



Health and Well Being Overview and Scrutiny Committee

Date:	Tuesday, 13 September 2011
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

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

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

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

2. MINUTES (Pages 1 - 16)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 20 June, 2011.

3. PRESENTATION ON FIRST QUARTER PERFORMANCE 2011/12

The first quarter performance report on activities relevant to Health and Well Being Overview and Scrutiny Committee will be available to view in the web library and a presentation will be made by the Interim Director of Adult Social Services.

**4. DEPARTMENT OF ADULT SOCIAL SERVICES KEY ISSUES
(Pages 17 - 38)**

Report and presentation by the Interim Director of Adult Social Services.

5. UPDATE REPORT ON PUBLIC HEALTH (Pages 39 - 46)

6. WORK PROGRAMME

Report to follow.

7. FORWARD PLAN

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

**8. MINUTES OF THE CHESHIRE AND WIRRAL COUNCILS JOINT
SCRUTINY COMMITTEE (Pages 47 - 52)**

The minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 11 July, 2011 are submitted for the Committee's information.

9. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 20 June 2011

<u>Present:</u>	Councillor	P Glasman (Chair)	
	Councillors	A Bridson S Clarke P Doughty	D Mitchell C Povall G Watt
<u>Deputies:</u>	Councillors	B Mooney (in place of J Walsh) S Mounney (in place of M Hornby) D Realey (in place of D Roberts)	
<u>Co-opted:</u>		D Hill (LINKs) S Lowe (Service users under OPP age group) S Sagaar (BME) S Wagener (Carers) S Wall (OPP)	

1 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.

2 MINUTES

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 22 March, 2011.

Sue Lowe referred to minute 77 (Contracts for Residential and Nursing Home Care and Personal Support) and that a progress report should have been brought to the Committee.

The Interim Director of Adult Social Services apologised that a report had not been brought to the Committee and proceeded to give a verbal update on contracts and provision for:

- Residential and nursing support for older people
- Short term provision
- Personal support
- Intermediate care
- Reablement

A written report on all the above matters would also be provided and appended to the minutes.*

In respect of residential / nursing homes owned by Southern Cross, the Interim Director gave an update to the Committee on the 6 Southern Cross homes on Wirral. He expressed his confidence in the quality of the provision and stated that he had received assurances that the existence of the homes was not threatened by the current financial difficulty which the company was in. With 450 beds across the 6 homes, Southern Cross was the largest single provider on Wirral and the department continued to place people in the homes. There were no plans to re-open any of the former Council run homes nor was there a need to do so.

Resolved – That the minutes be approved as a correct record and the comments of the Interim Director be noted.

3 **APPOINTMENT OF VICE-CHAIR**

The Committee was asked if it wanted to appoint a Vice-Chair.

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

Resolved - That Councillor D Roberts be appointed Vice-Chair of this Committee.

4 **ORDER OF BUSINESS**

The Chair agreed to vary the order of business and take item 6 (Cheshire and Merseyside Vascular Surgery Review - Update) next in view of the presence of Dr Tom Dent for this item.

5 **CHESHIRE AND MERSEYSIDE VASCULAR SURGERY REVIEW - UPDATE**

Further to minute 72 (22/3/11) Dr Tom Dent, public health physician and adviser to the review, addressed the Committee and gave an outline of the responses to the consultation on the proposed establishment of two specialist vascular centres for Cheshire and Merseyside. Of the 2000 responses via the internet and the public meeting, 2 out of 3 said that the most important consideration was patient safety but only 1 in 6 stated local access was most important.

He gave details of the membership of the Review Panel and the procedures they had followed in making their recommendations to the Project Board. They had recommended the joint application received from the Wirral University Teaching Hospital NHS Foundation Trust and the Countess of Chester Hospital NHS Foundation Trust for a South Mersey Vascular network with the specialist vascular centre based on the Countess of Chester site.

Dr Dent acknowledged that there were a group of clinicians at Arrowe Park Hospital who disagreed with the proposal. A meeting had been arranged for Thursday 23 June at which the 2 Trust managers and leading clinicians from both trusts would be present and it was hoped that a position would be reached where all the issues would be dealt with satisfactorily.

Dr Dent and Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, responded to comments from the Committee, Dr Dent stated that the UK had the worst mortality rate in Western Europe for aortic aneurysms. There was universal support to centralise vascular services with clear evidence that it would save lives. In respect of the consultation he would look into the figures of Wirral residents who had responded. There would be two vascular centres for Merseyside and Cheshire, the other being in Liverpool.

Len Richards commented that vascular surgery had been carried out at Arrowe Park Hospital since it opened, although since then it had developed into a separate specialist branch of surgery. The vast majority of vascular services would continue at Arrowe Park Hospital, relatively few patients, between 150 -180, would have part of their surgical pathway carried out at the Countess of Chester. For this relatively few number, all their pre and post surgery consultations / procedures would still be carried out at Arrowe Park Hospital.

He also outlined the reasons why this specialist centre could not be developed at the Clatterbridge site, in the main because there was no critical care support there.

The Chair then invited Dr Abi Mantgani, Executive Clinical Lead for Wirral GP Commissioning Consortium (representing 27 GP practices), to give a GP perspective on the proposals. As a GP in Birkenhead he commented that he would always prefer to see most services provided in Wirral but he did understand the clinical case presented for this high quality service to be provided at the Countess of Chester. He expressed some concern that the clinicians at Arrowe Park Hospital were not all on board at this stage. Although the Consortium had not been asked for a formal opinion he did take a balanced view and expressed support for the hospital trust working together with neighbouring hospitals to pool resources for a high quality specialised service.

Len Richards commented that he hoped that the meeting on Thursday 23 June, at which all 7 vascular surgeons would be present, would iron out a number of clinical concerns and the proposal could then move forward.

Resolved – That the verbal update and comments be noted.

6 **EQUALITY FRAMEWORK - REFERRAL FROM SCRUTINY PROGRAMME BOARD**

Further to minute 56 (Scrutiny Programme Board – 2/3/2011) Jacqui Cross, Corporate Equality and Cohesion Manager, gave a presentation on the Equality Duty 2010 to ensure that Members were fully equipped to provide effective scrutiny in the areas identified as being necessary for Excellent accreditation by the summer of 2012.

Jacqui Cross outlined the requirements of the new Equality Duty and highlighted the general and specific duties contained within it together with the timetable for the publication of workforce and service information and specific and measurable equality objectives.

With regard to the Government's Equality Strategy for a Fairer Britain she highlighted some specific areas relevant to the work of this Committee such as:

- Health inequalities
- Patient recovery
- Hospital targets
- Assistive technology in homes
- Homelessness and health
- Independent living
- Domestic violence

Jacqui Cross then referred in particular to the role of scrutiny to demonstrate that the Council had met its general and specific duties and was able to demonstrate improvements and outcomes as a result of its equality objectives.

Resolved – That the report and presentation be noted.

7 **WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST**

Further to minute 65 (22/3/11) John Foster, Director of Facilities at Wirral University Teaching Hospital NHS Foundation Trust, gave an update to the Committee on the Trust's site strategy. Over the last three months the Trust had held a total of 61 meetings regarding its site strategy, which the Trust Board would be considering at its meeting on 29 June. He outlined developments due to take place with a number of services, including dermatology, the breast clinic and the child development centre. The site strategy would see further investment at both sites, Arrowe Park and Clatterbridge.

Members expressed their delight at the proposals for the development of services, particularly at the Clatterbridge site.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, also commented on the partnership with the Countess of Chester Trust and the potential for orthopaedic elective services being built up at Clatterbridge. Following agreement with the Countess of Chester Trust to include their population with Wirral's it would also mean that cardiology angioplasty services could be developed on Wirral. Investment was also being made in a new microbiology laboratory at Bebington.

The Interim Director of Adult Social Services commented upon the possible co-location of services for children at the Child Development Centre on the Clatterbridge site and that discussions were ongoing.

Resolved – That the verbal update be noted and a full written report be brought to the next meeting on the Hospital Trust's site strategy.

8 PRESENTATION ON FOURTH QUARTER PERFORMANCE 2010/11

Steve Rowley, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2010/2011 in the fourth quarter. A copy of the report had been made available to view in the web library.

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:

- Paid Employment (Learning Disability)
- Customers being reviewed
- HART users no longer requiring a support package
- HART users whose support package had been reduced
- Assistive Technology
- Self Directed Assessments
- Safeguarding Alerts (24 hours)
- Safeguarding Incidents (28 days)

In respect of the financial position he outlined the key financial pressures. The projected overspend was now expected to be £3.3m down from the previous reported figure of £3.5m.

Steve Rowley and the Interim Director of Adult Social Services then responded to comments from Members and explained the reasons behind the figures for the high number of safeguarding alerts. The Interim Director assured the Committee of the immediate response which was made when the Department was notified of any safeguarding concerns. He also stated that he would look into the numbers of adults with learning disabilities in the Council's employment and the possibility of providing some of the indicators broken down by locality.

Resolved – That the report and presentation be noted.

9 STRATEGIC CHANGE PROGRAMME - REFERRAL FROM AUDIT AND RISK MANAGEMENT COMMITTEE

The Audit and Risk Management Committee at its meeting on 28 March, 2011 (minute 83 refers) had considered a report of the Director of Technical Services, at which a Member referred to the 'risks associated with the non-delivery of benefits of the Strategic Change Programme' and at which the following resolution was passed:

'That the Health and Well Being Overview and Scrutiny Committee be requested to seek assurances from the Director of Adult Social Services in relation to the risks associated with the decision of the Cabinet to retain Fernleigh respite centre in the light of key staff having left under Early Voluntary Retirement/Voluntary Severance.'

The Interim Director gave an update to the Committee on the current situation and assured the Committee that Fernleigh continued to operate in the same way as it had previously. A number of staff had been allowed to leave under the Council's EVR / Severance scheme but other staff had been redeployed to Fernleigh from other

facilities which the Council had closed. The staff complement at Fernleigh was therefore up to full strength.

Resolved – That the comments of the Interim Director be noted.

10 **DEMENTIA SCRUTINY REVIEW - REFERRAL FROM CABINET**

Cabinet at its meeting on 14 April, 2011 (minute 399 refers) had considered the Dementia Scrutiny Review, referred from this Committee at its meeting on 22 March and passed a resolution, which amongst other things had resolved to:

‘Invite the Health & Wellbeing Overview and Scrutiny Committee to consider whether they would undertake a scrutiny review of the provision of Local Authority services for people with dementia, and what further steps could be taken to enhance outcomes through early intervention and support.’

The Interim Director of Adult Social Services suggested that following the dementia review of the health economy he would welcome a review of the local authority provision.

Sandra Wall suggested that a report could also be brought to the Committee on the effectiveness of assistive technology for those with dementia.

Resolved – That a scrutiny review be undertaken on the provision of Local Authority services for people with dementia once the Domestic Violence review is complete and that membership of the Review Panel include Sue Lowe.

11 **WORK PROGRAMME**

The Committee received an update on its work programme.

The Chair invited the Committee to make any suggestions for the future work programme. The Sub-Group monitoring the implementation of the improvement plan following the CQC inspection report would provide a report to the next meeting.

The review panel into domestic violence would also continue and additions to the work programme should include further reports on the implications of changes to the Independent Living Fund (ILF) and also the Disability Living Allowance (DLA). Once the review panel on domestic violence had completed its work, a review panel on the provision of Local Authority services for people with dementia would then be established (see minute 10 ante).

The Chair suggested that, in consultation with the Scrutiny Support Officer and the Committee Officer, amendments be made to the layout of the work programme document to make it more user friendly and a revised format would then be circulated to the Committee for comments.

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

12 **FORWARD PLAN**

The Committee had been invited to review the Forward Plan prior to the meeting in order for it to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

In response to comments from Members, the Interim Director reported that Fiona Johnstone, Director of Public Health would be able to update the Committee on public health issues and shadow arrangements which were due to be established prior to public health becoming a local authority function in 2013. A report on the proposed establishment of a shadow Health and Well Being Board was due to be considered by the Cabinet at its meeting on 23 June, 2011.

Resolved – That the forward plan be noted.

13 **MINUTES OF THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE**

The Committee received the minutes of the meetings of the Cheshire and Wirral Council's Joint Scrutiny Committee held on 10 January and 4 April, 2011.

Resolved – That the minutes be noted.

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

With the agreement of the Chair, Councillor Povall raised two matters:

(i) When would the independent report by Anna Klonowski reviewing the Council's response to concerns raised by Mr Martin Morton be made available?

The Interim Director of Adult Social Services, in response stated that he understood the independent reviewer was in the process of completing her report and once it had been delivered to the Council would be due to go to Cabinet on 23 July, 2011.

(ii) The current situation with the former Meadowcroft home.

The Interim Director reported that following the closure of the home some day provision was still being provided but most of the building had been declared surplus and passed over to Asset Management. He confirmed that an approach had been received from Age UK and discussions were ongoing.

Resolved – That the comments of the Interim Director be noted.

*** PROGRESS REPORT ON CHANGES TO SERVICE PROVISION - UPDATE REPORT**

Report attached (see minute 2).

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WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

UPDATE FOLLOWING MEETING HELD ON 20 JUNE 2011

SUBJECT:	<i>PROGRESS REPORT ON CHANGES TO SERVICE PROVISION - UPDATE REPORT</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>HOWARD COOPER, INTERIM DIRECTOR OF ADULT SOCIAL SERVICES</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>COUNCILLOR ANNE MCARDLE</i>
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report to the Health & Wellbeing Overview and Scrutiny Committee is in order to update members as to progress and current position regarding changes to service provision in DASS.

This item falls within the Social Care and Inclusion Portfolio.

2.0 RECOMMENDATION/S

- 2.1 That members of the Health & Wellbeing Overview and Scrutiny Committee note this report and the developments contained within it.

3.0 REASON/S FOR RECOMMENDATION/S

- 3.1 As above

4.0 BACKGROUND AND KEY ISSUES

- 4.1 The Cabinet resolution of 9 December 2010 proposed that the services offered by the following facilities would be re-provided by appropriate voluntary or independent organisations from 1 April 2011.

- Maplehome: 23 beds for learning disability respite
- Fernleigh: 8 beds for mental health respite and four beds for crisis based respite
- Manor road: 4 residential care spaces for people with a learning disability
- Poulton house: 38 beds for older people's intermediate care / respite care
- Pensall House: 25 beds for older people's intermediate care / respite care

- Meadowcroft: 23 beds for older people's respite

The programme for closure has been underway since mid January, we have made very good progress in all areas. Subsequently a full tendering exercise was undertaken and a report taken to Cabinet on 17 March to seek approval to award contracts, this was agreed. The report contained a proposal to retain one of the service previously identified for closure, Fernleigh Resource Centre.

In parallel to the tender process officers across DASS worked extremely hard to manage the transition process for all people who use services, their carers and families.

The needs of people using these services have always been the most important consideration and work is currently taking place with people to identify the most appropriate alternatives. We will not hand over responsibility to independent providers until we are completely confident that they can retain, and wherever possible, improve standards. Continuity of care will be a key priority moving forward and the Council will retain its statutory responsibility for monitoring these services in terms of delivery, value for money and return on investment.

Throughout this process, appropriate support continued to be provided to every individual currently using our facilities, even if it is in a different building.

All people who use services and their carers were contacted to discuss these options in more detail. Appropriate support will continue to be provided. This may not necessarily be in the same building as people had previously used, but the quality of care will be maintained and we will continue to provide people with quality services that are appropriate to their needs.

On 17 March the Council successfully opposed an application to the High Court for a judicial review which would have prohibited it from closing Mapleholme, Pensall House, Poulton House, Meadowcroft and Fernleigh at the end of March 2011.

Contracts

Wirral continues to do business with all care home providers who have had their tender submissions accepted, including those who have raised concerns about new price rates via the Fairer Fees Forum. As previously stated, the Council is of the firm view that it has entered into new legally binding contracts with all these care home providers; as such we will be making it clear to them that the Council expects them to honour their contractual obligations, including compliance with the new rates, in full. If any provider refuses to provide care services to any new user/resident then the Council will write to that provider and/or their legal representative setting out its position again and challenging the refusal. The Council has been entirely reasonable in relation to all its dealings with the care home providers, but will be stressing that the needs of the people who use the care home services must come first. We continue to monitor the situation and ensure that all people are supported. We would like to emphasise that people living in those establishments remain unaffected by this matter. In the last two weeks we have had a number of providers notifying the

Department that they will be accepting care placements under the new Wirral contract and this number continues to grow.

Some people are already choosing alternative provision and personal budgets as the transition continues. People who use our services are being supported on a case-by-case basis as they make the choices they wish to make about future care provision and care packages. We continue to stress that we will be as flexible as necessary to allow people to make the change to new providers in as stress-free a way as possible. Their care and wellbeing remains a priority. Now that we have a list of accredited providers, the people who use services, their carers and their families, will be supported to make their choices.

We have already had several meetings with people who use services, families and Carers and staff. We will continue to hold these meetings and forums throughout the transition period and have various other forms of communication including a weekly email briefing note and a regular newsletter.

Operationally we have put together a team of skilled professionals who supported people to ensure the transition is as smooth as possible and ensure that they are able to exercise choice and control over how they receive their care and support in the future. This includes enabling people to use their Personal Budgets to explore different types of support, if they so wish.

The Council's new accredited providers of Personal Support at Home (including Supported Living Services) have now been officially notified (this happened w/c 2 May). The list has now been circulated widely. The Council has 45 accredited providers. A total of 17 new providers have been identified as being successful under the tender interview process subject to references, financial viability and other documentation being received.

Throughout the process carers and people who use services have been a key and integral part of the selection process. People who use services have drawn up their own service specifications and have selected the providers they feel can best meet their individual and personal needs.

4.2 Specific Updates

Respite services: People who previously used respite services at Mapleholme, Meadowcroft, Pensall House and Poulton House are being guided through the process of choosing new providers by our staff.

Mapleholme, Meadowcroft, Pensall House, Poulton House and Manor Road closed as planned on 31 March.

Supported Living: (vulnerable people we support to live independently): Assessments of people began w/b 21 March. We have a number of providers who are already accredited so will continue to provide this service. There has also been a good response from new, independent, community and faith sectors providers to re-provide from the current in-house services. These tenders are shortly to be evaluated.

Fernleigh: People who use and their families have been advised of the changes in our plans and we will be consulting with all key stakeholders, staff and partners, initially through the well established Local Implementation Team but also through wider communication and engagement with people who use both crisis and respite facilities and their carers.

Sylvandale & Girtrell: To ensure continuity of care and choice for people wishing to access in-house service, Girtrell Court and Sylvandale are to be retained as in-house services for people with learning disabilities to ensure continuity of service provision after the closure of Mapleholme. Additional provision has also been identified in the independent sector in order to increase options available to people.

Intermediate/Rehabilitation Care for Older People:

We have appointed two new providers to deliver these services:

- Hoylake Cottage Hospital
- Grove and Park House

By Friday 1 July 29 intermediate care beds will be available out of the 39 planned. Meetings have taken place with the new providers and health and social care partners with the aim of improving pathways and communication in relation to admission and discharge targets.

Day Services:

Respite provision at both Meadowcroft and Mapleholme has now stopped. However, day services will continue as normal at Meadowcroft. Day services at Mapleholme will move to Sylvandale on 4 April. Day services at Pensall House will continue to be provided by Age Concern.

Reablement Services:

A project plan has been in place to implement the new STAR service (Short Term Assessment and Reablement) a partnership service which replaces the HART service. The Council is working with new providers to deliver this service and ensure continued high standards. Officers are meeting regularly with three newly accredited STAR providers to agree the service implementation timetable and work plan which includes an intensive training programme for their staff. The new providers are:

- Housing 21
- Local Solutions
- Professional Carers

To date 57 staff from across the three providers have been trained in reablement. The first referrals onto the new service were taken at the end of May and have steadily grown in number to an average of 70 people on the service at any one time. The aim is for full service capacity to be achieved by August. The service has also been restructured into four teams three of which will be locality based with the fourth team planning to be based in Arrowe Park Hospital.

4.3 Communicating with service users and their families

The Care Changes information area on www.wirral.gov.uk continues to be updated as necessary. Since it went live on 14 February the page has had 1,800 hits (as of 01.04.11) this is a significant amount of traffic, it's the 49th most popular page on the website for that period. To put that into context over the last 6 months the most popular Social Care & Health page was ranked 66th, therefore we feel this central portal of information has been a great value to a great many people.

A letter outlining developments involving Girtrell Court, Sylvandale and Fernleigh has been sent to those service users and their families who are affected. A new newsletter is in production. We continue to liaise with our staff and with NHS Wirral on the dissemination of key messages and information for NHS patients and staff, and is helping with the production of information for staff, people who use services, and carers in whatever way it can, including staff briefings, newsletters and information for Wirral's hospitals and GP surgeries.

In recent weeks the Transitional Support Team has contacted all 322 people who are recorded as using our respite services, all assessments have been completed and have now completed the assessments and support plans of the 80 people who live in Supported Living establishments.

5.0 RELEVANT RISKS

5.1 N/A

6.0 OTHER OPTIONS CONSIDERED

6.1 N/A

7.0 CONSULTATION

7.1 Further consultation will take place with people who use Fernleigh Resource Centre in order to explore all options. We will include other stakeholders such as carers, private, voluntary and community groups.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 N/A

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

Equality Impact Assessment (EIA)

- | | |
|---------------------------------------|---------------------------|
| (a) Is an EIA required? | Yes |
| (b) If 'yes', has one been completed? | Yes (8 March 2011) |

11.0 CARBON REDUCTION IMPLICATION

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

REPORT AUTHOR:

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APPENDICES

Appendix 1 - Timeline for Market Management Process

Implementation Milestone	Effective Date
Task Force recommendations made to Cabinet	9 December 2010
Cabinet authorises DASS Interim Director to invite Tenders	“
Cabinet sets standard price for Personal Support	“
Tenders posted via Chest	15 January 2011
Tenders returned by	15 February 2011
Cabinet (17 March) DASS clearing meeting	21 February 2011
Complete Tender evaluation	28 February 2011
Complete New provider interviews	6 March 2011
Cabinet briefing	7 March 2011
Cabinet to agree award of contracts	17 March 2011
Contracts awarded – Planned date	1 April 2011
Actual date: Residential & Nursing	24 March 2011
Actual date: Supported Living	28 March 2011
Contract commencement date	11 April
Transition commences	11 April
Complete Transitional arrangements	1 October 2011
Benefits realisation review	30 October 2011

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WIRRAL COUNCIL

HEALTH AND WELL BEING OVERVIEW & SCRUTINY COMMITTEE

13 SEPTEMBER 2011

SUBJECT	DEPARTMENT OF ADULT SOCIAL SERVICES KEY ISSUES
WARDS AFFECTED	ALL
REPORT OF	DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER	COUNCILLOR MCARDLE
KEY DECISION	YES

1.0 EXECUTIVE SUMMARY

- 1.1 As part of the 2012/13 Budget Consultation process Cabinet are asking Scrutiny Committees to consider the functions within their portfolio and offer suggestions as to how to close the estimated £25 million budget gap and limit any Council Tax increase in 2012/13.
- 1.2 The responses will be considered along with the responses from the other engagement processes to inform the budget setting process. Further consultation will be undertaken regarding any specific service changes.

2.0 RECOMMENDATION

- 2.1 That the views of Scrutiny Committee are requested.

3.0 REASONS FOR RECOMMENDATION

- 3.1 Cabinet has requested the views of Scrutiny Committees to inform the 2012/13 Budget Consultation process.

4.0 BACKGROUND FINANCIAL PROJECTIONS FOR THE COUNCIL

- 4.1 Cabinet is regularly updated on the financial position of the Council and the latest Budget Projections report was considered on 21 July 2011. The Director of Finance reported that the shortfall between likely spend and likely resources was £25 million for 2012/13 with shortfalls of £31 million and £30.3 million identified for 2013/14 and 2014/15 respectively.
- 4.2 The Government is presently considering options for the future funding of local authorities and the level of any Government Grant support is affected by population numbers. Both could result in further reductions in available resources to the Council. The Leader of the Council requested Members and employees to consider carefully what was included in budgets and let him have any suggestions for making savings.

5.0 OUTLINE TO THE SERVICES PROVIDED BY THE DEPARTMENT OF ADULT SOCIAL SERVICES

5.1 The Department Adult Social Services provides and commissions a wide range of flexible, needs-led social care services for vulnerable adults at risk, including disabled and older people and those who care for them to enhance their quality of life whilst protecting them as far as possible, from danger and harm.

- The Department uses the Fair Access to Care (FACS) criteria as defined by the Department of Health to determine whether they are eligible for care services. The FACS eligibility is based on four bandings – Critical, Substantial, Moderate and Low.
- Access and Assessment Teams (social work qualified staff) conduct assessments, care/support plans and reviews for vulnerable adults at risk with long term conditions, physical disabilities, learning disabilities and older people with personal care needs. This may result in the commissioning of residential, nursing or respite care. The service also provides support for people moving into, through and out of hospital and returning to independent living in the community.
- The Local Authority is the lead agency for safeguarding and is supported through partner agencies contributions who also have a responsibility to safeguard and promote adults' welfare. This includes statutory and non-statutory agencies who alert and refer when there is a concern about an adult at risk. Activity is based on safeguarding and enabling adults to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect.
- A key role fulfilled by the department is that of early intervention, advice and support. In addition to providing borough wide services designed to help people avoid movement into higher levels of support, these services also include information provision, consultation and welfare benefits advice. The service also helps to enable people to live independently through the provision of a range equipment and technology such as assistive technology, community equipment and adaptations.
- The Council also operates a self directed support process. This is a model of Social Care that ensures every adult who is eligible to receive support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings. This includes council owned daytime services offering rehabilitation, counselling and activities to maintain people's health and provide the opportunity for companionship and socializing and residential short breaks for people with learning disabilities and mental health difficulties. Social care service users have control over how much money allocated, via a Direct Payment, to their care is spent. Service users have the opportunity to co-design their own care plan and support needs via a person centred self directed support plan.

- The Council underpins the social care activity with strategies that support people’s health and wellbeing and endeavour to review and continuously improve services to Wirral citizens. These include:
 - Older People
 - Dementia
 - Carers
 - Safeguarding Adults
 - Supporting People
 - Valuing People Now
 - Mental Health

5.2 Appendix 1 contains a fuller description of the services provided by the Department and the budget allocations to those functions.

6.0 CHALLENGES FACING THE DEPARTMENT

6.1 The key functions, drivers and priority areas for the Department are considered to be:

6.1.1. Key Functions

- Supporting vulnerable adults to enjoy safe, fulfilling lives
- Enabling independent living for people, including early, preventative support
- Supporting families and carers in their work

6.1.2 Key Policy Drivers

- Department of Health, *Prioritising Need in the Context of Putting People First* (2010)
- Department of Health, *A Vision for Adult Social Care* (2010)
- The Law Commission –Adult Social Care- (2010)
- *Healthy Lives, Healthy People-DOH 2011 Think Local, Act Personal: Next Steps for Transforming Adult Social Care, Putting People first 2010 &*
- *‘The Vision for Adult Social Care’ DOH (2010)*
- Health and Social Care Bill-
 - Increasing numbers of old people living longer with extended periods of morbidity.
 - Increasing numbers of people with learning disabilities living longer through adulthood.
 - Increasing personalisation, choice and a range of alternative options

6.1.3 Key Priority Areas

- Continue to redesign safeguarding, complaints and quality assurance
- Redesign services around personal choice
- Use assistive technology to maintain independence cost effectively
- Move to more locality based working
- Move to more co-location with health
- Become a more “intelligent” commissioner through use of needs assessment information

- Develop further the relationship with the Voluntary, Community and Faith sector and the Independent Sector
- Continue to roll out personalisation and review the operation of Resource Allocation System (RAS)
- Improve early support, information and advice
- Develop the 'personal journey through acute care'

6.1.4 At a practical level we will:

- Analyse what we must do, should do, could do and need to do.
- Plan our expenditure over four years
- Do what we said we would do when we said we would do it
- Invest in and develop our workforce

7.0 KEY DEPARTMENTAL PRESSURES

7.1. In 2010 the Adult Social Services Task Force recommended that budgets should properly reflect demand where the needs of vulnerable people are known. As a result Cabinet agreed to increase the Adult Social Services budget for 2011/12 by £2 million with a further investment of £800,000 for the support of young adults with Learning Disabilities as they make the transition from childhood to adult.

7.2 Whilst the £2.8m budget growth reflected the projected increase in demand for 2011/12 further investment is required if the Department is to meet anticipated demand for services in the future.

7.3 Significant budget pressures of £6 million are being experienced upon the Adult Social Services revenue budget in 2011/12. Underlying pressures from increased demand on older peoples and learning disability budgets account for £3 million. An additional £3 million of pressures has arisen from potential slippage on savings implementation relating to market review contract negotiations and Early Voluntary Retirement / Voluntary Severance savings.

7.4 The following are also seen as Challenges for the Department

7.4.1 Reducing hospital admissions:

- (i) Falls are a major cause of disability and the leading cause of death due to injury in older people over 75. The ageing population will mean an increase in the number of people with long term conditions and a high risk of falls is likely to increase demand for hospital care and supported living.
- (ii) To address this we must ensure that people's needs are assessed as quickly as possible. The Council has already made investment in technology which helps people to live safer, more independent lives in their own homes. Much has already been done to help disabled and older people to live at home more safely and the Council is working with Wirral Partnership Homes and to develop a new, technology based service to do more. This is a significant investment for the Council that we must be sure is appropriate.

7.4.1. Safeguarding services for adults at risk:

- (i) Following the CQC inspection report into safeguarding arrangements and services for those with learning disabilities there has been a systemic review of all arrangements and changes were prioritized within the Improvement Plan. This has been further developed with partners through the Adults Safeguarding Partnership Board and the Directors Management Team with a designated lead Head of Branch for Safeguarding Adults and Children. There is now key priorities agreed with the Board and related work-streams which take forward the areas of work identified in the Improvement Plan. This has required a shift in operational practice, policy and procedure within DASS and throughout the partnership to achieve the milestones necessary

7.4.2 Services for older people:

- (i) In terms of demography Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole. The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next two decades. The graph at Appendix 2 shows the estimated increase in the population of Wirral (by age band) from 2008 to 2020. This demonstrates an increase of over 40% in the number of adults aged 85+ by 2020. Delivering services in the same way as we do now to older people is estimated to cost an extra £2 million every year.
- (ii) Providing appropriate services for older people is a key challenge for the Council and will impact on other health, social and care providers. An increasing number of older people are suffering with age related conditions such as dementia. People are living longer with their illnesses, with more complex needs, and with higher expectations, which therefore require more support. The number of people with dementia admitted to residential and nursing care is currently increasing.
- (iii) There are 12,190 current claimants of Attendance Allowance in Wirral. This is a non means tested benefit for which the person must be over 65 years old and in need of 'frequent care and attention' throughout the day or night, or need 'continual supervision'. In 2009-10, there were 7,035 people over the age of 65 in receipt of formal community care services arranged via the Department of Adult Social Services. Therefore, many people who receive Attendance Allowance and people who have low level or occasional support needs do not receive formal community care services.

- (iv) Wirral has a high number of carers registered with the Department or with local voluntary organizations. Many people have caring duties in excess of 50 hours per week but it is known that the majority of carers make their own arrangements for support. Everyone needs to work together to promote awareness of the support available to local people who care for others.

7.4.3 How do we give local people more choice in the services they receive?

- (i) People expect to remain independent for as long as possible and to have choice in how they access services and the future shape of the Council must reflect this. The transformation of social care demands a move away from crisis driven intervention which is professionally led, towards one which sees the person as a citizen in their own right, as a member of a wider community and where people who use services are full partners in the co-production of their own support. A key part of this approach must be ensuring that Council and other services including leisure, adult education, transport, employment, health and well-being and health improvement, housing, information and advice services and community safety are readily accessible.
- (ii) A three year transformation programme was launched in 2008 to put power and choice in the hands of the most vulnerable by allowing people to direct their own care and access services through the use of individual budgets. People have been offered, or signposted to, earlier intervention services aimed at promoting health and well-being and preventing conditions from deteriorating. The evidence from pilot schemes shows that many residents would not choose to spend their day within a traditional day centre setting; instead, they would use their budget to access mainstream activities and facilities. We want people to be independent and enable them to participate as full members of their communities.
- (iii) A major challenge for the Department is ensuring that early intervention and prevention services are maintained in the face of crisis driven interventions which require immediate attention and have a significant impact on the budget.

7.5.4 Mental Health:

- (i) A survey of mental wellbeing in Wirral was undertaken in 2009 and is being acted upon. The number of people with long-term mental health conditions who do not have jobs continues to rise. Figures suggest that around 65% of Wirral's 20,000 incapacity benefit claimants are claiming for a mental health condition. The challenge for partners is to support people with their conditions and provide assistance to encourage them into employment.

- (ii) Other Council services have an important part to play in improving the mental health of local residents. For example the “Get into Reading” project, aims to improve the mental well being of people and build community spirit through shared reading, and which operates in libraries, community centres and day centres across Wirral, has already proved successful and attracted national attention for the benefits it brings to those who take part.

7.5.5 Learning Disabilities:

- (i) There has been a significant growth in the number of adults with learning disabilities in Wirral and the number of younger people with complex needs leaving school. Supporting these young people will cost the Council an additional £0.8 million per year in the future. It is important that we help to support more adults with learning disabilities to live in settled accommodation and to find work. Compared to other areas, the number of people who currently do so is low. A new team, working across children’s and adult social services, has been established to support young people with complex special needs as they become young adults.
- (ii) There is a significant number of people who receive support from parent carers and other family members; some of whom are living independently. Their learning disability will require more intensive family contact and support than would be the case if the person did not have a disability. There is also an immediate pressure in families where the adult still lives at home with increasing elderly parent carers.

7.6 During the past year the Department has faced and addressed the various Options proposed by the Adults’ Social Services Task Force and agreed by Cabinet in December 2010. The following is a summary of the Options (as described by the Task Force):

7.6.1 Option 1

The Council **must** continue to provide support for vulnerable people falling into the Critical* level of need. Over the past year, 2,403 new care packages have been set up (average 200 per month) with 42 being assessed as having a critical need.

7.6.2 Option 2

The Council **should** continue to provide support to people assessed as having Critical and Substantial (Fair Access to Care National Criteria) need. Out of 23 authorities in the North West, 17 provide support to people assessed as having Critical and Substantial need, with another 6 also providing support to people with Moderate and Low need. However, due to the budget situation nationally this is expected to change.

7.6.3 Option 3

Continue to develop and promote personal budgets to support people with Substantial need. Personal budgets enable people to procure their own care and have recently been piloted in Wirral. The Task Force suggests the Council reviews the system for personal budget allocations to determine how costs can be reduced.

7.6.4 Option 4

Develop the voluntary sector to deliver the support needed for people with 'Substantial' and 'Critical' need. It is suggested by the Task Force that the Council and the voluntary sector work together to develop a shared agenda, a Wirral-wide directory of preventative services and seek to develop and bid for external funding to deliver these services.

In addition it was also recommended that particular emphasis must be placed on building the capacity of all partners to enable the delivery of services within the voluntary, community and faith sector.

7.6.5 Option 5

Continue to place an important emphasis on preventative services as these help people to remain living independently and help reduce the costs of care.

7.6.6 Option 6

The Council **must** continue to provide Personal Support, particularly to those people identified as having Critical and Substantial need. The Council purchases this support at a cost of around £12.28 per hour, which is extremely competitive with third and private sector providers.

7.6.7 Option 7

The Council **should** continue to provide and modernise Day Time activities as the disruption from any attempt to reduce current day time provision now would outweigh any potential financial benefit. Day Centre Services account for £7.9m annual expenditure and provide support for 2,617 people.

The Task Force feels that the implementation of Personal Budgets could potentially see a future decrease in demand for day services in their current form but until this happens the services should be continued.

In addition the Task Force recommended an emphasis on continuous monitoring of these services in terms of their suitability and cost-effectiveness.

7.6.8 Option 12

The Council must continue to work with vulnerable people to ensure that their benefits are maximised.

It is also recommended that this work should continue be done in partnership with voluntary, community and faith sector partners who provide these services.

7.6.9 Option 13

The Council **must** continue to charge for people supported in residential care.

7.6.10 Option 15

The Council currently charges for Community Meals but this service is also subsidised. The Task Force suggests that this charge **should** be raised to make this service cost neutral.

NB the subsequent Budget Resolution for this Option stated:

Cabinet recognises the value of this service to vulnerable people and does not wish to take this recommendation forward at this time.

- 7.7 The major challenges that have faced the department during the past year can also be considered in the context of the delivery of the 2011/12 budget strategy. Once again these flow from the Options proposed by the Adults' Social Services Task Force and are delivered at the same time as maintaining quality services for all our service users. The following represents a summary of the options, budget resolutions as they impacted on DASS, the progress to date and any underlying challenges that remain.

7.7.1 Option 8

The Department should stop directly providing residential and respite care. It is instead suggested that these services should be procured from the private and voluntary sector, who will be stringently quality controlled in order to provide the service at identical or improved quality, at a lower cost.

RESOLUTION The respite care and interim care currently provided at Maplehome, Pensall, Poulton, Meadowcroft and Fernleigh¹ be reprovided by suitable voluntary, community, faith-based or organisations in the independent sector under the terms of the existing Contract for Residential and Nursing Home Care together with appropriate care for the small number of long term residents in these homes and Manor Road. The Interim Director of Adult Social Services is also instructed to carry out further consultation with service users and their families, and with the small number of long term residents in these homes about the details of that re-provision.

Budget saving: £2,765,750 (included in SCP and EVR/VS savings)

7.7.2 Option 9

The Council should **stop** - The Task Force suggests that the Home Assessment and Reablement Team (HART) should be amended – with the Assessment section retained and the 'Enablement' part of the service procured from the voluntary, community and faith sector.

RESOLUTION The Interim Director of Adult Social Services is instructed to re provide the enablement part of the HART service from the independent sector under the terms of the existing Contract for Domiciliary Care and amend specification to ensure quality of care is maintained and, where possible, enhanced.

Budget saving: £762,314 (included in EVR/VS savings)

7.7.3 Option 10

The Council should **stop** - The Task Force suggests that all Home Care and Supported Living services currently directly provided by the Department of Adult Social Services could be better provided in terms of efficiency and cost effectiveness by external providers and that this option should be seriously considered.

¹ The closure of Fernleigh was later removed from the final paper presented to Cabinet

RESOLUTION The Interim Director of Adult Social Services is instructed to re-provide personal support under the existing Supported Living contract for people currently supported by the Council in private supported living tenancies.

Budget saving: £1,610,650 (included in SCP and EVR/VS savings)

7.7.4 Option 11

The Task Force suggests that the Council stops paying Care Home fees around 10% more than in neighbouring areas. The Task Force recommends reducing these rates to bring them in line with neighbouring Council areas.

RESOLUTION Cabinet agrees with the Task Force that the amount the Council pays to independent care home services should be in line with that paid by neighbouring authorities and welcomes tonight's report on this subject.

Budget saving: £5,368,000 (included in SCP savings)

On 17th March 2011, Cabinet agreed the following (Minute 359 - Contracts for Personal Support)

- (1) That Contracts be awarded to those Providers listed in the appendix (*not attached*) to the report of the Interim Director of Adult Social Services.
- (2) That the closure and re-provision of services currently provided at Maplehome, Pensall House, Poulton House, Manor Road and Meadowcroft in accordance with the planned dates, be noted.
- (3) That the decision to close Fernleigh respite centre be changed, to instead retain the current level of respite and crisis beds provided at Fernleigh respite centre for people with mental health needs.
- (4) That the Director of Adult Social Services be authorised to continue to consult with people who use services and carers about the future provision of mental health services provided at Fernleigh.
- (5) That as the Council's and public interest will be seriously prejudiced due to time restrictions on successful Tenderers needing to organise taking on new work in April 2011, "call-in" be waived, in accordance with paragraph 17 of the Overview and Scrutiny Procedure Rules.

7.8 It should be noted that at this stage no progress has been made on:

7.8.1 Option 14

Continue to charge for people supported in their own home for which discretionary local rules apply. Currently the Council charges 75% of disposable income. However the Task Force has suggested that this should move towards the 100% in line with some neighbouring authorities.

RESOLUTION The interim Director of DASS be instructed to consult with people who use services and their carers and, having regard to the outcomes of the consultation, implement a staged increase in the Fairer Charging Policy, applied to people who are supported to live in their own homes, from 75% to 100% of disposable income over the next three years, to be in line with other local authorities.

Income generation: £200,000

7.8.2 Option 16

The Council should **stop** - The Assistive Technology service is a free, preventative service which provides hi-tech, monitoring of people in their own home. It is currently provided to 1,400 people in Wirral. The Council is investing in the service to take the users up to 14,500 over the next three years. The Task Force suggests that the Council, like other neighbouring authorities, should charge a nominal amount for this service.

This option was upheld by the Task Force as a recommendation to Cabinet. It was also recommended that the Council closely monitors uptake of the service to ensure it is not impacted by the introduction of charging. It was also made clear that the equipment itself is not chargeable, only the monitoring aspect.

RESOLUTION The Task Force recommended that a nominal charge be applied to new users who do not have critical or substantial need and who opt to receive telecare technology to help them stay independent. The interim Director of DASS is requested to carry out the necessary consultations to apply a charge of £4 per week.

NB - As of July 2011 there are over 3,800 people in Wirral Supported by this service. This figure is projected to rise to over 4,000 by October 2011. The vast majority of people using the service are older; most of whom receive other services from the Department. Whilst the Department has not at this stage implemented a charging policy for this service it should be noted that the a Return on Investment (albeit presently non-cashable), of £2.18 for every £1 spent across the health and social care economy was reported

8. SAVINGS OPTIONS

8.1 As part of the 2010/11 budget setting process the Department began to formulate a Medium Term Financial Plan. The following were considered as "Year 2 Items" in the strategy and are put forward as potential options to consider in forming the 2012/13 budget strategy.

8.2 Fees

8.2.1 Reduction in Residential and Nursing Care Fees

- (i) As part of its budget strategy for 2011/12 the Department implemented a 9.5% reduction in fees for residential and nursing care provided by the independent sector, to bring Wirral's fees into line with the average paid by other Local Authorities in the North West. The anticipated savings were £4.4m.

- (ii) A number of North West Authorities also reduced their fees or retained them at the 2010/11 rate and as a result the fees paid by Wirral remain higher than the North West average.
- (iii) The potential risks include:
 - Providers may refuse to sign up to new contract
 - There may be a legal challenge
 - Some homes may become unviable

8.2.2 Reduce Fees paid for Learning Disability Day Care

- (i) The Department currently commissions day services from independent sector providers for 40 adults with Learning Disabilities at an annual cost of approximately £1m. This equates to an average weekly cost per person of over £400.
- (ii) There are no contracts in place with independent sector providers to underpin the current arrangements. More effective commissioning and the introduction of more formal contracting arrangements have the potential to deliver efficiency savings on existing placements.
- (iii) The potential risks include:
 - Providers may refuse to contract with DASS
 - Alternative provision may not be available
 - Legal challenge

8.3 Charges

8.3.1 Meals on Wheels

- (i) As stated above, the Taskforce recommended that the charge for Meals on Wheels be set at full cost recovery. Cabinet recognised the value of this but did not wish to take the recommendation forward at that time.
- (ii) The unit cost per meal is £3.47 and the charge made to the 2,500 people in receipt of this service is £2.60.
- (iii) The potential risks include:
 - Increased debt
 - People may choose not to continue to receive the meals on wheels service
 - Increasing the charge is highly emotive

8.3.2 Increase in Fairer Charging Policy

- (i) Cabinet recommended that the Department consult with people who use services and their carers and, having regard to the outcomes of the consultation, implement a staged increase in the Fairer Charging Policy. As stated above the Department has not yet begun this process.

- (ii) Charges in Wirral are currently based on 75% of an individual's net disposable income. An example of the charges set by other North West Authorities is provided below:

Lancashire County Council	85%
Warrington	80%
Tameside	100%
Sefton	80%
St Helens	100%

- (iii) The potential risks include:
- Impact on service users available resources
 - increased debt through non-payment

8.3 Personalistaion

8.3.1 Transformation and modernisation of day services and daytime services

- (i) There is and will continue to be a need for building based provision. However, there is a significant need to review these services and reconfigure services to meet individual (personalised) needs. The changing landscape across health and social care in terms of personalisation and the demand from people and their carers for increased choice and control, and increasing need to provide a wide range of alternative services and options
- (ii) There are changing demands and expectations of people, carers and families in terms of what they require of modern social care and support services. These changing demands have led to a number of building based services becoming increasingly unviable and unfit for purpose.
- (iii) We need to find a way to deliver and improve an effective, efficient in-house service that can remain competitive, in terms of quality and cost, with the developing external health and social care market. Officers will present a report to Cabinet in September which will outline some of the challenges and opportunities are available that could achieve this.

8.3.2 Change Eligibility Criteria

- (i) The Adult Social Services Taskforce considered the option of providing support to people falling into the Critical level of need only rather than continuing with the current arrangements of supporting people with both Critical or Substantial needs under the Fair Access to Care national Criteria.
- (ii) The Taskforce recommended that the Council should continue to provide support to people assessed as having Critical or Substantial needs. At the time of the consultation exercise of the 23 authorities in the North West, 17 provide support to people assessed as having Critical and Substantial need, with another 6 also providing support to people with Moderate and Low need.

- (iii) The Department currently supports 8,434 people of which 944 are recorded as having Critical needs.
- (iv) The potential risks include:
 - Impact on wider health and social care economy
 - May increase DASS funding in longer term
 - Reputational impact
 - Likely to result in legal challenge
 - Waiting for response to Dilnot report

8.3.3 Resource Allocation System

- (i) Cabinet on 4 November 2010 approved the roll out of the Personal Budgets Phase 3 from 11 November 2010 with a '£ per point' allocation under the Resource Allocation System (RAS) of £1.62. The £ per point under Phase 1 and 2 was £1.88.
- (ii) Within the RAS the total number of points attracting social care funding is 29 per day (203 per week). This gives a total allocation of £328.86.
- (iii) Department is currently undertaking an evaluation and review of Personal Budgets and will report its findings to Cabinet in October. There are a number of potential options including:
 - reduce the number of points attracting social care funding
 - reduce the £ per point
 - change funding allocations for carers
- (iv) The potential risks include:
 - Allocation insufficient to meet an individuals assessed eligible need therefore additional funding required
 - Impact on wider health and social care economy of changes to funding for carers

8.3.4 Extra Care

- (i) Extra care housing schemes offer flexible 24 hour care to people living within their own private flat or bungalow. The schemes offer access to meals, domestic support and leisure and recreation facilities.
- (ii) The schemes providing a 24 hour social care service in Wirral are Granville Court (Wallasey), Harvest Court (Moreton), Cherry Trees (Moreton), Mendel Court (Bromborough) and Willowbank (Wallasey).
- (iii) As Extra Care continues to evolve it provides a real alternative not only to residential and nursing care but also plays a significant role in the avoidance of hospital admissions and early discharge.
- (iv) The Department is looking to explore the options for providing additional Extra Care facilities in Wirral although any additional provision is unlikely to be available before 2013.
- (v) The potential risks include:
 - individual choice on location
 - no suitable site
 - insufficient investment

8.4 Early Intervention and Prevention

8.4.1 Delivery of POPIN service

- (i) Promoting Older People's Independence Network (POPIN) consists of a team of 10 advisors who work across Wirral and visit people aged 65 and over in their own homes. Services provided by the advisors include:
 - Ensuring people are their entitled claiming benefits
 - Providing information and advice for services that help individuals stay safe in their own home for example Handyperson services, falls prevention
 - Support with referrals to Merseyside Fire & Rescue Service for home fire safety checks and smoke alarms
 - Providing information and support with applications for housing, sheltered and extra-care accommodation
 - Providing advice and support to access voluntary / befriending services
- (ii) Individuals do not need to be assessed under the Fair Access to Care criteria to access the service and there is no charge made for the service.
- (iii) In 2010/11 the advisors dealt with, on average, 40 new cases per month, a total of 480 for the year. The cost of directly providing this service is £519,100 including recharges, £329,400 excluding recharges.
- (iv) The Department could seek to re-commission this service from an external provider or social enterprise and efficiencies could be achieved.
- (v) The potential risks include:
 - High reputational risk
 - Risk to valued provision
 - Need to secure early intervention support
 - Potential TUPE implications

8.4.2 Re-Commission Voluntary Sector Activity

- (i) The Department is currently undertaking a review of all voluntary sector contracts and is seeking to re-commission this activity at a more efficient cost.
- (ii) The annual cost of existing contracts with the Voluntary Sector is £2.5m.
- (iii) The potential risks include:
 - Public reaction to decommissioning
 - May make valued services unviable

9.0 RELEVANT RISKS

9.1 A number of risks have been identified in the options set out above. It will be necessary to develop detailed risk assessments as options are taken forward for consideration.

10.0 OTHER OPTIONS CONSIDERED

10.1 The full range of options as considered within the Department's Medium Term Financial Plan has been described.

11.0 CONSULTATION

11.1 Consideration by the Scrutiny Committee is one of the means which is being used to inform the setting of the 2012/13 Council Budget.

12.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

12.1 The Department works extensively with the voluntary, community and faith sector; a number of options set out above would have a direct impact on the sector. The overall implications will be considered in detail as specific options are further developed.

13.0 RESOURCE IMPLICATIONS

13.1 It is not possible at this stage to discern the resource implications will be considered in detail as specific options are further developed.

14.0 LEGAL IMPLICATIONS

14.1 None have been identified at this stage.

15.0 EQUALITIES IMPLICATIONS

15.1 Detailed Equality Impact Assessments will be produced in due course as the policy implications of any decisions are developed.

16.0 CARBON REDUCTION IMPLICATIONS

16.1 None have been identified at this stage.

17.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

17.1 None have been identified at this stage.

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APPENDIX 1 **Descriptions of services provided by the Department of Adult Social Services**

APPENDIX 2 **Population projections for Wirral: percentage increases by age band**

REFERENCE MATERIAL Task Force papers 2010

SUBJECT HISTORY

Council Meeting	Date
None	

Descriptions of services provided by the Department of Adult Social Services

1. Social Work Teams in the Locality

Budget: £33.9 million

Brief service description :

Teams work in partnership with NHS Wirral and other agencies within a defined geographical area to manage the access and assessment to services function; carrying out statutory assessments of need, ensuring people are protected from harm through statutory safeguarding duties, assisting people to develop their support plans, and provide ongoing professional support for people who are eligible to services under the Fair Access to Care (FACS) criteria.

The budgets reflect the cost of social work staffing for people who are over 18 years old, and do not have a severe Learning Disability or enduring mental illness, and cover the net cost of support commissioned from the independent sector to support those people.

2. Short Term Services for Regaining Independence

Budget: £2.3 million

Brief service description

The service provides support for people moving into, through and out of hospital and returning to independent living in the community. This includes access to a full range of short-term assessment, recovery and rehabilitation services such as STAR (Short Term Assessment and Reablement), Intermediate Care, and Rapid Access services.

Dedicated physiotherapy and occupational therapy in these schemes maximise opportunities for people returning home with appropriate support plans and personal budgets.

There is particular focus on frail old people, people experiencing one or a number of health needs including orthopaedic problems, dementia, acute cardiovascular problems and stroke.

3. Support to meet Personal Choice

Budget: £6.6 million

Brief service description

This service helps people to plan how to meet their support needs and to make choices. It ensures that provision of services is in place to meet those needs and choices. This includes council owned daytime services and short break provision.

Daytime services offer rehabilitation, counselling and activities which maintain people's health and provide the opportunity for companionship and socialising. Day services can also provide a break for carers.

Wirral Council currently owns 2 residential homes providing short breaks for people with learning disabilities and mental health difficulties; in addition it also purchases these types of services from the private and voluntary sector.

4. Social Work teams providing Specialist support

Budget: £20.6 million

Brief service description

These teams support people with severe learning disabilities and adults with an enduring mental illness.

Mental health services ensure people with a mental illness live independently with their families and communities. Services include community mental health teams, crisis resolution, respite care and financial help and support.

Learning Disability services supports people with a learning disability from leaving school throughout their adulthood to be as independent as possible.

These specialist teams have mandatory responsibilities to keep people safe under statutory safeguarding duties and are governed by legislation under the Mental Health Act and the Mental Capacity Act.

5. Early Support and Advice

Budget: £6.6 million

Brief service description :

This , provides a borough wide service designed to help people avoid movement into higher levels of support. It includes:

Advice & Information - Information provision, customer feedback, consultation, Welfare benefits advice, Promoting Older People's Independence Network (POPIN) service.

Community Support – Development of services that draw on support from the community to help people to live independently (e.g. voluntary sector, carers, advocacy support).

Practical Support for Independent Living - A range equipment and technology to enable people to live independently (e.g. assistive technology, community equipment, adaptations).

6. Market Management and Development

Budget: £0.2 million

Brief service description

Management of the contractual and business relationship between the Council and independent providers of services to ensure that people's assessed needs are met in a cost effective and high quality way. This includes tendering, contract management and compliance. Quality Assurance in the independent sector ensures that the services in residential care and in domiciliary care are of a suitable standard for vulnerable people and is a key component in the protection of vulnerable people

7. Support for Commissioning

Budget: £3.7 million

Brief service description

Support for the commissioning process including work to identify need and to allocate and control the resources to meet that need. This includes:

Planning & Performance - Integration of social services procedures into the process of strategic planning and performance management across the Council and the provision of management intelligence to inform commissioning decisions

Finance & Resources - Control and management of the use of financial, fixed and human resources to meet the Council's objectives.

Self Directed Support – Direct Payment/Personal Budget advice and support, payment and audit of accounts. Financial Protection (Appointeeships and Court of Protection).

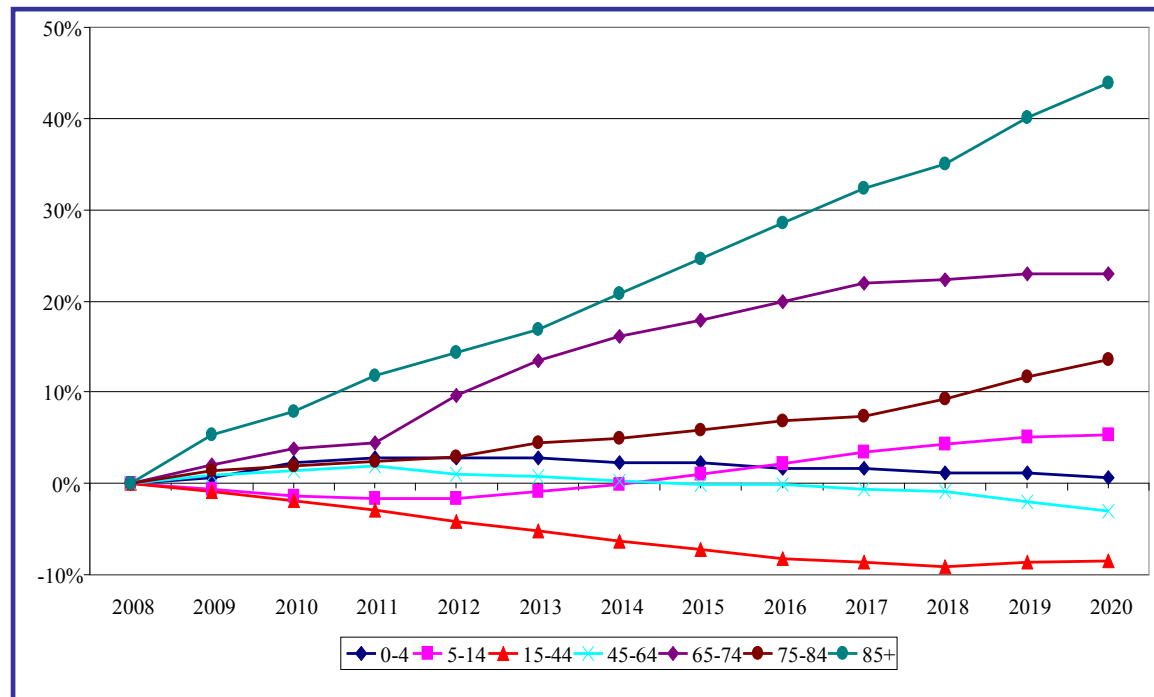
8. Safeguarding Vulnerable Adults

Budget: £0.2 million

Brief service description

This aim of this service is to keep Adults at Risk safe from harm and support Child protection processes. This involves leadership of work across the partnership of public, private and voluntary sector organizations in Wirral, management of the arrangements for safeguarding for the Department of Adult Social Services, Children and Young People's Department and management of the process for investigating and addressing complaints. The work includes compliance with the Mental Capacity Act, relating specifically to the neglect of Adults at risk who lack mental capacity and who are neglected by those identified as the carer for the Adult at risk.

Population projections for Wirral: percentage increases by age band



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WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

13 SEPTEMBER 2011

SUBJECT:	UPDATE REPORT ON PUBLIC HEALTH
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF PUBLIC HEALTH
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The Government published *Healthy Lives, Health people: Update and way forward on 14 July 2011*, a policy statement in response to the public health white paper *Healthy Lives, Healthy People: our strategy for public health in England* consultation process and the NHS reforms listening exercise.

This report provides an overview of the key messages contained in the report and how they will impact on the Council.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The update indicates that there was general support for the main measures in the White Paper – including transferring public health responsibilities to local authorities and creating Public Health England. However, there were also concerns about some of the details, such as the status of Directors of Public Health and the independence of public health advice. This has led to some clarification and shifts in emphasis, including the following.

- Local authorities will have responsibilities across all three domains of public health – health improvement, health protection and population healthcare, and will be required to deliver certain services.
- Directors of Public Health (DsPH) should be senior officers of councils reporting to local authority chief executives.
- Local authorities and their DsPH will be required to provide advice to clinical commissioning groups.
- Public Health England will now be an Executive Agency of the Department of Health to ensure greater operational independence, but in a structure that is clearly accountable to the Secretary of State.

The update also identifies the measures the government will take to engage with key stakeholders to further develop public health policy and practice. Councils and Public Health England will take on their responsibilities fully by April 2013, but the government is encouraging shadow arrangements in preparation for the formal transfer.

2.2 Responsibilities of Local Government

The policy statement confirms that local authorities will be responsible across the three domains of public health: health improvement, health protection and population healthcare. Wherever possible, commissioning decisions will be delegated to local levels, but the Secretary of State will have powers to prescribe through regulation that particular services should be delivered or steps taken, for example in health protection. The following will be mandatory for local authorities to deliver:

- appropriate access to sexual health services
- measures to protect the health of the population, with the DPH having a duty to ensure there are plans in place for this
- ensuring that NHS commissioners receive the public health advice they need
- the National Child Measurement programme
- NHS Health Check assessment
- elements of the Healthy Child Programme.

The government intends to work with stakeholders on further details and to produce a full list of the functions that would be prescribed in regulation.

A list of the other areas of responsibility for local authorities is provided in Appendix A of the policy statement. They include: tobacco control, alcohol and drug misuse, obesity and community nutrition, physical activity, public mental health, public dental health (apart from specialist dental public health), accidental injury prevention, population level interventions to reduce birth defects, lifestyle campaigns to prevent cancer and long term conditions, workplace health initiatives, reducing seasonal mortality, community safety, tackling social exclusion, and supporting/reviewing NHS delivered public health services such as immunisation programmes.

Further discussion is to take place on some functions such as the transfer of public health responsibilities for children under five and the responsibility for promoting early diagnosis in medical conditions.

2.3 Role of the Director of Public Health

Directors of Public Health will have the following key areas of responsibility:

- will be responsible for all three domains of public health and
- will be the principal adviser on health to elected members and officers
- will be the officer charged with delivering key new public health functions
- will be a statutory member of the Health and Wellbeing Board
- will be the author of an annual report on the health of the population
- their teams will provide public health expertise, advice and analysis to clinical commissioning groups, Health and Wellbeing boards and the NHS Commissioning board.

In health improvement, they will lead on investing the ring-fenced grant. In health protection, they must ensure that the local area has plans in place to protect the health of the population and respond to the spectrum of incidents, outbreaks and emergencies. In population healthcare, they will provide advice and expertise to clinical commissioning groups and Health and Wellbeing boards. The government intends to work with stakeholders to develop a 'core public health' offer setting out what support NHS bodies should expect from the DPH.

DsPH will be jointly appointed by councils and Public Health England to ensure that appropriately qualified individuals are appointed, and that they receive continuing professional support and advice. The government indicates that 'it is for local authorities to determine the precise detail of their own corporate management arrangements' but they expect that the DPH would be of chief officer status, directly accountable to the Chief Executive and in line with the posts of Directors of Adult and Children's Services.

2.4 Funding

The policy statement indicates that the government wants maximum flexibility for the ring-fenced public health grant to local authorities. It will have limited core conditions which define its purpose to ensure that it is spent on public health functions and has transparent accounting processes. The government will work with stakeholders to consider any possible additional conditions.

The policy statement also indicates that the government is continuing to establish the size of the budget through engagement with the NHS, 'and increasingly local government partners', to refine the assessment of baseline NHS spending on public health activity. Some of this funding will be distributed to local authorities in the ring-fenced grant, some to the NHS commissioning Board for commissioning specific public health programmes, and some would form the budget of PHE. The Advisory Committee for Resource Allocation is continuing to consider what it will recommend as an appropriate formula for the local authority grant. Shadow allocations will be made for 2012/13 by the end of this year. The government indicates that it is committed to ensuring that local authorities are 'adequately funded' for their new responsibilities. On the matter of the health premium (financial incentives to make improvements on a subset of indicators in the outcomes framework), the government indicates that it has considered the consultation response carefully and will undertake detailed developments in the coming months.

2.5 Health and Wellbeing Boards

Health and Wellbeing Boards (HWBs) will have an important role in bringing together the whole system, driving opportunities for the health and wellbeing of the population and promoting joint commissioning and integration in health, social care and public health. The Health and Social Care Bill will make it clear that HWBs should be involved throughout the process of clinical commissioning groups developing their commissioning plans.

2.6 Responsibilities of the NHS

The local NHS will also work across the three domains of public health. It will have to ensure that it is taking healthcare opportunities (e.g. GP contacts) to make a positive impact on public health. It will also deliver a range of specific population health interventions such as immunisation and screening, and will make a contribution to health protection and emergency response. The National Commissioning Board will commission some specialist health services from the public health budget, particularly screening and immunisation programmes.

The government has asked the NHS Future Forum to consider further the role of the NHS in improving health outcomes.

2.7 The role of Public Health England

PHE will bring together expertise from a number of different bodies – the Health Protection Agency, National Treatment Agency for Substance Misuse, Regional Directors of Public Health, Public Health Observatories, the National Cancer Network and national screening committee. The aim is to establish an integrated public health delivery body to provide professional leadership, focus and ‘an authoritative national voice’. PHE will now be an executive agency of the Department of Health (DH) with its own distinct identity and a chief executive. PHE will operate at both local and national levels.

PHE will provide support for local delivery across the three domains and will have functions that need to be organised and aggregated at different levels to achieve maximum efficiency and this will include having a local presence. It will provide information, evidence, surveillance and leadership in topics such as the development of joint strategic needs assessment and population health outcomes. It will also be involved in encouraging health improvement action across society including local employers, individuals and families. Health protection and emergency response will be a key responsibility; the consultation raised concern that this was insufficiently robust within the new system. Appendix B of the policy statement sets out how the government intends to strengthen emergency planning arrangements.

At a national level, PHE will instigate national campaigns, such as Change4life. It will work with the National Institute for Health and Clinical Excellence on innovation and improvement and will operate on a UK, European and world-wide basis. It will work particularly closely with the NHS Commissioning Board and the DH, and the government is looking to develop details of the accountability relationship between these bodies

2.8 National leadership

The Secretary of State will provide national leadership for the public health system. Detailed functions include being accountable to Parliament and the public for ensuring that the system works, setting the ring-fenced budget for public health from within the overall health budget, producing legislation where required, establishing the direction for public health nationally and locally, setting the national outcomes framework, holding PHE to account, participating in cross-UK and international development, and working across Whitehall on issues that impact on public health, such as warm housing. To this end a Cabinet Sub Committee on public health has been put in place. The DH will continue to support the Secretary of State in the delivery of his functions.

2.9 Workforce development

The policy statement indicates that the government is working with stakeholders to develop a public health workforce strategy to support specialist expertise and also a more inclusive approach to recognise that public health is not just a matter for professionals. In response to concerns about terms and conditions in the transition to local authorities, the government indicates that this is a matter for local areas, but it will be developing a high level HR concordat on transition in partnership with NHS and Local Government Employers. Public health organisations have consistently supported introducing independent regulation for the profession; the policy statement indicates that the government is seeking further evidence from the profession on risks to the public which could not be addressed by non statutory means. It will make final proposals in the autumn.

2.10 Future Developments

Further policy statements and agreements will be produced throughout the autumn on the outstanding aspects of the public health system.

- The public health outcomes framework.
- An operating model describing how PHE will work.
- Further details about implementing public health in local government and the role of the DPH.
- Public health funding – establishing the baseline for expenditure, details of the allocation methodology, the health premium and shadow allocations.
- An HR Concordat with local government on the transition process.
- A People Transition Plan for the HR process of transfer to PHE.
- A comprehensive workforce development strategy – consultation in the autumn.

Regional Directors of Public Health are leading the transition of public health functions at a local level and must agree formal transition plans by March 2012.

3.0 RELEVANT RISKS

- 3.1 The main risks will become more tangible as detail emerges of future funding and human resource policies. The future funding could have implications for the delivery of public health outcomes if the resources are less than that which is currently invested in Wirral through the Primary Care Trust.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 Not applicable for this report

5.0 CONSULTATION

- 5.1 Widespread consultation was undertaken on the White Paper for public health. The published policy statement is not intended for consultation.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 Voluntary and community groups are currently supported locally through public health funding. Although there is no immediate change to this, any implications of a change in the level of budget available for public health through local authorities, or policies for local implementation or priority setting might have an impact in future and will need to be reviewed.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 7.1 The main considerations for resources will come once the shadow budget is identified, and the human resource plans are published. These issues will be looked at in detail at that stage.

8.0 LEGAL IMPLICATIONS

- 8.1 None at present. The responsibilities of local authorities in public health are identified in the draft Health & Social Care Bill which is making its way through the parliamentary processes.

9.0 EQUALITIES IMPLICATIONS

- 9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because of another reason: that this paper does not contain any proposals which would require an equality impact to be undertaken. It is an update on a national statement of policy. It would be useful to consider the equalities impact when the detail of the local responsibilities for public health is better understood.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 Not applicable for this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Not applicable for this report.

12.0 RECOMMENDATION/S

12.1 It is recommended that the Committee note the contents of the report and request that a further report is brought to it when more detail is available in relation to future responsibilities, budget and human resource issues.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 At this point in time, there is no legislation or mechanisms in place to enable the transfer of public health into the Council. Further reports are expected in the Autumn on the development of budget allocations, public health outcomes and the local authority and Director of Public Health roles. A transition plan for Wirral will be constructed using this information during the late Autumn.

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APPENDICES

None

REFERENCE MATERIAL

Healthy Lives, Healthy People: Update and way forward. Published by the Department of Health.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet Report	17 March 2011
Health & Wellbeing OSC	18 January 2011

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PRESENT: Councillors Keith Butcher, Andrew Dawson, Louise Gittins, Eveleigh Moore Dutton, Charles Fifield, Gill Boston, Paul Edwards, Brian Silvester, Ann Bridson, Wendy Clements, Patricia Glasman and John Salter

Apologies for absence were received from Councillors Paul Dolan, Gordon Baxendale, Carolyn Andrew, Jacque Weatherill, Cherry Povall and Tony Smith

Officers in attendance: Ros Francke – CWP Director of Finance NHS Foundation Trust
Andy Styring – Director of Operations, CWP NHS Foundation Trust
David Jones – Scrutiny Team
Deborah Ridgeley – Democratic Services Officer

1 APPOINTMENT OF CHAIRMAN

Councillor Brian Silvester nominated Councillor Andrew Dawson as Chairman of the Committee, seconded by Councillor Eveleigh Moore Dutton. There were no other nominations.

DECIDED: That

Councillor Andrew Dawson be appointed Chairman of the Cheshire and Wirral Council's Joint Scrutiny Committee for the ensuing 2011/2012 Municipal year.

Councillor Andrew Dawson in the Chair

2 APPOINTMENT OF VICE CHAIRMAN

Councillor John Salter nominated Councillor Patricia Glasman as Vice-Chairman and was seconded by Councillor Ann Bridson. There were no other nominations.

DECIDED: That

Councillor Patricia Glasman be appointed as Vice-Chairman of the Cheshire and Wirral Council's Joint Scrutiny Committee for the ensuing 2011-2012 Municipal Year.

3 NOTIFICATION OF SPOKESPERSON

DECIDED: That

Councillor Brian Silvester was appointed as Spokesperson from Cheshire East Council for the ensuing 2011 – 2012 Municipal Year.

4 APPOINTMENT OF SECRETARY

Members considered the appointment of a Secretary to the Joint Committee.

DECIDED: That

Cheshire West and Chester Council provide the Secretariat for the Cheshire and Wirral Council's Joint Scrutiny Committee for the ensuing 2011 – 2012 Municipal Year.

5 DECLARATIONS OF INTERESTS

Members did not declare any personal or prejudicial interests.

6 MINUTES

Members referred to Minute number 81, in relation to the presentation about the Dementia Pathway and requested clarity as to the percentages quoted.

DECIDED: That

subject to the above information being circulated, the minutes of the meeting of the Cheshire and Wirral Council's Joint Health Scrutiny Committee held on 4 April 2011 be agreed as a correct record.

7 CHESHIRE AND WIRRAL COUNCILS JSC - PROTOCOL AND PROCEDURAL RULES

The Protocol for the Joint Scrutiny Committee had been provided for Members and consideration as to possible changes was requested. Members stated that until more experience of the work of the Committee had been gained, it was perhaps premature to consider changes.

The Committee considered the definitions contained in the protocol and it was suggested that the wording in paragraph 7.1 of the report was the most accurate:-

"Overview and scrutiny powers cover any matter relating to the planning, provision and operation of health services. Health services are as defined in the NHS Act 1977 and cover health promotion, prevention of ill health and treatment".

The number of meetings was also discussed, and although the scheduled meetings had been previously agreed at 4, flexibility to arrange further meetings and for task and finish groups to meet was deemed to be necessary.

DECIDED: That

the Procedure Rules appended to the agenda be noted, and submitted for further consideration at a future meeting of the Joint Committee.

8 CO-OPTION

Members considered the Joint Committee's Procedural Rules, which provided that it "may choose to co-opt other appropriate individuals in a non-voting capacity, to the Committee or for the duration of a particular review or Scrutiny".

Members were reminded that at the last meeting of the Joint Scrutiny Committee, Mr Phil Hough had been in attendance as a co-opted member. Mr Hough was asked if he wished to continue as the co-optee, which he confirmed. He brings

over 20 years experience as a carer of people with mental health issues and was a representative on local and national organisations.

DECIDED: That

Mr Phil Hough be appointed as a co-opted member on the Cheshire and Wirral Council's Joint Scrutiny Committee.

9 INTRODUCTION TO THE TRUST

The Joint Committee considered a report which set out a brief introduction to the services currently provided by the Cheshire and Wirral Partnership (CWP). The services provided included inpatient and community mental health services for children, adults and older people as well as learning disability services and drug and alcohol services across Cheshire and Wirral.

The Chairman reminded Members that the boundaries of the Partnership were not co-terminus with the Council boundaries, and that the population figures also differed between the three local authorities.

The CWP was not the only service provider for residents with mental health issues, and there were many other organisations with an impact on service provision. The directory attached to the report set out which services were currently provided in each local authority area, and Members noticed there were a few gaps where services were not provided across all three authorities.

To enable Members to have a better understanding of all the elements of the CWP's work and the role of the Scrutiny Committee a programme of training was suggested. (Training discussed as a separate item on the agenda)

DECIDED: That

the introduction to the Trust be noted and an appropriate training programme be developed.

10 AREAS FOR IMPROVEMENT IDENTIFIED IN THE QUALITY ACCOUNTS 2010/11

Members considered the Areas for Improvement Identified in the Cheshire and Wirral Partnership's Quality Accounts 2010/2011. The summary document had been requested following the last meeting of the Joint Committee, where a detailed report had been submitted but described as difficult to interpret.

The document listed 16 areas for improvement, and each area contained a summary covering detailed information for each ward. The detailed information was available should Members require it.

Members agreed to also look at those services that performed well. This would aid Members to compare them with other service providers. It was confirmed that regular benchmarking on a national and regional level occurred, and this information could also be made available to the Joint Committee.

Members discussed the areas which could be the subject of task and finish groups, minute number 12/2011 refers.

DECIDED: That

the Areas for Improvement be noted.

11 TRAINING

The Chairman referred to the membership of the Joint Committee, and of the number of new Members. Because of this, it was considered necessary to hold a number of training and awareness sessions to increase Members knowledge of the work of the Cheshire and Wirral Partnership (CWP) before undertaking scrutiny projects.

Ros Francke, confirmed that the CWP would offer any training or support Members felt they required to undertake their role on the Joint Committee. It was understood that the geographical area covered by the Joint Committee was extensive and that it would be a steep learning curve given the number of scheduled meetings. A package of training and awareness sessions could be arranged, and Members were encouraged to reply to emails about training as soon as possible, and provide information about their availability for full or half day sessions.

Members were also informed about a number of workshops currently run by the CWP on various topics, which could be opened up to the Joint Committee. These workshops were also attended by representatives of Cheshire Police, Cheshire Fire Authority and housing associations.

Once all emails had been received by Members of the Joint Committee, a training programme would be drawn up by the Chairman in conjunction with the Secretariat and Ros Francke.

DECIDED: That

a training programme be developed once Members availability was known, and circulated to the Joint Committee as soon as possible.

12 WORK PLAN

Members considered a Work Plan for the Municipal Year 2011 – 2012. The Chairman referred to emails concerning Compulsory Treatment Orders which had been forwarded to a number of Members and suggested that the process could be a likely topic for scrutiny to look.

The Chairman suggested that three task and finish groups be set up to look at certain subject and report back to the Joint Committee. Members discussed the topics listed in the Areas For Improvement Identified in CWP Quality Accounts 2010/2011 (minute 10/2011 refers). Following a detailed discussion, Members volunteered to start the task and finish groups, with the aim of reporting back to the Joint Committee at the October meeting initially, and make recommendations to the meeting in and the January 2012 meeting.

DECIDED: That

the following task and finish groups be established:-

Improving Physical Health Care for Trust Service Users: to comprise of Councillors Gill Bidston; Ann Bridson; Wendy Clements; Eveleigh Moore Dutton and Paul Edwards.

Processes Involved in Compulsory Treatment Orders: to comprise of Councillors Andrew Dawson; Patricia Glasman; Eveleigh Moore Dutton and Charles Fifield.

Alcohol Acquired Brain Injury: to comprise of Councillors John Salter; Patricia Glasman; Louise Gittins and Keith Butcher.

13 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

The Chairman agreed to consider one item of urgent business.

Care Home Provision for Vulnerable People

Councillor Gill Bidston referred to the recent publicity about Winterburn View in Bristol. Officers reassured Members that after the television programme was first shown, assessments of the care provision were undertaken to ensure that the poor practices highlighted were not repeated in any establishments within the Cheshire and Wirral areas. A rolling programme of assessments was undertaken.

The whistle-blowing policies of organisations was also referred to, and it was suggested that this area could also be the subject of scrutiny in the future to ensure that the policy was adopted and employees protected appropriately.

The Chairman agreed to consider the item as urgent business on the grounds that reassurance of service provision was required for all Members before the next meeting of the Joint Committee.

Chairman

Date

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