; without effective transition processes, there is the potential for difficulties to arise as expectations of families exceed the skills and resources available.

- 1.2 Valuing People Now (2008) recommended that each local area has a multi-agency transition strategy. The guidance defines disabled children as including young people with special educational needs in its broadest terms as those young people who receive support at a school action and action plus level besides those in receipt of a statement of special educational needs. Transition Guidance was produced on behalf of the Government by the Council for Disabled Children in 2008. (Department of Children, Schools and Families/Department of Health transition guides : (*A transition guide for all services and Transition: Moving on Well.*)
- 1.3 The National Transition Support Team (NTST) have, over the last three years, been monitoring how the Council, NHS Wirral and other key partner agencies are working together to improve multi agency working, on behalf of the Government.
- 1.4 In December 2009 the Council completed a second Transition Self Assessment Questionnaire which allowed us to illustrate progress this authority had made to extend expectations of partnership working and engagement with parents and young people. It is evident that for disabled young people and their families to experience positive support during transition, a wide range of agencies, departments and processes need to work together effectively. Wirral was placed nationally within the second of three categories of 'satisfactory development' and received a financial support package of £25k in 2010 to further our development, plus a consultative support member from the NTST to assist our work and those of our neighbouring NW Authorities.
- 1.5 Self Assessment Questionnaire 3 has now been completed and submitted in December 2010 but excludes further financial reward ahead of the NTST ceasing to exist as from April 2011. The report was able to portray significant multi-agency developments within this authority and it is hoped will improve our standing nationally at the conclusion of the support programme.
- 1.6 The service development proposals placed before committee twelve months previous were seen as a first step towards a more integrated model and to provide social care support for young people with Learning Difficulties. During this initial year, it is suggested, these aims have been met and surpassed with personnel from Children and Young People's Department, Department of Adult Social Services, Connexions and Health input from Benefits Advisors, Housing and Employment working closely together. It remains a longer term vision for the service to collectively be sited within the new build Special Needs College on the Twelve Quays campus.
- 1.7 The ambition for the service is to aspire to the best support that enables young people to achieve as independent a life as possible as they move into adulthood.

“We are talking about the future, which wasn’t happening before” - parent of a 16 year old attending a Wirral Special School.

2 Current Service Activity

- 2.1 A revised Transition Protocol is to be launched in January 2011. This followed extensive discussion with all agencies working with young people in transition and consultation with young people and their families. The final consultation with Strategic Managers across all partner agencies will complete this process for publication. The new Protocol will aim to reflect the development of Personalisation into the lives of young people. As part of the improved planning contained within the protocol an Operational Group was developed in 2008 to meet monthly, tasked with ensuring young people are being tracked through transition effectively. The success of this group has led to continued reports of significant improved performance within the Annual Performance Assessment.
- 2.2 The strategic planning group, responsible for the protocol publication, has recently extended its membership in line with additional partners suggested by the NTST to include Housing, Leisure Services, young person representation and additional parental involvement
- 2.3 A Pathway Plan has been devised to assist young people and their parents, produced in an illustrative and easy to understand format, portraying the transition process as reflected in the protocol. This has received regional and national acclaim through the NHS North West Inspection Team who have recommended projection nationally and the National Chair of Learning Disability Partnership Boards. Members may wish to view the Plan which will be on display in the Wallasey Town Hall and will be circulated around schools and key venues throughout the year.
- 2.4 Health Action Plans have been revised and developed to be used extensively and act as a health passport for young people with a disability; a roll-out programme of their use for all ‘statemented’ young people is currently being progressed via schools and annual medicals. In addition improved links are now in place within NHS Wirral for adult health support for young people on reaching adulthood with Community Matrons taking case responsibility from 18, a development in recognition to improved health services and life expectancy.
- 2.5 As a consequence a more rigorous appraisal of appropriate responsibility for funding of support packages is now in place across both children’s and adult services with resultant overall savings for Social Care.

- 2.6 A co-ordinated link has been established between Fieldwork Services, Schools and Connexions with Adult Day Service Providers to provide information to parents, young people and staff of the range of service provision available for those entitled to a service. The link co-ordinator, attached to the Transition Team, under the direction of the Team Manager, has been able to organise attendance at young people's annual education reviews and introduce them to potential services. This has been met with huge enthusiasm by schools and parents.

"I was reluctant to go and see what was out there but was encouraged to by my son's Headteacher – brilliant, so glad I did." Parent.

It is hoped to produce a DVD to further aid illustration of services early in 2011 which will open access to many more families as they plan for their future, offering greater choice and control.

- 2.7 Annual education reviews for young people have been significantly developed using a Person Centred Plan approach, involving young people and their families to achieve a much improved system to plan more effectively for their future and deliver improved outcomes around choice and control. Following a training programme financed through the Learning and Skills Council in 2009 of appropriate school and local college staff, there has been a significant roll-out programme across Special Schools during 2010; this has been supplemented this year from the NTST funding to run Parent Awareness Courses that have engaged parents in a better understanding and participation in their child's future planning.

"The course has been really good. I started not knowing what I was coming to and am leaving having learnt so much about planning for child X's future. The six days were just right to fit everything in and I didn't feel it was too drawn out or squashed in. P and T (facilitators) have done an excellent job and I think it definitely made a difference that they are parent carers". Parent and course participant.

- 2.8 Improved communication and consultation with young people has been achieved through our Advocacy Services based with WIRED. Young people have been engaged in consultation both in schools via arranged meetings, the development of School Councils and in local youth groups and club environments. Opportunities are being sought to continue this programme to have inclusion of young people representation at strategic meetings but as a minimum to have advocates attend to represent views expressed.

- 2.9 Active involvement has been achieved through young peoples inclusion in the now established monthly 'Disability Issues Radio Programme' in our association with a local community radio station, which actively highlights transition issues on each programme whatever the subject matter. Topics planned for this year will include housing, employment, training and further education opportunities. Members may wish to listen to recent programmes via the web site of Seven Waves Radio.

- 2.10 Links with our council Housing Dept and Housing Providers has been an encouraging development over this past year and a clear link for transition with the Housing Strategy in development. Tangible outcomes have been achieved with two significant groups of families moving towards implementation of Supported Living with secured properties and providers showing a much greater awareness and willingness to identify suitable properties for young people given early identification through transition.
- 2.11 Transition Services has been given a clear remit in responsibility for those young people attending residential college. As a consequence significant developments have been made with our partner agencies over the past twelve months to an achievement that young people and their families have a clear knowledge and feeling of support from this authority whilst away at college.

Over the past two years all partner agencies have been committed to promote local further education facilities, only supporting independent options when appropriate; the result has seen a dramatic decrease in numbers of our young people going to residential colleges from 16 returnees in July 2010 to a probable 2 to be supported in application for September 2011.

“Having started at Wirral Metropolitan College this year we now have a future where we as parents have a life as well as the young person” – Parent.

For those currently away at college families are aware that Transition Services are there to offer support when necessary having been invited to join professionals in a relaxed meeting during 2010, which will be repeated in 2011. All second and third year students have an allocated Social Worker and a Person Centred Plan is in place for their wishes on return to the Wirral.

- 2.12 As indicated above, the NTST awarded Wirral a further Transition Budget from the completion of the second Self Assessment Questionnaire. Significant projects funded from this award have included:

- Production of Transition DVD; this will be finalised for circulation in January 2011 and will be embedded in an ‘e-book’ on our web sites of ‘Teen Wirral’ and ‘i-choose Wirral’
- A Directory of Services – this includes case studies and useful additional information for young people and their parents; this has already been placed on our web sites as well as hard copies available for circulation
- Transition Information Packs – these are being circulated to schools and across agencies for wide circulation
- Person Centred Planning – Parent Awareness Training

- Local 'Parent Led' Transition Conference – this has produced significant information directly from parents that is assisting to formulate current and future policy direction and led directly to funding commitments of this budget.

3 The Transition Team

- 3.1 The Social Care Team comprises a Team Manager, two qualified Social Workers from Children's Services plus two qualified Social Workers and one unqualified post from the Department of Adult Social Services. Direct line management responsibility is provided from the DASS Service Manager, where the team is located with management availability from CYPD as necessary. A joint departmental protocol is being developed to ensure that there are robust management and governance arrangements to cover child protection and vulnerable adult concerns.
- 3.2 During this first 12 month period development has progressed to encompass all staff taking case responsibility for both Children's and Adult Transition cases; this means that a young person moving through their transition will not have a change of Social Worker at a key time in their life which previously was the case. To do so training is being provided on key elements such as Child and Adult Protection, Looked After Children and Information Technology and has the support of Senior Management across both Departments.
- 3.3 A further responsibility for the service are those young people with a disability who are in or recently left the care of the Local Authority; a service as part of the Pathway Team for these young people is provided through part time post.
- 3.4 From April 2010 all young people moving through their transition have been assessed using the new Adult Services assessment process as part of the pilot study for Personal Budgets. Now a fully rolled out programme across Adult Services, staff are becoming more skilled in working with families to produce their 'Support Plan'. These plans allow an improved reflection of young people's wishes and ambitions and those of their family with increased opportunities available to them and an ability to deliver improved outcomes, increase choice and control and for young people and their families to make a positive contribution.

"As a parent I really did feel involved and in control of the process working alongside my Social Worker; as a family we all got involved in planning for the future and are all happy with our outcomes". Parent.

- 3.5 It is hoped the experience of this process within the Transition Team will now be used to good effect within Children's Services as initial pilot studies are undertaken; proposals are being considered for all those approaching the service at 16years of age can be assessed for a Personal Budget which would hopefully aid their transition between the two departments.

- 3.6 It should be stressed that in addition to the Social Care element of the team all key partner agencies have identified key staff to participate and contribute to a Transition Service development at both Strategic and Operational level. This has led to an overall improved service for young people moving through their transition.

4 Communication / Activities / Publicity

- 4.1 Transition Services have actively been involved in a range of events, presentations, consultations and support meetings. This has been on both a local and regional basis.

- 4.2 A third “Your Future, Your Choice” information event was arranged in November, held at the Floral Pavilion, with close co-operation between staff from Social Inclusion and Social Care branches of the Council, Connexions and NHS Wirral. The event has been seen as a major success in sharing information to young people and their carers and to assist them in making choices and decisions regarding their futures. Attended by over 600 young people, parents, carers and professionals it is hoped this can continue as an annual event having attracted local, regional and national acclaim for both the event and associated materials produced.

Funding to allow this event to continue will need to be considered; to date funding has been provided by the Learning and Skills Council which ceased to exist in April 2010. It is hoped a financial commitment can be made across all partner agencies despite the current economic climate and will receive committee support.

- 4.3 Regional Transition Programme Event – Wirral was recently asked to present to the regional group as an example of good practice our work as a ‘multi-agency working model of transition practice’. A well received presentation was made by the Team Manager and NHS colleague Co-ordinator. The working model presented was recently recognised and received a national nomination at an awards ceremony held in London run via the NHS in association with a National Health Journal.
- 4.4 Transition Services are now regularly invited to attend the Parents Evenings at all Secondary Special Schools and attend with a range of agency representation. In addition invites are received to attend various parent support group meetings both in school and local community; very positive feedback has been received.

5 Financial Implications

- 5.1 There are no financial implications associated with the establishment and continuation of the Transition Team; as reported previously these are already Children's and Adult Social Services employees who are now co-located in the Westminster House Office. The Team is delivering an improved joined up service which has improved the efficiency and effectiveness of services for older young people as they transition into adulthood.

6 Staffing

- 6.1 Current staffing continues as previously detailed of Team Manager, 2 Social Workers and 1 part-time assistant from Children's Services, whilst Adult Services contribute 2 Social Workers and 1 Support Officer.
- 6.2 The service is hosted by the Department of Adult Social Services and Line Management Responsibility now lies with the Adult Learning Disability Service Manager.

7 Equal Opportunities Implications/Health Impact Assessment

Social care services are provided to the most vulnerable people in the Borough. Services are provided following a fair and open assessment process and improvements in the transition process will enhance the life opportunities of young people with disabilities.

8 Community Safety Implications

Social care services assist in managing risks appropriately and therefore enable people to maintain their independence safely within the community.

9 Local Agenda 21 Implications

None arising from this report.

10 Planning Implications

None arising from this report.

11 Anti Poverty Implications

None arising from this report.

12 Social Inclusion Implications

Improvements in the transition process will ensure that young people's needs to maintain independence and take an appropriate part in their local community are addressed.

13 Local Member Support Implications

People who use social care services live in all parts of the Borough.

14 Background Papers

- **A Transition Guide for all Services** – a view of all the services that need to work together to ensure appropriate support for disabled young people life.
- **Transition: Moving on Well** good practice guide on effective transition from children's to adult services for young people with complex health needs.

Both can be viewed and downloaded from

<http://www.dcsf.gov.uk/everychildmatters/resources-andpractice/IG00322/>.

15 Recommendations

- 15.1 That Overview and Scrutiny Committee note the content of this report, and continue their support of the Transition Services Team and its future development.

HOWARD COOPER
Interim Director of Adult Social Services

Case Studies: Taken from 'Your Future Your Choice' Directory 2011

1. BG

Hi, I'm BG; I'm 16 and I am currently on a Foundation Learning Programme leading to an Apprenticeship in Motor Vehicle Engineering with Rocket Training.

Whilst at Claremount School I did my work experience at Rocket Training in MVE. I worked in the workshop, learning basic skills and also in the classroom, learning about health and safety. I enjoyed this so much I decided to apply for an apprenticeship when I left school. I had my first interview with the recruitment team leader, who advised the best way for me to go forward was through the Foundation Learning route which could then lead me to an apprenticeship in MVE.

The FL Programme gives me the support I require to build up my skills and knowledge in English, Maths, ICT and preparation for work. I can work at my own pace and complete units leading to qualifications that are relevant to MVE.

My basic skills in Maths and English were low but through workbooks I can complete at home and through support in the classroom and the friendly atmosphere at the centre, I have now improved.

I am glad I followed the advice as I am able to study towards my aim, which is to become a mechanic.

2. EL

19yr old E has Down's Syndrome and has just left Special School.

E started at Sainsbury's in 2008 on Work Experience from school; she continued her work experience and grew in confidence, proved herself as a valuable member of the team and was offered employment for two days a week as a Checkout Operator. E attends Wirral Met College 3 days per week. E received Travel Training whilst at school to help her get to and from work independently. Sainsbury's have assigned a member of staff as E's mentor and they get on really well. Sainsbury's are exceptionally supportive but treat E like any other employee and say she is a valued member of the team.

3. BJ

BJ is a young man with complex learning and physical disabilities. He attended a specialist school prior to his local college. He and his family require support from a range of providers to enable him to be as physically fit as possible, to access local services and to develop and learn new skills. He has some support at home to get him out of bed and ready for his day. BJ is now also swimming on a regular basis, attending college, accessing transport and is happily living at home. With this range of support in place, his parents are in a stronger position to support him effectively at home. He is encouraged to embrace his cultural background and to undertake new challenges.

4. CS

My name is C; I'm 20 yrs of age and I have just moved into my own flat. Before this I was in care then moved to a supported family placement where I learned lots of skills to help prepare me for living in my own flat.

I learnt how to travel by myself on public transport and this was a massive achievement and allowed me to have lots of choice and control over my life. I have my own bedroom, kitchen and bathroom, I even have my own small garden; I love the garden and I have already bought furniture and a BBQ ready for next summer.

I was a little bit nervous before I moved in as it was such a big step for me but I am really enjoying myself. I have lots to learn and I am always busy. There is always someone on site to help me if anything happens and I have individual support to help me with cooking, shopping and managing my money, but I am being encouraged to become independent and develop important skills for my future.

I have strong links with the local community and I spend lots of time with my family close by.

I go to Wirral Met College three days per week and I travel there myself. I am studying Skills for Working Life, because one day I would like to have a job.

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
18 JANUARY 2011

REPORT OF THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES

COMMISSIONING AND PROCUREMENT FROM THE VOLUNTARY SECTOR

Executive Summary

This report outlines the proposals for commissioning and procurement from the voluntary sector. This item falls within the Social Care and Inclusion portfolio.

1 Background

- 1.1 The voluntary, community and faith sector is central to the provision of services to vulnerable people which promote wellbeing, reduce the risk of deterioration in an individual and which help to maintain independence at home. Within Wirral, the sector has held this position for many years.
- 1.2 Recent government policy emphasises the role of the voluntary sector within communities, as offering opportunities for meaningful occupation, and as a means of service delivery.
- 1.3 Since 2007, the emphasis on personalisation within Adult Social Services means that individuals have more choice and control over the services they receive. At the same time there is a shift towards early intervention and prevention, which includes the provision of information and advice so that people are fully informed to make choices, and practical support which can be accessed without first undergoing an assessment of need. These elements of the personalisation agenda may well deflect individuals away from more formal community care services or delay the need to ask for and receive costed packages of care.
- 1.4 The Department of Adult Social Services has a commitment to the voluntary sector of £2,137,000.14 in 2010/11. Services range from luncheon clubs through to advocacy, information and advice, through to support services for people with substance misuse, through to day care for older people. Many of the contracts have been in place for a number of years.

- 1.5 Developments within Adult Social Services over the past several years away from direct care provision seem set to continue. To date, the opportunities offered by such developments have been taken up by the independent sector. However, there is a drive to make better use of the voluntary, community and faith sector in the area of care provision. In order to do this, the Department needs to make use of intelligence gained by analysing need, tracking the current levels and patterns of service and forecasting trends to commission from the voluntary, community and faith sector.
- 1.6 In order to build the market within this sector, there may need to be some development work and also an approach to procurement which takes account of the role that voluntary agencies play in the life of local communities.
- 1.7 The Commissioning and Procurement Sub-Group of the Comprehensive Engagement Strategy has provided a vehicle to establish a set of principles by which the voluntary sector services will be commissioned and to deliver a framework in which there is a clear rationale for the commissioning and procurement of voluntary sector services. The Commissioning and Procurement Sub-Group is made up of senior representatives from several Local Authority Departments, NHS Wirral and Voluntary and Community Action Wirral.

2 Framework for Commissioning

- 2.1 An Early Intervention Strategy for Wirral was agreed by Cabinet in July 2010. This follows the principle that at every stage of a person's life, there is the possibility of making sure that they stay well or, if they have a long-term condition or illness, that they do not deteriorate more quickly than they would if there was no intervention, or that they can be maintained in their own home for as long as possible, including up to their death. The Strategy is an essential part of the transformation agenda for social care and is primarily aimed at older people and people with a disability.
- 2.2 The model for early intervention is split across seven themes:
- Building Communities
 - Citizenship
 - Healthier Communities
 - Information and Advice
 - Practical Support
 - Enablement
 - Maintaining Independence
- 2.3 It can be used in a variety of ways to help establish where the gaps in funding exist or where particular population groups are not receiving attention, or to increase targeting of resources: for example, in tackling health inequalities. The themes are cross referenced with population groups, e.g. older people, carers, people with a learning disability, unemployed people (the Framework is attached in Appendix 1).

2.4 Therefore, although the themes were developed primarily for social care, there is applicability across a wider area of possible commissioning.

3 Progress

3.1 A set of principles based on good practice, the Compact and the aims and objectives has been established (please see Appendix 2 attached).

3.2 A timetable has been established, which is currently mapping all services delivered and funded by NHS Wirral and/or the Local Authority against the Early Intervention Framework.

3.3 In order to make sure that stability is maintained in the sector while the process is carried out, the proposal is to roll forward all voluntary sector contracts into 2011/12, in accordance with the Cabinet resolution of 9 December, in which all voluntary sector contracts will be renewed until the end of June 2011.

3.4 The following priority areas have been identified as those which will be targeted in the first instance:

- Information and Advice
- Practical Support
- Healthy Living

3.5 The three areas are all central to the “Vision for Adult Social Care: Capable Communities and Active Citizens”, a document which sets out ‘over-arching principles for adult social care and gives context for future reform’ (Department of Health 2010).

3.5.1 This means an approach whereby commissioning priority for future need is established. After discussions with Voluntary Community Action Wirral, the decision was taken to concentrate on the above three areas rather than try and address all of the voluntary sector services at once. Several organisations will provide services across the range of seven themes of the Early Intervention Strategy and this could cause confusion and unsettle whole organisations unnecessarily.

3.5.2 Notice has been served by the provider of two practical support services, which are long-standing and grant-aided; this affords an opportunity to re-examine how these services will be needed in the future and to clarify the target group.

3.5.3 There is an outstanding review of luncheon clubs from 2008 which will need to be completed.

3.5.4 A recent draft strategy on Information, Advice and Advocacy demonstrated the importance of these areas in any future provision of services.

3.5.5 The Public Health Department is taking the opportunity to review existing contracts within this framework.

- 3.6 A workshop for the community, voluntary and faith sectors on this approach (18 November 2010) has taken place and has been well received.
- 3.7 The original intention of the approach was to bring together all of the funding to the voluntary sector from the NHS and Council Departments, which are aimed at people over the age of 18. However, the recent White Paper for Health “Equity and Excellence: liberating the NHS” means that there will be significant changes to the way in which services are commissioned by the NHS. At this stage, therefore, the proposal will concentrate on voluntary and community services commissioned and procured by the Local Authority and, in particular, the Department of Adult Social Services.

4 Conclusion

- 4.1 The role of the community, voluntary and faith sector is central to maintaining the welfare of people in Wirral, particularly the most vulnerable.
- 4.2 It has, however, been reliant on short-term and sometimes uncertain funding. It has not enjoyed the same level of contractual arrangements as other organisations in the private sector. Many of the arrangements are long-standing and historical with a few monitoring arrangements in place. The sector is grant-funded for the most part, and while this may be suitable in some areas, there are others which may need to move to a different basis.
- 4.3 Current arrangements are not efficient or effective and statutory organisations are not always aware of each other’s funding arrangements. The Commissioning and Procurement sub-group will address and resolve these issues.

5 Financial Implications

- 5.1 The Department of Adult Social Services has a financial commitment to the voluntary sector of over £2 million in 2010/11. Internal Audit are currently undertaking an audit of all funding from every Department and this will be used to clarify the total amount of funding into this sector by the Local Authority.

6 Staffing Implications

- 6.1 There are no staffing implications.

7 Equal Opportunities Implications/Health Impact Assessment

- 7.1 Funding to the voluntary and community sector is aimed at the most vulnerable people in Wirral, either through age or disability or who are socially excluded in other ways.

8 Community Safety Implications

8.1 There are no community safety implications from this report.

9 Local Agenda 21 Implications

9.1 The report has relevance to Strategic Issue 4: healthy people, safer places and Strategic Issue 5: a caring environment for everyone, including the provision of equal access for all to information, people and services.

10 Planning Implications

10.1 There are no known issues arising from this report.

11 Anti Poverty Implications

11.1 Voluntary, community and faith sector organisations are central to the uptake of information and advice which reduces the risk of poverty.

12 Social Inclusion Implications

12.1 Voluntary, community and faith sector organisations are central to social inclusion, providing opportunities for volunteering and meaningful occupation, as well as for service delivery.

13 Local Member Support Implications

13.1 This report covers Wirral-wide services.

14 Health Implications

14.1 The principles of healthy living are a key element of the approach to commissioning and procurement from the voluntary sector.

15 Background Papers

15.1 An Early Intervention Strategy for Wirral; Cabinet Report, July 2010

16 Recommendations

- (1) That the framework for commissioning and procurement from the voluntary sector is adopted by the Local Authority.
- (2) That the principles of commissioning from the voluntary, community and faith sector are adopted by the Local Authority.
- (3) That, following Cabinet resolution of 9 December, all Voluntary Sector contracts be renewed until June 2011.

HOWARD COOPER
Interim Director of Adult Social Services

EARLY INTERVENTION AND PREVENTION FRAMEWORK FOR COMMISSIONING AND PROCUREMENT FROM THE VOLUNTARY, COMMUNITY AND FAITH SECTOR

Target Group	Citizenship	Building Communities	Healthier Communities	Information and Advice	Practical Support	Enablement	Maintaining Independence
Older People							
People with physical disability or long term conditions							
People with mental health needs							
People with a learning disability							
People with substance misuse challenges							
Carers							
Areas of deprivation							
Unemployed people							
BME Communities							

PRINCIPLES OF COMMISSIONING & PROCUREMENT FROM THE VOLUNTARY, COMMUNITY AND FAITH SECTOR

- ◆ Understand the needs of users and other communities by ensuring that, alongside other consultees, we engage with the voluntary, community and faith sector organisations, as advocates, to access their specialist knowledge, and involve the voluntary, community and faith sector in setting priority outcomes for users.

- ◆ Ensure that outcomes for users are at the heart of the strategic planning process, which includes capacity building for provider and communities, where appropriate.

- ◆ Map the fullest practical range of providers with a view to understanding the contribution they could make to deliver those outcomes.

- ◆ Ensure contracting processes are transparent, fair and streamlined, facilitating the involvement of the broadest range of suppliers, including sub-contracting and consortia building, where appropriate.

- ◆ Ensure long-term contracts are given, where possible, as a means of achieving efficiency and effectiveness.

- ◆ Seek feedback from service users, communities and providers in order to review the effectiveness and impact of the commissioning process in meeting local needs.

- ◆ Priority will be given within the procurement process to organisations and services which can demonstrate added social value.

- ◆ Develop innovative approaches to commissioning and procurement, including pooling of resources, where possible.

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SCRUTINY PROGRAMME BOARD 26 OCTOBER 2010

32. SCRUTINY TRAINING

Further to minute 21 (20 September 2010), the Director of Law, HR and Asset Management reported that the Member Training Steering Group had agreed that training for all Overview and Scrutiny Committee Members was a priority and that Dr Stephanie Snape, Research Director of the English Regions Network Research & Development Programme at the Institute of Governance & Public Management, University of Warwick, should be commissioned to provide it. Dr Snape had provided Wirral with training a few years ago and refresher training was seen as best practice. The cost of training by Dr Snape was £824 and could be open to all Members of the Council. The Democratic Services Manager presented Dr Snape's short CV, together with examples of past and present work she had undertaken in relation to scrutiny.

However, at the Informal Overview and Scrutiny Workshop (see minute 31 ante), Members had considered the proposed training arrangement. In the light of comments made by Members at the workshop, guidance was sought on how to proceed. Members commented specifically that it would be more cost effective for scrutiny training to be provided in-house. Members recognised the need for continued learning and expressed the view that Wirral should adopt best practice from other forward thinking and progressive local authorities. Members referred to the scrutiny of health from 2011 and referred specifically to the successful external scrutiny developed by Kirklees Council.

Although Members regarded the health scrutiny training requirement as being a matter for the Health and Well Being O&S Committee, they expressed the view that an overview for all Members of the Council could be provided by the Director of Public Health.

Members referred also to minute 19 (20 September 2010), which indicated that no further action should be taken in relation to improving the scrutiny function until the outcome of the deliberations by Group Leaders was known and the matter considered by the appropriate Committee.

Resolved –

(1) That in-house scrutiny training be provided on a political group basis, by the Scrutiny Support Officers, to be based on the I&DeA document 'A hard nut to crack? Making overview and scrutiny work' produced by Dr Snape.

(2) That the Democratic Services Manager be requested to present a report to the next meeting of the Board upon research undertaken into the external scrutiny function at Kirklees Council, with a view to a visit to Kirklees by Board Members.

(3) That the Director of Law, HR and Asset Management be requested to ascertain from the Group Leaders the outcome of their deliberations in relation to the scrutiny function and report his findings to the next meeting.

(4) That the Health and Well Being Overview and Scrutiny Committee be requested to invite the Director of Public Health to provide an overview of health scrutiny and to invite all Members of the Council to attend.

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.

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 (These are all reports which have been outstanding for some time)	
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	<ol style="list-style-type: none"> 1. A report on progress on payments to clients as identified in PIDA 	<u>Report to JAN Meeting</u>		
9 th SEPT.	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 3. The visit to talk to young people coming up to transition. 			
9 th Sept	<ol style="list-style-type: none"> 4. Progress to single sex wards - follow up report. 	<u>Report to MARCH Meeting</u>		

9 th Sept		<p>5. Explore the offer of training to members by NICE</p> <p>The Committee received an update on its work programme, which included the proposed outline meeting schedule for the current municipal year. The Chair referred to the report on Homelessness and Health which would now be brought to the January meeting.</p> <p>In addition to items already on the programme, the following items were added:</p> <ul style="list-style-type: none"> ▪ A report on the impact of the Government's Comprehensive Spending Review and funding allocation for Wirral's Adult Social Services (January meeting). ▪ A report on the number of applications for severance / EVR and how it would affect the Department (January meeting). ▪ Follow up report on alcohol related hospital admissions (March meeting). <p>The Chair referred to the CQC Working Group which would report back to the Committee in January and also that the Domestic Violence Panel had held its first meeting and would be meeting again at the end of November.</p> <p>Resolved – That the report and additions to the work programme be noted</p>	Member Support		
1 st NOV	Alcohol Related Hospital Admissions	<p><u>Officer Report to Nov Meeting</u></p>	<p>Minutes:</p> <p>The Director of Public Health submitted a report on the NHS Wirral Alcohol Programme which aimed to address alcohol-related harm, improve access to alcohol treatment services and reduce alcohol-related admissions.</p> <p>The programme sought 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:</p>		

			<p>Delivering developments in primary care screening and brief intervention</p> <ul style="list-style-type: none"> ▪ 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 <p>The report included comparative data with neighbouring authorities and figures showing that the rate of admissions was slowing down.</p> <p>Responding to comments from Members both the Director and Dr Mukherjee stated that there was no doubt of the health effects of hazardous and dependent alcohol use leading to gastro-intestinal diseases, liver disease, cancer and cardio-vascular disease. They emphasised the need to make people aware of the dangers of alcohol abuse and of initiatives to reduce alcohol dependence.</p> <p>The Chair suggested that a follow up report could be brought to the March meeting of the Committee.</p> <p>Resolved – That the report be noted and a further report be brought to the March, 2011 meeting of this Committee.</p>	<p>1st NOV</p>
	<p>VCAW "Out of hospital Scheme"</p>	<p><u>Officer Report to Nov Meeting</u></p>	<p>Minutes:</p> <p>The Chair informed the Committee that Karen Prior from Voluntary and Community Action Wirral had sent her apologies as she was unwell and unable to attend the meeting.</p> <p>The Committee received a quarterly report from Voluntary and Community Action Wirral (VCAW) on the 'Home from Hospital' service which during the months of July to September, 2010 had received 163 referrals.</p>	

			<p>These had resulted in 430 contacts, a contact being a home visit and a check that the client was alright.</p> <p>The Committee expressed its congratulations to VCAW for this valuable service and the Chair requested information on the possible capacity to extend the service further and of how much awareness there was of the service.</p> <p>Resolved – That the report be noted and the information on the service be requested from VCAW</p>	
<p>1st NOV</p>	<p>Your Reason, your way- reducing smoking campaign.</p>	<p><u>Officer Report to Nov Meeting</u></p>	<p>Minutes:</p> <p>The Director of Public Health submitted a report on the social marketing campaign, 'Quit Stop Wirral' which, in addition to the Stop Smoking Service, targeted smokers from deprived areas and those with routine and manual occupations who would not normally engage with NHS services. She gave details of the campaign which had so far engaged with 2389 people, 60% of whom were from areas of deprivation and responded to comments from Members.</p> <p>Resolved – That the report be noted.</p>	
<p>1st NOV</p>	<p>Contracts for Personal Support</p>	<p>Report from Mike Fowler to NOV Meeting</p>	<p>Minutes:</p> <p>The Interim Director of Adult Social Services submitted a report updating the Committee on progress to develop new outcome based contracts for personal support as part of the transformation of adult social services. These contracts covered Residential and Nursing Home Care, Supported Living and Personal Support provided to people in their own homes.</p> <p>The report focused on the changes to the existing service specifications in the context of managing the market and the broader transformation agenda for Adult Social Services</p> <p>The proposed changes were considered essential to improve safeguarding, value for money and offering more choices for people to enable them to take control over their lives.</p>	

<p>The aim was to have the new contracts in place by 1 April 2011.</p> <p>The Director responded to comments from Members, in particular with regard to one of the current financial pressures being faced by the Council of the increasing number of older people who were previously self-funded and entered residential or nursing home care without a statutory assessment. The Council had no option but to offer financial support to these people when their resources ran out. The new contract would aim to limit this financial risk to the Council by encouraging providers to be assured private payers had sufficient funds to pay for their care for as long as they were likely to need it.</p> <p>Resolved - That the Committee note the progress in developing the new contracts for Residential and Nursing Home Care and Personal Support in people's own homes.</p>								

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.	
A report on the impact of the Government's Comprehensive Spending Review and funding allocation for Wirral's Adult Social Services (January meeting).	Meeting 1 st NOV	Officer report	
A report on the number of applications for severance / EVR and how it would affect the Department (January meeting).	Meeting 1 st NOV	Officer report	
Follow up report on alcohol related hospital admissions (March meeting).	Meeting 1 st NOV	Officer report	

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	<ul style="list-style-type: none"> ▪ Hospital discharge review from Discharge turn around team
1st Nov 2010	<ul style="list-style-type: none"> ▪ Alcohol related hospital admissions
1st Nov 2010	<ul style="list-style-type: none"> ▪ Your reason, Your way. Smoking reduction campaign
1st Nov 2010	<ul style="list-style-type: none"> ▪ VCAW " Out of Hospital Scheme"
1st Nov 2010	<ul style="list-style-type: none"> ▪ Homelessness and Health
1st Nov 2010	<ul style="list-style-type: none"> ▪ Contracts for personal support
1st Nov 2010	<ul style="list-style-type: none"> ▪ Regular performance monitoring report
18 th Jan 2011	<ul style="list-style-type: none"> ◆ Transforming Adult Social Care
18 th Jan 2011	<ul style="list-style-type: none"> ◆ Regular performance monitoring report
18 th Jan 2011	<ul style="list-style-type: none"> ◆ Progress on Transforming Adult Social Services " Options for Change"
18 th Jan 2011	<ul style="list-style-type: none"> ◆ Follow up report on impact , locally, of Govt. spending plans across Health and Social Care
18 th Jan 2011	<ul style="list-style-type: none"> ◆ Follow up report on impact, locally, of Govt plans for future of NHS as they are revealed and progressed

18 th Jan 2011	◆ Phase 3 personal budgets
18 th Jan 2011	◆ 3rd Sector contracts
18 th Jan 2011	◆ Report on payment to claimants indentified as a result of PIDA investigation
18 th Jan 2011	◆ Report on Homelessness and Health will now be brought to the January meeting.
18 th Jan 2011	◆ A report on the number of applications for severance / EVR and how it would affect the Department (January meeting).
18 th Jan 2011	◆ Follow up report on alcohol related hospital admissions (March meeting).
22 nd March 2011	◆ Regular performance monitoring report
22 nd March 2011	◆ Impact of changes to ILF
22 nd March 2011	◆ Progress on achieving single sex hospital wards
22 nd March 2011	◆ At this time we would hope to be able to report on Panel Work on Domestic Violence.
22 nd March 2011	◆ Alcohol Related Hospital Admissions

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
Dementia Review	<p>Councillors Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Tegglin</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) <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. <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>	
<u>2010 - 2011</u> Continuation of Dementia Review	Ann Bridson to continue to Chair the review.		

<p><u>Panel on Domestic Violence</u></p>	<p>Councillors: Maira Mc Laughlin (Chair) Pat Glassman Ann Bridson Cheryl Povall</p>	<p><u>UPDATE DECEMBER</u></p> <ul style="list-style-type: none"> ▪ A Scope Document is agreed. ▪ People from the Public agencies and Voluntary sector have joined the Panel and attend the meetings. ▪ People from within Council have asked to be involved or we have asked them to help with the review. ▪ Panel members have made arrangements for visits to MARAC, the Women's Refuge the Zero Centre, FSU and the Rhyl Centre. ▪ The Panel has met 3 times and has another meeting scheduled for January. 	<p>Report to March 2011 meeting</p>
<p>Sub Group to monitor the Implementation of the Improvement Plan following the CQC Inspection Report.</p>	<p>Councillors: Tony Smith Ann Bridson Geoff Watt</p>	<p>Meeting arranged for Thursday 28th October.</p>	

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire and Wirral Councils' Joint Scrutiny Committee**

held on Monday, 11th October, 2010 at Vauxhall Suite, Ellesmere Port Civic Hall, Civic Way, Ellesmere Port, CH65 0AZ

PRESENT

Councillor D Flude (Chairman)
Councillor P Lott (Vice-Chairman)

Councillors D Beckett, C Andrew, C Beard, A Dawson, J Grimshaw, W Livesley, D Roberts, G Smith, R Thompson, G Watt, B Silvester and J Salter

56 ALSO PRESENT

Councillor C Tomlinson – Cheshire East Council;
Councillor R Wilkins – Wirral Borough Council.

57 APOLOGIES FOR ABSENCE

Apologies for absence were received from Wirral Councillor A Bridson (substitute - Councillor R Wilkins) and Cheshire East Councillor S Jones (substitute - Councillor C Tomlinson).

58 DECLARATIONS OF INTEREST

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude, personal interest on the grounds that she was a member of the Alzheimers Society and Cheshire Independent Advocacy; and
- Councillor D Roberts, personal interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

59 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 12 July 2010 be confirmed as a correct record.

60 OFFICERS PRESENT

Avril Devaney, Cheshire and Wirral Partnership NHS Foundation Trust
Ros Francke, Cheshire and Wirral Partnership NHS Foundation Trust
Dr R Parhee, Cheshire and Wirral Partnership NHS Foundation Trust
Denise French, Cheshire East Council

61 CHIEF EXECUTIVE'S UPDATE

The Committee considered the Chief Executive's update report on the following items:

- Primrose Avenue – following the consultation period the proposals to close Primrose Avenue Respite Unit had been reconfirmed by the Board of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and were to be re-presented to the Cheshire East Learning Disability Management Group on 16 October for reconfirmation. All service users' health respite needs would be reassessed and a needs assessment for carers also undertaken; this process would be done jointly with social care staff. A decision around implementation dates would be taken in November;
- Soss Moss – this former hospital site had now been renamed the Alderley Unit and had planning permission for 45 low secure beds. The CWP Board had confirmed that Dane Ward (a 15 bed low secure service for adult males with mental health needs currently provided from the Millbrook site, Macclesfield Hospital) would transfer to the first building to be constructed which would be a purpose built 15 bed low secure unit. Most patients staying at the unit would be longer term and the environment was more suitable with space for activities and more facilities available. All safeguarding standards had been met. A meeting with local Parish Councils had been held to provide information and answer queries and a further meeting would be held in the new year. It was expected that the unit would be completed by 4 April 2011;
- Medical Director – a jobshare appointment had been made to the post of Medical Director, and Dr Andy Cotgrove and Dr Anushta Sivananthan had been appointed and taken up the post at the beginning of August;
- Annual Report 2009/10 and Annual Plan Summary 2010/13 – this was now available on the website.

RESOLVED: That:

- the update be received;
- a report be submitted to the next meeting of the Committee on definitions of low secure units, the types of services provided and the service users who access such services;
- a visit be arranged to the Alderley Unit in the new year; and
- a progress report be submitted to the next meeting on the integration of the Assertive Outreach Function into Community Mental Health Teams.

62 28 RISELEY STREET, MACCLESFIELD - DECOMMISSIONING OF LEARNING DISABILITY RESPITE SERVICES

The Committee considered a report on a Level 2 Substantial Development or Variation in Service. The proposal was to decommission learning disability respite services currently delivered at 28 Riseley Street, Macclesfield.

The Central and Eastern Cheshire Primary Care Trust (PCT) had notified CWP of a reduction in income and in order to manage this reduction had worked with CWP to evaluate all services commissioned by the PCT and provided by CWP. All services had been reviewed using the same criteria and, using this

prioritisation process, it was proposed that the respite provision at Riseley Street cease to be provided.

There were a range of respite options for people with learning disabilities living in central and eastern Cheshire – residential bed based services provided by CWP at Primrose Avenue, Crewe (due for closure), Crook Lane, Winsford and Riseley Street, Macclesfield. The Council's social care team also provided respite at Warwick Mews, Macclesfield and Queen's Drive, Nantwich. People with learning disabilities were also able to access direct payments to choose their own provision.

The proposed closure of Primrose Avenue had been subject to a consultation process and as part of the overall planning for the changes, had also confirmed eligibility criteria for health respite services provided by CWP. This agreed eligibility criteria and assessment process would be used to review the needs of all existing respite service users starting in September 2010. Respite services provided by CWP in central and eastern Cheshire would then be allocated on the basis of the outcome of this assessment process and the resources available. Transitional arrangements would be put in place to enable a mix of health and social care respite to be provided by CWP for an agreed period of time.

There were a small number of people affected by the closure of Riseley Street and this had enabled personalised consultation and future planning based on their needs, to be done.

A report on this issue had also been submitted to Cheshire East's Council OSC.

During discussion of the item the following points were raised:

- There was concern that there would be no learning disability respite in Cheshire East Borough and whether there would be a detrimental impact on the existing provision at Winsford; in response, Members were advised that outcomes tended to be better if services were accessed in the community, rather than building based, and such services were available. If social care respite was required this would be provided (by other partners such as the Council), it was only health respite that would no longer be available;
- Who would monitor private provision? In response, the Committee was reminded of the role of the Local Involvement Network who had powers to inspect provision through their Enter and View powers. Also the Care Quality Commission's role was to regulate providers and anybody who wished to could provide feedback to them on provision;
- People may have to travel further to access respite and carers/friends would have further to travel to visit their family member. The Committee was advised that as the number of people affected was small any travelling issues on individuals would be picked up through the individual assessment process.

RESOLVED: That the closure of the service at Riseley Street be noted.

63 THE WILLOWS, MACCLESFIELD - PROPOSED CLOSURE

The Committee considered a report on the proposed closure of The Willows, Macclesfield.

The Central and Eastern Cheshire Primary Care Trust (PCT) had notified CWP of a reduction in income and in order to manage this reduction had worked with CWP to evaluate all services commissioned by the PCT and provided by CWP. All services had been reviewed using the same criteria and, using this prioritisation process, it was proposed that The Willows be closed.

The Willows offered day services to patients already under the Care Programme Approach (CPA) of a Community Mental Health Team (CMHT). The service was provided to up to 115 patients in and around Macclesfield and was not accessed by service users from other areas. The services offered included social skills training, computer literacy and horticulture and the operation of a small print workshop, all of which were offered in conjunction with external agencies. All the services offered were available through other agencies such as the Council and service users would be supported to access these services. Service users had been advised of the potential closure at an early stage to enable them to access courses starting in September if they wished. The building belonged to the Council.

The proposed closure had also been discussed at the Cheshire East Overview and Scrutiny Committee.

RESOLVED: That the proposed closure and alternative arrangements for service users be noted.

64 THE MILLBROOK UNIT, MACCLESFIELD - CONSOLIDATION OF MENTAL HEALTH INPATIENT SERVICES

The Committee considered a report regarding the consolidation of mental health inpatient services at the Millbrook Unit, Macclesfield.

A public consultation exercise had been carried out by the Cheshire and Wirral Partnership NHS Foundation Trust on behalf of Central and Eastern Cheshire Primary Care Trust about consolidating Adult and Older People's services from two sites to one in Central and Eastern Cheshire. The results of the consultation exercise suggested broad approval to centralise onto a single site, support for continuing to develop new ways of working which would enable a reduction in inpatient beds and the expansion of community services and making investments to improve the patient environment.

A number of changes were proposed:

- Closure of the mental health inpatient unit at Leighton Hospital and transfer of services to either Millbrook Unit, Macclesfield or Bowmere Hospital, Chester. There would be three acute inpatient wards at Millbrook and adaptations made to Bowmere to accommodate extra services;
- The overall impact on inpatient beds was a reduction of 4; there would be no changes to bed numbers in Wirral during the implementation of the changes;
- CWP remained committed to improving the patient environment in South East Cheshire and the re-provision project team would report on the options for delivering this in March 2011.

RESOLVED: That the update report be noted.

65 QUALITY ACCOUNT - QUARTERLY REPORT

The Committee considered the Quality Quarterly Report which set out progress against each of the quality priorities identified in the Quality Account for 2009/10.

All priorities identified for Patient Safety had been achieved for the first quarter and were on track for the remainder of the year. For patient related performance CWP was performing on track or better when measured against key national priorities apart from in relation to the average length of stay which had increased. All targets for achieving quality improvement and innovation goals were also on course. Targets relating to patient safety and patient experience were also achieved. Members suggested that in future more ambitious targets may be needed and were advised that future targets would be more challenging.

One area of concern was around the average length of stay (measured in days). The aspiration of the Trust was for this average to show a reduction but the actual position showed an increase from 18 days in April to 24 in July. It was important that a service user's care and treatment was in the least restrictive environment possible and the Crisis Resolution Home treatment team facilitated the earliest discharge possible. The average length of stay would be monitored by the Trust's Performance and Compliance Sub Committee.

It was noted that medication errors and certain self harm incidents had increased along with minor injuries; Members were advised that minor injuries meant issues that could be dealt with on site without any need to go to Accident and Emergency. Members requested that more information was included in future on what was meant by medication errors and self harm incidents so it was clear whether there were any significant issues in these areas. It was noted that the Trust's Suicide Prevention Strategy was currently being revised and would be considered at a future meeting.

RESOLVED: That the report be noted.

66 TRANSFORMING COMMUNITY SERVICES PROGRAMME

The Committee considered a report on the Transforming Community Services programme as set out below:

- In Central and Eastern Cheshire all provider services currently run by the Primary Care Trust (PCT) would transfer to the East Cheshire Hospital Trust, apart from some physiotherapists for the Learning Disability service who were to transfer to the Cheshire and Wirral Partnership NHS Foundation Trust (CWP);
- In Wirral the provider services of the PCT would transfer to a social enterprise/community trust;
- In Western Cheshire the provider services of the PCT would transfer to CWP.

In each case the main changes related to how the services were be managed and service users should not experience any impact.

The proposals were currently under consideration by the Strategic Health Authority prior to implementation on 1 April 2011.

RESOLVED: that the current position be noted.

67 APPOINTMENT OF A CO-OPTED MEMBER

The Committee considered a report on the appointment of a co-opted Member.

The Committee's Procedure Rules provided for the Committee to "co-opt other appropriate individuals, in a non voting capacity, to the Committee or for the duration of a particular review or scrutiny". The Committee had previously considered co-option and had agreed that further discussions should taken place with officers of CWP, through the mid point meeting, regarding Service User and Carers representation.

The mid point meeting in September discussed the matter and expressed a preference for a service user rather than a carer to take up a co-opted place. CWP would be happy to progress this by contacting the patient members of the Patients and Public Involvement (PPI) Group to seek volunteers interested in taking up a co-opted place. If a number of volunteers came forward, the PPI Task Force would be invited to assess the applications so as to put forward one person to serve as a co-opted member of the Committee together with one named substitute. A co-opted member would not have voting rights. In accordance with the National Code of Conduct for Members, the co-opted member would not be able to be a Member of the CWP Foundation Trust Board. This process could be carried out during autumn with the formal appointment being made at the next meeting on 10 January.

RESOLVED: That approval be given to the procedure set out in the report to appoint one non-voting co-opted Member and one named substitute onto the Committee to represent the interests of service users.

68 WHITE PAPER - LIBERATING THE NHS

The Committee considered a report on the key points outlined in the NHS White Paper – Liberating the NHS: Equity and Excellence.

The White Paper contained 4 key themes:

- Patients would be given more information and choice;
- Health outcomes would be improved to among the best in the world;
- Doctors would be empowered to deliver results – by being put in charge of what services best met the needs of local people;
- Unnecessary bureaucracy would be removed, waste cut and the NHS made more efficient.

The White Paper proposed the abolition of Strategic Health Authorities, by 2012, and Primary Care Trusts, by 2013. GP consortia would be introduced to take over responsibility for commissioning most NHS services. A new independent body – the NHS Commissioning Board – would be established to allocate and account for NHS resources, lead on quality improvements and promote patient involvement and choice. Responsibility for public health would be transferred to

local authorities and a new consumer champion would be introduced known as HealthWatch.

RESOLVED: That the update on the NHS White Paper be received.

The meeting commenced at 2.30 pm and concluded at 4.00 pm

Councillor D Flude (Chairman)

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