



Health and Well Being Overview and Scrutiny Committee

Date:	Thursday, 19 January 2012
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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

AGENDA

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

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

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

2. MINUTES (Pages 1 - 14)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 8 November, 2011.

3. CORPORATE PLAN 2012/13 (Pages 15 - 44)

In accordance with Council minutes 77 and 78 (12 December, 2011), the Committee is requested to consider those parts of the Corporate Plan within the remit of this Committee.

4. HEALTH AND SOCIAL CARE SERVICES FOR PEOPLE WITH AUTISM (Pages 45 - 52)

5. **LINK TRANSITION TO A LOCAL HEALTHWATCH ORGANISATION (Pages 53 - 56)**
6. **SELF EVALUATION / PEER CHALLENGE (Pages 57 - 92)**
7. **VASCULAR SURGERY - UPDATE REPORT ON CONSULTATION PROCESS (Pages 93 - 106)**
8. **ANNUAL PUBLIC HEALTH REPORT (Pages 107 - 140)**
9. **WORK PROGRAMME**

Report to follow.

10. FORWARD PLAN

The Forward Plan for the period January to April, 2012 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.

11. MINUTES OF THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE (Pages 141 - 146)

The minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 10 October, 2011 are submitted for the Committee's information.

12. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 8 November 2011

Present: Councillor P Glasman (Chair)

Councillors S Clarke D Roberts
P Doughty J Walsh
M Hornby G Watt
C Povall P Williams

Deputy: Councillor R Wilkins (In place of A Bridson)

Co-opted: D Hill (LINKs)
S Lowe (Service users under OPP age group)
S Wagener (Carers)
S Wall (OPP)

Apologies S Saagar (BME)

24 HOWARD COOPER

The Chair informed the Committee that this meeting would be the Interim Director's, Howard Cooper's last before retiring at the end of December. She thanked him for all his work with the Council and particularly his work with the Committee and made a presentation.

Howard expressed his thanks to the Chair and the Committee and said how much he had enjoyed working with the Committee.

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

Members were asked to consider whether they had a personal or prejudicial interest in any matters to be considered at the meeting and, if so, to declare them and state what they were.

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

Councillor Clarke declared a personal interest in the report, 'Progress Report on the Implementation of Personalisation and Recommendations for Transforming Day Services' by virtue of her membership of the Highcroft Day Centre Advisory Committee (see minute 32 post).

Councillor Hornby declared a personal interest in the item, 'Primary Health Care – Progress Towards the Establishment of Clinical Commissioning Groups' by virtue of his membership of the West Wirral Patients Committee (see minute 31 post).

Councillor Glasman declared a personal interest in the item, 'Primary Health Care – Progress Towards the Establishment of Clinical Commissioning Groups' by virtue of a family interest (see minute 31 post).

26 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 13 September, 2011.

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

27 **PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTURE - WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST - UPDATE REPORT**

Sue Green, Director of HR and Organisational Development, and Tina Long, Director of Nursing and Midwifery at Wirral University Teaching Hospital NHS Foundation Trust, presented a report which gave an update on a number of areas work, including:

- Site Strategy
- Infection Prevention and Control
- Dementia
- End of Life Care
- Staff Satisfaction and Patient Satisfaction
- Single Sex Accommodation

Responding to comments from Members, both Sue Green and Tina Long informed the meeting that a number of discussions were being held around the relocation of the Children's Development Centre but at the very least investment monies had been set aside for its re-provision at the Clatterbridge site. The Trust Board would be considering proposals for greater levels of in-patient beds at Clatterbridge for a variety of needs. With regard to infection prevention and control the Trust was one of the better performing Trusts in the North West.

A Member suggested that the recommendations from the Dementia Scrutiny Review could be re-visited to see how they were now being implemented.

Resolved – That the report be noted.

The Committee then considered that part of the Acting Chief Executive of the Wirral University Teaching Hospital NHS Foundation Trust, Gary Doherty's, report concerning vascular services and it was agreed that this be considered in conjunction with the following two items (see minutes 28 and 29 post).

He reported that in assessing the potential applications from the other Trusts currently providing these services, the WUTH Board had taken seriously the intent for

there to be two centres for the region, alongside the Commissioner decision to only accept network bids, which meant that Trusts could not submit individual applications. The likelihood of a Trust in Liverpool being designated as the north Mersey centre was high and as such, the location of the centre to serve the south Mersey conurbation would require a different approach than that deployed historically by the WUTH Trust.

The proposal submitted included the recommendation that the shared service Vascular Centre should be based on the Countess of Chester site. Whilst the purpose and intent of the review was supported by clinicians, the recommendation regarding location was not.

The Board's first priority was to provide the best care for the population it served by ensuring that the sustainability of services provided from the Trust's hospitals was maximised, as well as working to develop centres of excellence for care where there was clinical evidence to support fewer numbers of larger centres to improve outcomes. The Trust was committed to improving outcomes for its patients and recognised that this would mean that some of its services would need to be provided on a larger footprint. Sometimes this would mean enhancement on the Wirral, sometimes elsewhere.

28 PROPOSED MOVE OF VASCULAR SURGERY FROM ARROWE PARK HOSPITAL TO COUNTESS OF CHESTER HOSPITAL

This item was considered in conjunction with the previous and following items (see minutes 27 ante and 29 post).

Mr R Chandrasekar, Consultant at Arrowse Park Hospital, submitted a paper and made a presentation to the Committee on the chronology of events regarding the Vascular Services review. He queried how the Trust had arrived at its decision to submit a joint bid with the Countess of Chester Hospital Trust compared to how a decision had been reached in Liverpool and whether or not the four selection criteria, referred to in the consultation document, 'Improvements to Vascular Services in Cheshire and Merseyside', had been used.

29 CHESHIRE AND MERSEYSIDE VASCULAR SERVICES REVIEW

This item was considered in conjunction with the two previous items (see minutes 27 and 28 ante).

Kathy Doran, Chief Executive, NHS Cheshire, Warrington and Wirral (Primary Care Trust Cluster) submitted a report which updated the Committee on the Vascular Services Review.

The NHS Cheshire, Warrington and Wirral Primary Care Trust Cluster Board had considered a paper at its meeting on 2 November at which it had –

- Accepted the recommendations of the Review Project Board;
- Noted the Impact Assessment report conclusions and accepted the recommendation for a review of interventional radiology;

- Endorsed the recommendation of relevant Clinical Commissioning Group Chairs that the South Mersey arterial centre should be based at the Countess of Chester Hospital NHS Foundation Trust, networked with Wirral, Warrington and Whiston;
- Approved the consultation proposal with results to be reported at March Cluster Boards;
- Agreed the proposed arrangements for implementation planning.

The Committee having heard presentations from Gary Doherty, Mr Chandrasekar, and Kathy Doran then debated the issue at some length and responses to questions from the Committee included the following:

Kathy Doran commented:

- From a process of pre-engagement over a 15 month period with the public and clinicians, there would now be a formal 12 week consultation period from December with the results being brought back to Hospital Board meetings in March.
- She would be happy to take advice from the Committee on whatever local meetings for Wirral should be arranged. Consultation would be taken forward through the PCT Cluster's own website and via the press and, if feasible, the Council's own website could also be used.
- If the timeframe was right she would also be happy to use the Council's Area Forum meetings as a means of engaging with the public.
- Population density was not a concept taken into account in service planning but travel times and ease of access by public transport was.
- Deprivation was also an issue as well as age, and there were clearly areas of deprivation in all 3 areas, of Chester, Warrington and Wirral.
- Patients could be consulted in specific departments, but there was also a need to take a broader view as consideration needed to be given to potential patients.
- Co-location of services had been taken into account and advice had been sought from the Renal Tsar, both Arrowe Park and the Countess of Chester had intensive care facilities and the limb clinic was at Clatterbridge which was geographically between the two.
- The management of Arrowe Park Hospital had not sought to submit a separate bid and the commissioners' view was that Trusts should come together consensually.

Mr Chandrasekar commented:

- There were currently more patients from Wirral than from Chester being treated for vascular services.
- It was not a question of submitting a competing bid but rather of determining which hospital was best placed to serve patients.
- There were currently very satisfactory on-call arrangements with the Countess of Chester, although there had been no formal contact with vascular surgeons at the Countess of Chester until after the announcement.

Gary Doherty commented:

- The process which had been outlined to Arrowse Park Hospital was to submit a network bid and that agreement on this had to be reached otherwise a Warrington / St Helens bid would have been the only submission.
- He acknowledged that there were lessons to be learnt about communication but there was already a good track record of working with the Countess of Chester.

Peter Herring, Chief Executive of the Countess of Chester Hospital Foundation Trust, also addressed the Committee and assured them that the Countess of Chester could provide safe patient pathways and once a decision was made the recruitment process for the necessary staff would commence.

After the debate the Chair then read out the following statement:

“This is the third time this Committee has looked at the proposal to establish an Arterial Centre south of the Mersey.

At the first of these meetings (22 March 2011, minute 72), the Vascular Review Consultation Document was presented by the Director of Health Systems Management, NHS Wirral, Cathy Gritzner and the OSC was informed that complex and emergency vascular surgery services would be carried out at a specialist centre, once an appropriate hospital had been identified following a consultation process.

At the June OSC meeting, (minute 5), Dr Tom Dent outlined the progress of the consultation to date, referring to both a **Review Panel** and a **Review Board**. Dr Dent explained that although there was opposition to the proposal from Clinicians at Arrowse Park Hospital, the **Review Panel** had recommended the Joint Application from WUTH/Countess of Chester to base the Arterial Centre at Countess of Chester Hospital be accepted.

Len Richards, then Chief Executive at WUTH explained approximately 150 – 180 Wirral patients annually would need to be taken to Countess of Chester for their surgery. These would be the patients needing complex or emergency surgery.

Dr Dent drew the Committee’s attention to the UK rates for mortality from Aortic Aneurysms – the worst in Western Europe.

At today’s meeting, we have had further representations from the acting Chief Executive, WUTH, the Chief Executive of NHS Cheshire, Warrington & Wirral and Clinicians at WUTH. The Countess of Chester remains the recommended site for an Arterial Centre. The Vascular Surgeons at WUTH remain opposed to this proposal.

The proposal to site the Arterial Centre at Countess of Chester Hospital appears to be based upon 2 factors:

- Centrality of location, south of the Mersey in relation to the population it serves
- The size of the population covered in the geographical area. This is relevant as it relates to the minimum 800,000 requirement by the NHS Abdominal Aortic Aneurysm Screening Programme. It is not clear if ‘clumping’ into urban areas, of

affected population groups, was taken into account when this figure was proposed.

The data in the tables of the Joint Arterial Centre Application Assurance Report, (WUTH/Countess of Chester), seem to indicate that more patients from WUTH, (both emergency and elective surgery), will be making the journey to Countess of Chester than from the mid-Mersey area, (Warrington/St Helens).

For example, this report highlights that 17 patients annually, needing emergency Abdominal Aortic Aneurysm surgery, would need to travel from WUTH to Countess of Chester in comparison with 6 patients in the same category annually travelling from Warrington. On all the data in the table on P156 of this Agenda, Wirral appears to show higher rates of vascular related disease than Warrington. While it does state in this same report that, "due to low level data we were unable to make sound judgements," it would appear from the information available to the Committee, Wirral has a greater need for specialist vascular provision than Warrington.

Given the clear result of public and professional consultations quoted in the reports before a recommendation was made, that patient safety was the most important factor in deciding where to site the Vascular Centre, (64.7% of respondents ranked this first), it is difficult to understand the logic of making 3 times as many emergency patients travel to Countess of Chester. It is further difficult to understand how, if the universally agreed aim is to reduce the death rate from Aortic Aneurysm, obliging 3 times as many emergency patients to travel further, will achieve a positive outcome.

The apparent fudged solution brought to this OSC seems to be that Arrowe Park Hospital will continue to take admissions and perform emergency surgery during the day, which surely undermines the whole purpose of the proposal to have a single centre of excellence? This may be the reason why the Vascular Review Board did NOT make a recommendation to the Cluster Board, between the mid-Mersey application and the WUTH/Countess of Chester application.

In the documents relating to the Cluster Board meeting, there is a recommendation that there are NO financial/staffing implications of the joint WUTH/Countess of Chester proposal. It is difficult to reconcile this with the information in the Joint Application Assurance report which clearly indicates the need for an extra Anaesthetic Consultant and the need to employ extra staff grade doctors. It is also stated in this report that currently, Countess of Chester does not have accreditation for intensive care training.

This OSC also notes that the Vascular Society 'best practise' advice is ideally, Vascular Centres and Renal Centres should be co-located on the same site. Arrowe Park Hospital is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool. It indicates geographical proximity is less important than level of need and level of service provision, further undermining the case to have an Arterial Centre at Countess of Chester. The committee believes the suggestion that an Arterial Centre at WUTH would necessarily require the consideration of a 3-centre solution, unsupported by population numbers, to be a false argument. The only factor to consider is where is the population, as a whole, best served in Merseyside and Cheshire? The Committee believes this is the approach which has been taken in Manchester.

In the Consultation Document (P28) comments on the 4 Criteria are invited. This Overview and Scrutiny Committee believes Arrowe Park Hospital:

- best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions;
- best meets criteria 3 for the maximum number of potential patients
- best meets criteria 4 on potential costs to the NHS.

The Committee notes the high degree of cooperation between Trust Boards and Clinicians apparent in the mid-Mersey Impact Assessment, (p111-128). It draws particular attention to P116, "The Hospital clinicians felt that the Impact Assessment was the first time they had had a real opportunity to describe the service they offered and to be properly engaged in the process." Irrespective of the final decision, by convening an Independent Panel, these Trusts appear to have been able to maintain positive working relationships with their Clinicians. It is a matter for regret, that even up to 17th October, (not 20th October as stated in the Cluster Board document), Clinicians from WUTH were being prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups. The Committee does not know if the CCG Chairs were aware WUTH Vascular Surgeons had not been allowed to attend. It also does not know if these CCG Chairs were aware that the Secretary of the Vascular Society was not representing the Society at that meeting, when they made their unanimous decision.

This Committee has serious reservations about the quality of information provided in the various documents and reports brought to the Committee and provided to others and the implications this has for decisions taken. It notes there is to be a further consultation period before implementation of any changes to services, due to begin in December. The Committee has been asked to consider establishing a Joint OSC with West Cheshire to oversee the process, which will be voted on next week by the West Cheshire OSC."

It was then moved by the Chair and duly seconded that –

"In the light of the fact that:

1. Data suggests that more people from WUTH (both emergency and elective surgery) will be making the journey to the Countess of Chester than from the Mid Mersey area (Warrington/St Helens) and that Wirral appears to show higher rates of vascular related disease than Warrington.
2. Advice suggests that geographic proximity is less important than level of need and level of service provision.
3. Best practice advice is ideally that Vascular Centres and Renal Centres should be co-located on the same site and that Arrowe Park is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool.
4. According to the criteria in the Consultation Document it seems clear that Arrowe Park Hospital: best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions; best meets criteria 3 for the maximum number of potential patients; best meets criteria 4 on potential costs to the NHS.
5. The Vascular surgeons at WUTH remain opposed to the proposal to site an Arterial Centre at the Countess of Chester.
6. Clinicians from WUTH appear to have been prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups.

This committee expresses serious reservations about the proposal to site the Arterial Centre at the Countess of Chester.

It further expresses reservations about the unsatisfactory proposed compromise solution to allow Arrowe Park Hospital to continue to take admissions and perform emergency surgery during the day, which seems to undermine the whole logic of having a single Centre of Excellence.

This Committee also expresses its concern over the quality of the information provided in the various documents and reports to this committee and to others and the impact this may have had on any decisions taken.

Committee notes that there is to be a further consultation period before implementation of any changes to services, which is due to begin in December.

Committee also notes that they have been asked to consider setting up a joint OSC with West Cheshire to oversee the process and this will be voted on next week by the West Cheshire OSC.

Committee therefore agrees to refer this matter to Cabinet to examine the issues further and consider what recommendations should be made.”

It was then moved by Councillor Povall, duly seconded and accepted by the Chair as a friendly amendment, that –

At the end of the third paragraph from the bottom add-

“Committee strongly feels that consultation must take place on the Wirral as the Committee feels that the current proposals will have a dramatic impact on the outcomes for Wirral patients and residents and therefore the implementation date should be delayed until the New Year.”

Delete the last paragraph and replace with:

“Committee therefore wishes to receive a further report detailing the Wirral consultation to enable this Committee to further scrutinise the proposals and pass on its views to Cabinet.”

The motion, as amended, moved by the Chair and seconded by Councillor Clarke, was put and –

Resolved (unanimously) –

In the light of the fact that:

- 1. Data suggests that more people from WUTH (both emergency and elective surgery) will be making the journey to the Countess of Chester than from the Mid Mersey area (Warrington/St Helens) and that Wirral appears to show higher rates of vascular related disease than Warrington.**
- 2. Advice suggests that geographic proximity is less important than level of need and level of service provision.**

3. **Best practice advice is ideally that Vascular Centres and Renal Centres should be co-located on the same site and that Arrowe Park is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool.**
4. **According to the criteria in the Consultation Document it seems clear that Arrowe Park Hospital: best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions; best meets criteria 3 for the maximum number of potential patients; best meets criteria 4 on potential costs to the NHS.**
5. **The Vascular surgeons at WUTH remain opposed to the proposal to site an Arterial Centre at the Countess of Chester.**
6. **Clinicians from WUTH appear to have been prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups.**

This committee expresses serious reservations about the proposal to site the Arterial Centre at the Countess of Chester.

It further expresses reservations about the unsatisfactory proposed compromise solution to allow Arrowe Park Hospital to continue to take admissions and perform emergency surgery during the day, which seems to undermine the whole logic of having a single Centre of Excellence.

This Committee also expresses its concern over the quality of the information provided in the various documents and reports to this committee and to others and the impact this may have had on any decisions taken.

Committee notes that there is to be a further consultation period before implementation of any changes to services, which is due to begin in December. Committee strongly feels that consultation must take place on the Wirral as the Committee feels that the current proposals will have a dramatic impact on the outcomes for Wirral patients and residents and therefore the implementation date should be delayed until the New Year.

Committee also notes that they have been asked to consider setting up a joint OSC with West Cheshire to oversee the process and this will be voted on next week by the West Cheshire OSC.

Committee therefore wishes to receive a further report detailing the Wirral consultation to enable this Committee to further scrutinise the proposals and pass on its views to Cabinet.

The Chair then referred to the suggestion of a Joint Overview and Scrutiny Committee with Cheshire West and Chester Council to consider the matter further and proposed that she and the Cheshire West and Chester Council Chair could meet informally together with the party spokespersons to discuss this and come back to the Committee for their views.

30 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - GP PRACTICE WEST KIRBY**

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

Sandra Wall referred to the tremendous anxiety caused to patients of a GP Practice in West Kirby which had recently been locked out of its premises.

Kathy Doran, Chief Executive, NHS Cheshire, Warrington and Wirral (Primary Care Trust Cluster) explained how the situation had arisen and remarked that it was outrageous what had happened. NHS PCT Cluster staff had worked all of that particular weekend to put a solution to the crisis in place and had quickly put in place temporary arrangements at West Kirby Concourse Health Centre. She assured the Committee that at no time had patients' records been compromised.

The Practice had, prior to the incident, had plans to leave the premises and builders were working on new premises which had now been made usable in advance of full completion before Christmas.

It was extremely regrettable what had happened, without any advance warning, but the PCT had done the best it could in the worst of possible circumstances.

Resolved – That the comments of Kathy Doran be noted.

31 **PRIMARY HEALTH CARE - PROGRESS TOWARDS THE ESTABLISHMENT OF CLINICAL COMMISSIONING GROUPS**

Paul Edwards, Wirral GP Commissioning Consortium and Doctors Phil Jennings and Pete Naylor, Wirral Health Commissioning Consortium, gave a presentation to the Committee on the work of the three Wirral Clinical Commissioning Groups (CCGs). Apologies had been received from Dr Gillian Francis of Wirral NHS Alliance.

They gave an outline of the work of the CCGs and processes which were in place for engaging with the public. Although legislation was not yet in place, the three Wirral CCGs had been successful in being registered as pathfinders, which allowed them to take on increasing responsibilities for commissioning, using powers and budgets (currently around 70%) delegated to them by PCTs within the current statutory framework.

Each of the three CCGs had an Executive Board and Board meetings were open to the public. A Clinical Advisory Group had also been established and when a service might be of benefit to all Wirral patients the CCGs could jointly commission services.

Responding to comments from Members, they informed the meeting that all GP Practices on Wirral were part of one of the three consortia. It was recognised that there were a number of different stakeholder groups to engage with and they were also hoping to encourage younger patients to get involved too.

Resolved – That the CCGs be thanked for their presentation to the Committee.

32 **PROGRESS REPORT ON THE IMPLEMENTATION OF PERSONALISATION AND RECOMMENDATIONS FOR TRANSFORMING DAY SERVICES**

The Interim Director of Adult Social Services submitted a report which gave details of the progress on implementation of personalisation and of a new pilot approach to daytime provision for people with disabilities that would improve and indeed

transform outcomes and access to training, education and employment for people. Consultation would take place with citizens on a variety of options on how to improve and transform day services and daytime provision across Wirral over a 12 week period, starting on 16 November.

The report supported the Council's Corporate Priorities in that it sought to improve existing services and that it placed the views of Wirral residents, employers, Community and Voluntary groups at the heart of all the Council did, providing opportunities for people to improve their neighbourhoods, lives and those of their families, ensuring that no part of Wirral was ignored.

With the permission of the Chair, Eddie Griffiths, Co-Chair of Enabling Fulfilling Lives, addressed the Committee and circulated a paper on the proposals. Whilst fully in favour of the need to transform day services he expressed the EFLs and the Wirral Carers' Association's concerns at the proposals within the report.

The Interim Director, in response, commented upon the need for change as many of the services had developed in isolation from each other and this sector of provision needed to grow and be more available for more people. There was a need to take away the barriers within the Local Authority organisation and to explore ways of opening up provision. There was and would continue to be a need for building-based provision. However, there was a significant need to review these services and reconfigure services to meet individual (personalised) needs.

There was also a need to develop a social enterprise hub to co-locate a number of services currently fragmented across the borough and enable these services to give mutual support. The possible use of the Riverside Day Centre for this purpose was being explored along with other options.

On a motion by the Chair, it was –

Resolved –

(1) That the report be noted.

(2) That a working panel, comprising the Chair, Councillor S Clarke and one Liberal Democrat Member together with the co-opted members, Sandra Wall, Susan Lowe and Simon Wagener be established to look at the proposals for the transformation of day services.

33 **PROGRESS REPORT - NHS INTEGRATION - HOSPITAL DISCHARGE / STAR SERVICE**

The Interim Director of Adult Social Services submitted a report which updated the Committee on the progress of integration between health and social care services that would support hospital discharges and prevent unnecessary hospital admissions. The report covered four areas of service development:

- The development of the Rapid Access Service.
- The re-provision of reablement services (Short Term Assessment and Reablement (STAR)).
- The further integration of the hospital discharge team.

- The re-provision of intermediate care beds.

These service developments were taking place as part of the introduction of a new model of service called 'team around the adult'. This had been developed to improve outcomes for service users by ensuring that they received the right support at the right time, and the arrangements for moving onto different services as part of a pathway of recovery and rehabilitation were effectively co-ordinated.

The integration of such services would support the Council's corporate priority of ensuring that the widest possible options for care and support were made available to Wirral residents and that those services helped people to gain full independence after serious illness. The provision of hospital discharge services under the community care legislation and Delayed Discharges Act was a statutory function for the Department of Adult Social Services. Effective services that supported hospital discharge or prevented avoidable admissions financially benefited the whole health and social care economy.

Responding to comments from Members, Anne Bailey, Service Development Manager, said that a training programme had been established for all staff involved and the service continued to work with GPs. She acknowledged that it was also important to talk to people who had gone through the discharge process.

Resolved – That the report be noted.

34 **PRESENTATION ON SECOND QUARTER PERFORMANCE 2011/12**

Steve Rowley, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2011/2012 in the second 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, performance issues which weren't achieving on target, and the corrective action being taken to address them. Budget pressures of £7.1 million had been identified, as follows:

- Increased demand for older people and learning disabilities - £2.9million.
- Slippage on savings e.g. market review negotiations and Early Voluntary Retirement / Voluntary Severance - £3 million.
- Community Care - £1.2 million.

He also reported that Cabinet had approved a new staffing structure for the department on 22 September, 2011 (minute 131 refers). This would strengthen safeguarding arrangements and other front line services.

Resolved – That the presentation be noted.

35 **ANNUAL COMPLAINTS REPORT**

The Interim Director of Adult Social Services submitted an annual report providing information on complaints, compliments and other feedback received by the Department of Adult Social Services during the 12 month period from 1 April, 2010 to 31 March, 2011.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it was a statutory requirement to produce an Annual Report which provided information on the quantity of the complaints received and the performance of the Complaints Process.

The report, after consideration by the Committee would be published on the Council Website and shared with the Department's partners.

Resolved – That the report be noted.

36 **CQC - IMPROVEMENT PLAN**

The Interim Director of Adult Social Services submitted a report which advised the Committee of the completion by the Department of Adult Social Services of the Improvement Plan following the Care Quality Commission (CQC) Inspection in May 2010. The outcomes associated with the completed Plan would be reflected as part of the Departmental Self Evaluation process that was due to take place later in the year prior to a Peer Review in 2012.

Out of a total of 189 milestones in the Plan, all but 24 had been completed. The bulk of these incomplete ones were due to changes in circumstance, such as new legislation or policy. It was proposed that these 24 milestones were now incorporated, as appropriate, into the departmental business planning process, the Learning Disability Partnership Board planning process and the Safeguarding Adults Partnership Board planning process. In order to ensure these actions were "embedded" they would form part of the various performance management frameworks that would be monitored by both the Strategic Leadership Team of the department and the two Boards.

The Chair read out a comment from Councillor Ann Bridson, Chair of the CQC Improvement Working Group, which had met on several occasions to monitor the Improvement Plan. Councillor Bridson had stated that the Working Group had been 'impressed with the breadth and speed of the recovery'.

Resolved – That this Committee agrees to sign off the Improvement Plan and recommend it to the Cabinet. Committee looks forward to the coming Self Evaluation of the Department of Adult Social Services and the Peer Challenge Review to follow.

37 **CHANGES TO INDEPENDENT LIVING FUND - UPDATE REPORT**

Further to minute 20 (9/9/10) the Interim Director of Adult Social Services submitted a report which updated the Committee on the impact of changes to the Independent Living Fund (ILF) and developments in this area together with their impact on the department and the Council since that date.

Resolved - That this Committee notes the developments linked to the changes to the Independent Living Fund and the impact on resources within the Department of Adult Social Services' personal budgets.

38 **WORK PROGRAMME**

The Committee received an update on its work programme and Members were invited to consider whether any issues should be added to the schedule for the current municipal year.

Resolved – That the work programme be noted with the addition of the establishment of a Working Group on day services (see minute 32 ante).

39 **FORWARD PLAN**

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

Resolved – That the Forward Plan be noted.

WIRRAL COUNCIL

CABINET

8TH DECEMBER 2011

SUBJECT:	CORPORATE PLAN 2012-13
WARD/S AFFECTED:	ALL
REPORT OF:	CHIEF EXECUTIVE
RESPONSIBLE PORTFOLIO HOLDER:	CLLR STEVE FOULKES
KEY DECISION:	YES

1.0 EXECUTIVE SUMMARY

- 1.1 This report presents the Council's draft Corporate Plan for 2012-13 at Appendix 1.
- 1.2 The draft Corporate Plan reflects the needs of Wirral and priorities for local people. It also puts in place a clear commitment and actions to ensure that the Council's corporate governance failings are addressed through engaging the entire organisation in the challenge and opportunities this presents.
- 1.3 The Corporate Plan provides a clear framework for budget and departmental planning for 2012-13. The plan will directly inform the Council's budget for 2012-13 and departments will prepare individual business plans, which will set out in more detail how the actions in the Corporate Plan will be delivered.

2.0 RECOMMENDATION

- 2.1 It is recommended that Cabinet approves the draft Corporate Plan to be referred for adoption by full Council on the 12th December 2011 for implementation from the 1st April 2012.

3.0 REASON FOR RECOMMENDATION

- 3.1 On 17th March 2011, the Council agreed a three year Corporate Plan for 2011-14, with a focus on the activity that would be delivered during the current year (2011-12). In line with best practice, and to ensure that the changing needs and priorities of local people are addressed alongside the corporate governance challenges and opportunities faced by the Council, the Corporate Plan has been fully reviewed and refreshed to ensure that it is fit for purpose for 2012-13.

4.0 BACKGROUND AND KEY ISSUES

- 4.1 The draft Corporate Plan at Appendix 1 describes the challenges for the Council and how we will address these.

4.2 The draft Corporate Plan demonstrates how the Council will respond to a number of key drivers. These are:

- The findings of the independent report considered by Cabinet on the 22nd September 2011 entitled 'Wirral Metropolitan Borough Council's Corporate Governance Arrangements: Refresh and Renew' and the subsequent development of a robust work programme and identification of key lines of enquiry to address these findings;
- The recent consultation undertaken across Wirral to inform the development of Neighbourhood Plans for each of the Council's eleven Area Forum areas;
- The development of a child and family poverty strategy for Wirral;
- The Council's revitalised Investment Strategy;
- The effective integration of the Public Health function and new leadership role for local authorities in health and wellbeing

4.3 Subject to approval by Cabinet and Council, the Corporate Plan at Appendix 1 will provide a clear framework for the Council's budget and departmental delivery plans for the period April 2012-13. The timetable for the production of departmental plans and the agreement of the Council's budget is set out in the appendix to the Comprehensive Work Programme report considered by Corporate Governance Committee on the 26th October 2011. Action is now being undertaken in line with this timetable to ensure that departmental plans and the Council's budget are in place by January 2012 and February 2012 respectively. The You Choose Consultation took place between 19 August 2011 and 30 November 2011 and is one element of the ongoing consultation process for setting the 2012/13 Budget. An overview of the process and a summary of the responses are the subject of a separate report on this agenda.

4.4 Prior to the commencement of the 2012-13 financial year, Cabinet is requested to note that the work being undertaken to review and improve the Council's arrangements for policy, corporate and business planning and performance management will impact on the way the Corporate Plan is monitored in 2012-13, for example in respect of the frequency and content of reports to Cabinet and/or Scrutiny Committees, and the way in which corporate and business planning will be delivered in future years. This work, and related recommendations, will be considered by Cabinet as appropriate and in line with the governance arrangements established in respect of the Corporate Governance Committee.

5.0 RELEVANT RISKS

5.1 The corporate risk register will be revised in line with the draft Corporate Plan for 2012-13 to ensure that any risks to delivering the Council's goals are understood and mitigating actions put in place as appropriate.

6.0 OTHER OPTIONS CONSIDERED

6.1 Not applicable

7.0 CONSULTATION

- 7.1 As indicated in 4.2, consultation with local people about their priorities for services has been undertaken through the recent consultation on Neighbourhood Plans. This process engaged individuals and organisations in all areas of Wirral.
- 7.2 The draft child and family poverty strategy which has informed the Corporate Plan is based on consultation with local stakeholders about the needs of children and families in Wirral.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 8.1 The draft Corporate Plan sets out actions in relation to working with voluntary, community and faith sector organisations to improve outcomes for local people.

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

- 9.1 The Corporate Plan informs the Medium Term Financial Strategy and the Annual Budget which seek to allocate available resources to deliver the priorities as set out in the Plan. By 10 March each year the Council has to agree a Budget, and set Council Tax levels, for the following financial year.

10.0 LEGAL IMPLICATIONS

- 10.1 Legal implications relating to the actions set out in the draft Corporate Plan will be addressed by departments as appropriate.

11.0 EQUALITIES IMPLICATIONS

- 11.1 An Equality Impact Assessment is attached as Appendix 2.
- 11.2 In developing individual business plans, departments will also be expected to address equalities implications as appropriate, including through undertaking Equality Impact Assessments in line with corporate requirements.

12.0 CARBON REDUCTION IMPLICATIONS

- 12.1 Carbon reduction is a specific goal in the draft Corporate Plan. Any carbon reduction implications relating to other goals and actions will be addressed by departments as appropriate.

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 13.1 Planning and community safety implications relating to the actions set out in the draft Corporate Plan will be addressed by departments as appropriate.

**REPORT AUTHOR: Jim Wilkie
Chief Executive**

APPENDICES

Appendix 1: Draft Corporate Plan 2012-2013

Appendix 2: Equality Impact Assessment

REFERENCE MATERIAL

Previous Council and Cabinet reports as detailed in the subject history below

SUBJECT HISTORY (last 3 years)

Meeting	Date
Corporate Plan 2011-2014	Cabinet – 17th March 2011 Council – 18th April 2011
Independent Review	Cabinet – 22nd September 2011
Child Poverty Strategy and Action Plan – Progress Report	Cabinet – 13th October 2011
Neighbourhood Plans and Area Forum Funding	Cabinet – 24th November 2011

FOREWORD FROM THE LEADER OF THE COUNCIL

This Corporate Plan is about a journey we are all taking together – Councillors, Officers, Council Staff and the people of Wirral. Travelling with us are our partners from public, private and voluntary sector organisations.

Our destination is a Wirral that is healthy and prosperous with a sense of well being that permeates all levels of our society.

It sounds simple but conditions for the journey are not good at the moment. We are in the middle of a Global and European financial crisis. Money is in very short supply and resources for the Council will be very limited for the foreseeable future. Individuals are feeling the pinch too, with pay increases restricted, jobs in short supply and prospects for the future very uncertain.

You might think this was the time to get our heads down, retreat into ourselves and try to weather the storm quietly. Think again.

The ground breaking Education Act which provided free secondary education for all was passed in 1944 at a time of great financial hardship for the Nation. Four years later, in a period of post war austerity, the National Health Service was created, providing free health care for all. Great changes are not just about money. They are about dreams and aspirations and a fierce collective determination to make things work, whatever obstacles may be thrown in the way.

We've come a long way since that post war period, but we haven't come far enough. Over 60 years later, if you live in one of Wirral's poorest areas the statistics show that you are likely to die (ten years) earlier than your counterpart in one of Wirral's wealthiest areas. That has to change. That mortality gap should not be tolerated in a civilised society.

We have a unique opportunity to make that change. The Public Health role is moving from the Health Service to Local Authorities which will allow us to work very closely together, using all our joint facilities and infrastructure, to tackle some of the most challenging problems which mean that gap stubbornly resists any attempt to narrow it.

All the evidence shows that poverty is one of the key factors in physical and mental ill health. Poor quality housing, poor job prospects, unemployment, low levels of education, low aspirations, failing family relationships, poor parenting, poor nutrition, fuel poverty, anti social behaviour, all play their part in creating the conditions which take away any sense of well being and allow ill health to flourish.

As a Council we have traditionally reacted to problems when they became apparent. But we've all heard the saying "Prevention is better than Cure". Well, that's the journey we are setting out on now, and which we are ideally placed to undertake. Identify the causes of problems and tackle them before it's too late. Before the consequences show themselves. Before it costs a great deal more money to put things right.

But this is something we all have to agree on. Preventing things happening is usually not visible. If we are successful, and there are no problems to point at, people may well

ask what we are spending the council tax payer's money on. If we change our priorities to release more money into early detection and prevention activities, there may be other areas that have to manage on less than before, which won't be popular.

We will need to be absolutely clear what we are doing, and why, and we will need real, hard evidence to back up what we are doing. No more decisions based just on anecdotes! If we don't have the evidence, then we will need to set up pilot schemes which can be properly analysed and evaluated first, before we move into a larger arena.

This does not apply only to new initiatives. We have been criticised by the District Auditor for taking decisions to let contracts without having sufficient detailed information and costings in place about our own activities to allow us to prove that an external contract will provide better value for money. From now on we will make sure that the right information is collected and evaluated on all the Council services so we truly demonstrate we are providing value for money for the Council Tax Payer. At a time when resources are limited this is more important than ever.

This brings me to the final element of our journey. We know where we are headed. We know the route map we are using to get to our destination. But we also need to know how to travel that route safely and cost effectively.

It's like driving a car. If you ignore the highway code, crash the gears, stall the engine at stop lights, forget to signal, take short cuts which turn into long cuts, u-turn illegally when you're lost, you may still reach your destination - eventually. But you may well have had several accidents along the way. You are likely to be stressed and exhausted. Your passengers will have had a very uncomfortable ride, and the costs of your journey will have escalated because of your bad driving.

Well right now everyone involved in driving Council activities forward is being put through the equivalent of an advanced driving course. The formal name is a Corporate Governance Review. The aim is to make sure that the basic rules and procedures which govern the way the Council runs, (a kind of Local Authority Highway Code), are brought up to date, and are understood and followed by everyone. That bad habits which have become standard over a period of time are eradicated and replaced with good habits, and that the whole process eventually becomes as automatic to staff and councillors as changing gears becomes to an experienced driver.

It's not newsworthy. It's not particularly exciting. It's a lot of hard graft without any instant rewards. But it is very, very necessary. This way we travel safely. We make sure taxpayers get real value for their money. We make sure services are delivered fairly and consistently, and we avoid unnecessary disasters. And we reach our destination more quickly.

Welcome to our journey to a healthy and prosperous Wirral, where the well being of every resident matters.

Cllr Steve Foulkes

Leader of the Council.

The Destination

Our Vision for Wirral.

A Healthy and Prosperous Wirral where a sense of well being permeates every level of society and where the place you live and the amount you earn no longer effects how long you live.

- **A thriving society, with plentiful employment opportunities, and high levels of skills in the local workforce.**
- **A learning society with excellent nursery or pre-school facilities, excellent schools and excellent colleges for young people or older adults who want to re-train or improve their qualifications.**
- **A caring society that protects vulnerable people**
- **A decently housed society where warm, well insulated and affordable housing is readily available.**
- **A stress free society where no one lives in fear because of criminal activities, or anti-social behaviour, or excessive noise or threatening neighbours.**
- **A clean society with a rubbish and graffiti free environment and responsible dog owners.**
- **A relaxed society with plenty of opportunities for leisure and fitness activities.**
- **A greener society that works to reduce carbon emissions and protect the environment.**
- **A conservation minded society that respects its heritage and works together to protect everything that is best about Wirral, including our unique countryside, open spaces and coast line.**

The Journey

The route map we need to follow.

- We will focus on the new Public Health role given to Local Authorities.
- We will seek in everything we do to recognise the way in which Council activities can have a direct impact on the Health and Well Being of Wirral residents.
- We will listen to what local residents and communities tell us are the priorities to improve their neighbourhoods and we will respond by providing services that meet their needs and aspirations.
- We will continue to tackle anti-social behaviour and work with all our partners to reduce crime
- We will ensure that effective safeguarding procedures are in place to protect vulnerable adults and children.
- We will work with our partners to reduce the numbers of children and young people living in poverty and support them and their families to build the foundations for prosperous, healthy and happy lives.
- We will respond quickly and effectively to local circumstances and needs and any potential impact of welfare reform.
- We will work actively to initiate and support early detection and prevention programmes for children and adults which seek to tackle potential problems before they develop.
- We will make sure those programmes are based on well researched evidence which can be analysed and evaluated in order to ensure the very best return in outcomes for any resources invested.
- Where evidence is not readily available, we will seek to run pilot programmes where outcomes can be properly assessed and used as guidance for future programmes.
- We will seek to raise the income of Wirral people by doing everything possible to build a strong and vibrant economy with high levels of employment and opportunities for Wirral residents to improve their skills and find work. We will focus on making sure our young people can achieve their full potential in education and in the workplace.
- We will work to improve the condition of Wirral's housing stock and improve the energy efficiency to reduce levels of fuel poverty.

Travelling Safely

Changing the way we do things. (Improving Corporate Governance).

- We will make sure that this Corporate Plan informs Service Development Plans and is reflected in the budget process.
- We will review and redraft the Council's Code of Corporate Governance
- We will make sure there is a clear understanding of roles and responsibilities between the centre of the organisation and individual departments.
- We will review the Council's Internal Audit Service and make sure any warnings they issue are acted on immediately.
- We will set up a Council Policy Unit to act as a think tank for the organisation, to link together new and established initiatives, to advise on best practice elsewhere and to give advance warning of the impact of any new legislation or policies.
- We will review the way information and advice is given to councillors, and the way in which reports are written, in order to create a democracy which is as open and transparent as possible.
- We will radically improve Corporate Performance Management so the cost of a Service, the way the Service is delivered, and the achievements of the Service are linked together so we can see exactly what the result is of any investment of Council Tax payer money. We will use this information to hold councillors and officers to account for the success or failure of service delivery and we will undertake effective staff training to help us change the culture of the organisation to one that is open, transparent and focussed on positive change.
- We will ensure that the Council meets best practice in respect of equalities and diversity legislation, in all areas of activity including policy development, service delivery, community needs and recruitment.
- We will create a fairer system by implementing a comprehensive schedule of fees and charges for all appropriate Council services in line with the law, the Council's Constitution, accepted best practice and the Council's objectives and we will review that schedule annually.
- We will make sure that anyone elected as a Councillor, on the back benches or in the Cabinet, receives the proper help and training to allow them to carry out their roles and responsibilities effectively, to question and challenge, and be questioned and challenged themselves where necessary. We will ensure that any democratic structures reflect the best possible way of carrying out Council business in the interests of the Council Tax Payers.

Our Values

We will put the interests of all the people of Wirral above other considerations.

Elected members and staff will behave with honesty and integrity at all times.

We will practice openness and transparency and remain focussed on positive change.

We will welcome suggestions on how the Council can improve and positively encourage members, staff and the public to tell us when we have got something wrong.

We will be a “learning” organisation, where good practice is captured and rolled out across the Council, and where we actively seek ideas from other local authorities and external agencies.

We will make sure our decisions are based on clear evidence.

We will welcome public involvement in the work of the Council and we will carry out effective consultation, where appropriate, with the public and key stakeholders.

We will make sure that Council services fairly and transparently take into account the needs of vulnerable and marginalised groups when changes are made and that the Council is responsive to the diversity of Wirral’s communities.

We aim to be excellent in everything we do.

Health and Wellbeing

In following our route map:

- We will focus on the new Public Health role given to Local Authorities.
- We will seek in everything we do to recognise the way in which Council activities can have a direct impact on the Health and Well Being of Wirral residents.
- We will work in partnership to develop clear priorities and joined up services for improving the health and wellbeing of Wirral residents.
- We will improve the health and wellbeing of children and young people and maintain a clear focus on tackling health inequalities that exist within Wirral. This is a priority area in our child and family poverty strategy to ensure that we increase the impact of our activities in partnership with others.
- We will make sure services are in place to help keep older people fitter for longer and that the value and contribution they can make to society is properly recognised and respected.

Child Poverty

In following our route map:

- We will work with our partners to reduce the numbers of children and young people living in poverty and support them to build the foundations for prosperous, healthy and happy lives.
- We will work actively to initiate and support early detection and prevention programmes for children and adults which seek to tackle potential problems before they develop.
- We will make sure those programmes are based on solid evidence which can be analysed and evaluated in order to ensure the very best return in outcomes for any resources invested.
- Where evidence is not readily available, we will seek to run pilot programmes where outcomes can be properly assessed and used as guidance for future programmes.
- In developing approaches to early detection and prevention, we will build on existing activity such as Wirral's involvement in developing Community Budgets around the needs of families with multiple problems.
- We have placed child poverty as a central theme of this Corporate Plan; we will ensure that Council services are developed in line with the needs of children and families in poverty.

- **The Council will also lead co-ordinated action to work with partners and local communities to improve the lives of children and families living in poverty and add value to existing services and activity.**
- **We will improve information sharing amongst partners about best practice, and ‘what works’ in identifying and addressing issues of poverty.**
- **We will take co-ordinated action with partners to engage more children and families experiencing issues of poverty**

Neighbourhood Plans

In following our route map:

- **We will listen to what local residents and communities across the borough, from the poorest to the wealthiest areas, tell us are the priorities to improve their neighbourhoods. We will respond by providing services that meet their needs and aspirations.**
- **We have recently completed a major consultation exercise with Wirral’s communities to listen to what local people like about their neighbourhoods, and what they would like to see improved. We will use this consultation to help shape our neighbourhoods and the services they receive and we will continue to listen to local people’s views as we do this.**
- **We will help each area to use the devolved funds available to improve and shape where they live.**
- **Local people overwhelmingly told us that they have pride in their community and that neighbourhoods in Wirral have strong senses of identity and community spirit. We will work to build on this positive asset to strengthen our neighbourhoods and engage local people to help make a real difference to where they live.**

Investment Strategy

In following our route map:

- **We will pay particular attention to Wirral’s revitalised Investment Strategy which aims to build a strong, vibrant economy, through increasing the competitiveness of our people, places and businesses.**
- **We aim to have a borough with high levels of employment and investment, where businesses flourish, and all residents have the skills and opportunities to work. We will place a clear focus on increasing the number of jobs and employment opportunities for Wirral residents alongside our efforts to ensure longer-term prosperity through our Investment Strategy.**

- **We will seek to address the high levels of economic inactivity in disadvantaged groups and in the most deprived parts of Wirral through improving access to employment and skills, and tackling barriers to work. We will ensure that our young people are engaged in education, training and employment and are developing the skills they need for the future.**
- **We will make Wirral one of the most business friendly Councils in the country and a leading, vibrant global location for businesses and visitors. The delivery of our Investment Strategy is supported by a clear investment package and brand, including support for Wirral's tourism and visitor economy and a strong focus on international investment marketing.**
- **The Wirral Waters investment opportunity is now being promoted on an international basis. The Wirral Waters site has been designated as an Enterprise Zone, which will assist businesses through tax incentives, superfast broadband, improved infrastructure and simplified planning rules. We will also work hard to maximise the opportunities presented by the proposals to develop an International Trade Centre on the Wirral Waters site.**

Your ECONOMY

- We will seek to raise the income of Wirral people by doing everything possible to build a strong and vibrant economy with high levels of employment and opportunities for Wirral residents to improve their skills and find work. We will focus on making sure our young people can achieve their full potential in education and in the workplace.
- As the global recession has impacted on Wirral's economy, the Council has maintained a focus on supporting businesses and individuals during difficult economic conditions. We will make Wirral Council one of the most business friendly and supportive Councils in the country and develop the role of social enterprises in Wirral's economy.
- If we are to deliver a better future for Wirral and eliminate poverty, we need to improve access to employment and skills and tackle barriers to work for our most disadvantaged communities. We will work with partners and local communities to identify innovative ways of achieving this.
- We will position Wirral as a leading, vibrant global location for businesses and visitors. We will continue to support international trade links and develop our relationships with the private sector, to maximise inward investment and enable Wirral businesses to access new markets, sectors and opportunities. We will support Wirral's tourism and visitor economy and a strong focus on international investment marketing.
- We will work hard to deliver all of the opportunities presented by the Wirral Waters development.
- We will support the creation and growth of small and medium sized businesses.

Your ECONOMY	
Our goals for the next three years are to...	This year, we will focus on...
Improve access to employment and skills and tackle barriers to work	<p>Increasing the number of jobs and employment opportunities for Wirral residents</p> <p>Ensuring that new investment, economic and business growth is linked to tackling worklessness</p> <p>Tackling barriers to work and low skills in parts of Wirral and within disadvantaged groups, working with partners to ensure that pathways for skills and employment provide the best route out of poverty for local people and families</p> <p>Ensuring that our young people have excellent skills and opportunities into employment, including through Wirral's Apprenticeship programme</p>

	<p>Ensuring that young people not in education, employment and training are effectively supported to access the opportunities available</p> <p>Working with our partners to provide sustainable transport opportunities to access centres of employment.</p>
<p>Position Wirral as a leading, vibrant global location for businesses and visitors</p>	<p>Promoting and expanding our portfolio of high quality opportunity employment sites through the facilitation of priority projects</p> <p>Supporting the start up and development of key sectors by facilitating investment into specific key projects such as the infrastructure for renewable energy opportunities.</p> <p>Continuing to improve our relationships with the private sector to increase levels of inward investment and increase jobs</p> <p>Developing and implementing the Wirral Waters Enterprise Zone to support the Wirral Waters proposals</p> <p>Market Wirral as a business and visitor location through supporting Wirral's Tourism Business Network and delivery of successful visitor attractions including the 2012 Women's Golf Open</p>
<p>Make Wirral Council one of the most business friendly and supportive Councils in the country</p>	<p>Maximising available resources by co-ordinating all business support services through Invest Wirral</p> <p>Supporting the development of successful businesses, particularly those in key growth sectors</p> <p>Enabling an increasing role for social enterprises in Wirral's economy</p> <p>Adopting a more targeted approach to promoting Wirral as an investment location on an international stage and supporting Wirral businesses to access new markets and opportunities</p>

YOUR FAMILY: CHILDREN AND YOUNG PEOPLE

- **Reducing child poverty is a priority for the Council and we are clear about what we will do to achieve this. We will have a strong foundation to achieve this on the basis of the excellent Children's Services we provide and history of strong partnership working in Wirral.**
- **We will continue to work with our partners to protect children and young people from harm and improve the lives of the children and young people already in our care.**
- **We promise to deliver Children's Services that give all children the best possible start in life. As we are clear from our commitment to work actively to initiate and support early detection and prevention programmes, we will provide early intervention and support for vulnerable children and families through projects and activities with a focus on identifying problems early and stopping them developing.**
- **We will ensure that the services provided through our Sure Start and Children's Centres deliver effective support based on the needs of our local residents and communities.**
- **We will pay particular attention to early intervention measures, including the need to make sure youngsters are school ready and that outreach work and the multi agency approach contained in the Roots and Wings programme are used to make contact with hard to reach families.**
- **The attainment of children who are affected by poverty and disadvantage is an area of focus for the Council and its partners. We will therefore focus on ensuring that these children and young people have the additional support they need to improve their attainment and achieve their full potential and that 16-18 year olds not in employment, education or training can access opportunities**
- **Local people have told us that activities for children and young people in their area are an important priority for them. We will ensure that children and young people have access to a range of activities.**
- **We will continue to engage with our children and young people through forums such as the Youth Parliament and the Children in Care Council to ensure that the views of children and young people are central to the design of the services we provide.**
- **Our success in designing services to divert vulnerable young people from crime and anti-social behaviour has received external recognition. We will continue to work in partnership to promote an integrated approach to supporting young people.**

Your FAMILY: CHILDREN AND YOUNG PEOPLE	
Our goals for the next three years are to...	This year, we will focus on...
Protect children and young people from harm and improve the lives of the children and young people already in our care	<p>Safeguarding children and young people in need of protection</p> <p>Ensuring that children in care and care leavers have appropriate support which best meets their needs</p> <p>Commencing the delivery of Munro reforms to ensure that systems are centred on the needs of children and young people</p>
Support schools and other settings to improve educational provision and attainment, maintaining a clear focus on outcomes for those children and young people affected by poverty and disadvantage	<p>Implementing and evaluating the new School Improvement Strategy; ensuring we meet our statutory duties and meet the needs of schools, including Academies, through effective traded services</p> <p>Improving educational outcomes for children and young people affected by poverty and disadvantage</p> <p>Improving the educational attainment of children in care</p> <p>Improving provision, choice and outcomes for children and young people with Special Educational Needs and/or disabilities</p> <p>Reviewing the provision of behaviour support and reducing school exclusion</p>
Provide early intervention and support for vulnerable children and families	<p>Commissioning effective support and intervention services, for example Sure Start, improving outcomes for vulnerable children and families through parenting programmes, children and young people with disabilities and tackling harmful behaviour in children, young people and families</p> <p>Implementing the national Children's Centre payment by results research pilot to further improve the quality of targeted provision</p> <p>Ensuring every child is school ready</p> <p>Further developing effective partnership working to deliver joined up services for vulnerable families with complex needs through the delivery of the Community Budget pilot</p>
Ensure children and young people have opportunities to	<p>Providing children and young people with access to a range of appropriate developmental activities which meet their needs and encourage take up by making activities easily accessible</p>

<p>participate in activities which will help them achieve their potential</p>	<p>Providing opportunities for children and young people to be actively engaged in community and democratic decision making processes</p> <p>Ensuring that all young people aged 16-18 particularly those in vulnerable groups are effectively supported to access the education, employment and training opportunities available and, as part of this, implement the strategy for raising the participation age to 18 by 2015</p>
<p>Improve the health and wellbeing of children and young people, maintaining a clear focus on tackling health inequalities</p>	<p>Effectively implementing the Child Health Strategy and so reducing inequalities in the physical and mental health of children and young people</p> <p>Encouraging and supporting all children and families to achieve and maintain a healthy weight and lifestyle</p>

YOUR FAMILY: ADULTS

- We will safeguard vulnerable adults in Wirral and seek to protect them from harm through working in partnership to ensure that our arrangements and policies for protecting are robust.
- The way the Council delivers social care services is changing. Wirral is now amongst the best in the country for the numbers of eligible people using Personal Budgets, which give adults more choice about the support they receive.
- We will build on these improvements to ensure that local people receive excellent standards of support and care and are protected and feel safe.
- We will listen to people who use services, their carers and communities, to enhance the quality of life of the people of Wirral who have care and support needs. We will work with our local communities to ensure that people can access services that meet their needs locally, and have greater choice and flexibility in the packages of support and care available to them.
- In circumstances where people develop care needs, we will work effectively with our partners to provide them with appropriate support to help them recover and regain their independence as quickly as possible.
- We will make sure that the services we commission from other organisations are high quality, cost effective and meet the needs of local people.
- We will place a specific focus on ensuring that when children with disabilities move into adulthood, they receive quality information, advice and support services to make sure this transition is seamless.

Your FAMILY: ADULTS	
Our goals for the next three years are to...	This year, we will focus on...
Enhance the quality of life of the people of Wirral who have care and support needs	<p>Transforming in-house day services through engagement with local communities, residents and carers</p> <p>Providing integrated, high quality services in local settings</p> <p>Ensuring that people can manage their own support as much as they wish so that they are in control of what, how and when support is delivered to match their needs</p> <p>Provide support for people with learning disabilities and mental health needs to access training and employment opportunities</p>

<p>Delay and reduce the need for care and support</p>	<p>Ensuring that when people develop care needs the support they receive enables them to recover and regain their independence</p> <p>Reduce the need for formal care by increasing the use of high quality cost effective preventions services</p> <p>Ensuring that services commissioned from the voluntary, community and faith sector are cost effective and appropriately targeted</p>
<p>Ensure that the people of Wirral who use services have a positive experience of care and support</p>	<p>Ensuring that children with disabilities are effectively supported with the transition into adulthood</p> <p>Providing universally accessible information and support to people and their carers so that they are able to make choices about the care that they need to remain independent</p> <p>Ensuring that people who use social care and their carers are involved in the planning and evaluation of services, and are satisfied with their experience of care and support services</p>
<p>Safeguard people in Wirral whose circumstances make them vulnerable and protect them from avoidable harm</p>	<p>Ensuring that there are robust arrangements and procedures in place and followed in order that vulnerable people are kept safe and protected</p> <p>Ensuring that the provision of support and care in the independent sector is of the highest possible quality</p>

YOUR NEIGHBOURHOOD

- In line with the results of the Neighbourhood Plans, we will continue to use devolved funding to allow each area to meet the specific needs of their own communities.
- We will continue to tackle anti-social behaviour and work with the police and other partners to reduce crime. Local people told us that feeling safe in their neighbourhood is an important priority.
- We will work with partners to improve the condition of Wirral's housing stock and improve the energy efficiency to reduce levels of fuel poverty.
- Reducing Wirral's carbon footprint is an important priority for us and we work in partnership with local residents, partners and the private sector to address this.
- We have made impressive year on year progress to improve the amount of waste recycled in Wirral. Forty per cent of all household waste is now recycled and we will continue to build on this success, improving our recycling rates and reducing waste being sent to landfill sites.
- Local residents in all parts of Wirral have told us that having streets that are clean and tidy is an important priority to them. We will ensure that we deliver a reliable street cleansing service in all parts of the borough and use feedback from local residents to help us maintain standards. Wherever possible we will trace and prosecute flytippers
- Local people also want us to focus on having safe and well maintained roads. We have seen reductions in accidents on some of Wirral's busiest roads and we will continue to make Wirral's roads safer and target our resources effectively and in line with what local people have told us about their areas.
- Wirral's parks and countryside are very important to local communities and we will secure their future by improving how they are managed. We will also create even more opportunities for people to get involved and benefit from using these well-loved facilities in the areas in which they live and elsewhere in the borough. We will also encourage greater use of our high, quality and value for money leisure and cultural facilities in Wirral.
- We will respond effectively to the impact of welfare reform on the availability of and access to housing, including close partnership working with landlords in the borough.
- We will support those who are experiencing or who are at risk of homelessness and we will continue to work hard to improve access to advice and information about the housing options that local people have.
- The Council recognises that vulnerable people, including some of our children and young people, have additional housing needs and we will review the services we deliver to ensure that support is effective and targeted appropriately.

Your NEIGHBOURHOOD	
Our goals for the next three years are to...	This year, we will focus on...
Reduce anti-social behaviour and ensure that people feel safe in their neighbourhoods	<p>Working in partnership to ensure that preventative measures to reduce anti-social behaviour are in place and that there is a quick response when incidents occur</p> <p>Engaging with the community to ensure that Community Safety interventions are effective</p>
Reduce Wirral's carbon footprint	<p>Delivering the Council's carbon budget</p> <p>Working with local residents, partners and the private sector to improve energy efficiency</p>
Minimise waste by encouraging waste reduction and recycling	<p>Educating and raising awareness to reduce the amount of household waste being sent to landfill and improving recycling rates</p>
Have high standards of environmental quality in all of Wirral's neighbourhoods	<p>Delivering a reliable street cleansing service to keep Wirral's streets clean and tidy</p>
Have a safe and well-maintained highway network for all users	<p>Maintaining and improving Wirral's roads through a programme of highway maintenance and road safety improvements</p>
Provide and maintain high quality parks and countryside in partnership with local communities	<p>Delivering an improved in-house parks and countryside service that is value for money</p> <p>Working with local communities to maximise the use and benefits of Wirral's neighbourhood parks and open spaces</p>
Provide high quality, value for money leisure and cultural facilities for Wirral residents	<p>Promoting the leisure opportunities available within Wirral to impact positively on health and well being</p>

<p>Prevent and alleviate homelessness</p>	<p>Providing a range of interventions to assist people who are at risk of homelessness</p> <p>Ensuring a co-ordinated partnership approach in response to welfare reform, including providing benefits advice</p> <p>Improving access to privately rented accommodation</p>
<p>Support for people, including those who are vulnerable, to access suitable housing options</p>	<p>Reviewing housing services for vulnerable people in order to deliver efficiencies and improved outcomes</p> <p>Developing a plan to address the housing needs of vulnerable children and young people, incorporating the review of housing services for at risk young people and young people in care</p>
<p>Provide high quality and affordable homes and make the best use of the existing housing stock</p>	<p>Responding to housing market failure and restructuring housing market with partner organisations</p> <p>Exploring alternative funding and delivery mechanisms to provide high quality new and affordable homes</p> <p>Improving housing standards in the existing stock to make a positive impact on people's health and wellbeing</p> <p>Bringing empty properties back into use</p> <p>Developing partnership working with landlords to respond to the impact of welfare reform</p>

YOUR COUNCIL

- We will complete the actions under the Corporate Governance Review, (outlined above under Travelling Safely.)
- We will subject the Council to an external peer review in the summer of 2012 in order to assess how effective those actions have been.
- We will make sure that we know what outcomes are being delivered for the level of investment in resources used, both within the Council and in the commissioning of external services.
- We will make sure that we collect and evaluate the appropriate information in order to allow sound judgements to be made on whether or not we are delivering Value for Money in house, and whether or not any planned external contracts would provide better Value for Money or not.
- In taking key decisions, or planning new initiatives, we will move away from the use of anecdotal based evidence to the use of well researched factual evidence which can be clearly used to demonstrate the benefits of a planned course of action.
- We will make sure that the democratic structures in place reflect the most effective way of delivering sound services.
- We will be a skilled, committed and flexible workforce that is willing to go the extra mile for our local residents.
- We will take into account the needs of all Wirral residents and communities and meet our statutory duties in relation to equalities.

Your COUNCIL	
Our goals for the next three years are to...	This year, we will focus on...
Ensure Wirral Council's Corporate Governance arrangements are robust, transparent and effective	<p>Ensuring members and officers continue to work together to build on the foundations put in place by the Corporate Governance Review</p> <p>Ensuring that the Council's policies and practices are fit for purpose, consistently applied and transparently used by everyone</p> <p>Implementing outcomes of peer review taking place in Summer 2012</p>

<p>Improve the efficiency and value for money of Council services</p>	<p>Improving the delivery of services within available resources</p> <p>Ensuring the information provided for all service delivery decisions includes value for money considerations</p>
<p>Ensure we have a well led, skilled, committed and flexible workforce working to deliver excellent services to Wirral's communities</p>	<p>Ensuring Council staff are engaged and supported through cultural change</p> <p>Ensuring Council staff have the skills, training and capacity to deliver the Council's priorities and policies</p> <p>Ensuring the effective integration of the public health workforce and function into the Council</p> <p>Embedding our approach to equalities to ensure the Council fully meets its statutory duties relating to employees</p>
<p>Ensure that Council services fairly and transparently takes into account the needs of vulnerable and marginalised groups when changes are made and that the Council is responsive to the diversity of Wirral's communities</p>	<p>Developing, consulting on and implementing the Council's Equality Scheme</p> <p>Ensuring that the Council publishes and uses information relating to customers who share protected characteristics to shape services.</p>

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Equality Impact Toolkit (new version July 2011)

Section 1: Your details

Head of Service: Jim Wilkie

Department: Policy Unit

Date: November 2011

Section 2: What Council function / proposal is being assessed?

The Council's Corporate Plan 2012-13

Section 3: Is the Council function / proposal relevant to equality? (please tick relevant boxes)

- In services**
- In the workforce**
- In communities**
- Other** (please state)
- None** (please stop here and email this form to your Head of Service who needs to email it to equalitywatch@wirral.gov.uk for publishing)

Section 4: Within the Equality Duty 2010, there are 3 legal requirements. Which of the following are relevant to the Council function / proposal? (please tick relevant boxes)

- To eliminate unlawful discrimination, harassment and victimisation
- To advance equality of opportunity
- To foster good relations between groups of people

Section 5: Will the function / proposal have a favourable or negative impact on any of the protected groups (race, gender, disability, gender reassignment, age, pregnancy and maternity, religion and belief, sexual orientation, marriage and civil partnership)?

Please list in the table below and include actions required to mitigate any negative impact.

Protected characteristic	Favourable or negative impact	Action required to mitigate any negative impact	Lead person	Timescale	Resource implications
All	Potential	Equality Impact Assessments identified / undertaken in relation to the specific actions identified in the Corporate Plan	Chief Officers / Heads of Service as appropriate and in conjunction with the Corporate Equality Group	By January 2012, in line with production of departmental plans	To be determined

Where and how will the above actions be monitored?

The Corporate Equality Group will monitor the programme of Equality Impact Assessments linked to the Corporate Plan. An initial exercise will be undertaken to identify the actions in the Corporate Plan which require EIA; some will be covered by existing assessments.

If you think there is no negative impact, what is your reasoning behind this?

-

Section 6: What research / data / information have you used in support of this process?

The Corporate Plan has been informed by a number of key drivers, including consultation with local people and evidence-based priorities for addressing child poverty. Both of these activities have been undertaken with a clear understanding of inequalities issues and the need to target and engage with protected groups.

Section 7: Are you intending to carry out any consultation with regard to this Council function / policy?

No – (please delete as appropriate)

If 'yes' please continue to section 8.

If 'no' please state your reason(s) why:

The Corporate Plan has been directly informed by consultation with local people and organisations.

(please stop here and email this form to your Head of Service who needs to email it to equalitywatch@wirral.gov.uk for publishing)

Section 8: How will consultation take place?

Once you have completed your consultation, please review your actions in section 5. Then email this form to your Head of Service who needs to email it to equalitywatch@wirral.gov.uk for publishing)

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WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

19 JANUARY 2012

SUBJECT:	HEALTH & SOCIAL CARE SERVICES FOR PEOPLE WITH AUTISM
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR ANNE MCARDLE
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 The Statutory Guidance on the Autism Act 2009 (which also applies to NHS bodies as if they were Local Authorities) was published in December 2010 and sets out the responsibilities for Local Authorities and NHS Bodies: This Report provides an update on the position on the expectations of the guidance in Wirral as at December 2011.

2.0 RECOMMENDATIONS

- 2.1 Health and Wellbeing Overview and Scrutiny Committee is asked to
- a) note progress on the development of services in response to the Statutory Guidance arising from the Autism Act 2009
 - b) note the potential resource implications on public sector agencies and the challenge of commissioning services in this area
 - c) receive a further report on progress in a year

3.0 REASONS FOR RECOMMENDATIONS

- 3.1 To ensure members of the health and well being health and scrutiny committee are fully appraised of developments in services for adults with autism and to be aware of the challenges facing the Council.
- 3.2 It is recommended that a further progress report is made in a year as this will give opportunity to review and consider clear progress with regard to the areas for development and opportunity to consider the local the implications of nice clinical guidelines.

4.0 BACKGROUND AND KEY ISSUES

- 4.1 The Autism Act 2009 and the subsequent national Autism Strategy; 'Rewarding and Fulfilling Lives' 2010 set out a vision that 'all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them.'
- 4.2 The national strategy for meeting the needs of adults in England with autistic spectrum conditions involves improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts.
- 4.3 Within the national strategy, autism is defined as a lifelong condition that affects how a person communicates with, and relates to, other people. There are three main areas of difficulty: social communication, social interaction and social imagination. Since the publication of the Autism Act 2009, national work on the prevalence of autism has developed and is indicating that the majority of people who have autism do not have a learning disability.
- 4.4 Some of the issues that people with autism face are:
- social and economical exclusion
 - services that are not available consistently; different adults with autism in the same area will have very different experiences
 - The manifestation of challenging behaviour arising from their condition or associated with other conditions which require intense levels of managed support in different settings
 - Risk of severe health and mental health problems, homelessness, and descent into crime or addiction for those without support
 - Although many adults with autism make successful and important contributions to their communities, the economy and their families, too many are dependent on benefits
- 4.5 Examples of good practice and service developments include:
- Making reasonable adjustments for people with autism, for example not having to use waiting rooms
 - Taking account of hypersensitivities and providing quiet or lower-light areas, scheduling appointments at less busy times and allocating extra time
 - Preliminary visits to allow adults with autism to familiarise themselves with settings

- Avoiding ambiguous questions, not pressurising adults with autism in conversation and being aware of sensitivity to touch, ensuring essential documents and forms are available in accessible formats – in particular, easy read and formats that take account of sensory issues in their choice of colours.
- Commissioning some specialist autism services that are tailored to meet the needs of adults with autism by virtue of providing a structured environment which can have a positive calming and therapeutic impact
- Using current specialist autism providers to offer training to social care staff

4.6 The Statutory Guidance published in December 2010 expects

- the local provision of relevant services for the purpose of diagnosing autistic spectrum conditions in adults;
- the identification of adults with such conditions
- the assessment of the needs of adults with such conditions for relevant services;
- planning in relation to the provision of relevant services to persons with autistic spectrum conditions as they move from being children to adults;
- other planning in relation to the provision of relevant services to adults with autistic spectrum conditions;
- the training of staff who provide relevant services to adults with autism.
- local arrangements for leadership in relation to the provision of relevant services to adults with such conditions.

4.7 Progress in Wirral

4.8 Progress in Wirral against the expectations of the Statutory Guidance is set out below.

- Wirral's three NHS Clinical Commissioning Consortia have commissioned a service for the assessment and diagnosis of Asperger's Syndrome (a condition on the autistic spectrum) in adults. The contract was awarded to Cheshire & Wirral Partnership (NHS) Foundation Trust. There is recognition in the contract that the service will need to be reviewed to accommodate the NICE clinical guidelines for good practice in diagnosis of autism in adults guidelines when these are published in summer 2012.

- Cheshire & Wirral Partnership (NHS) Foundation Trust has established an Adult Autism Steering Group where Primary Care Trust Staff meet regularly with specialist clinical staff to agree a consistent approach and best practice in specialist health support to people with autism across Wirral, and the majority of Cheshire. This provides a clear consensus to the necessary NHS response to the strategy for Adults with Autism in England “Fulfilling and Rewarding lives”.
- In October 2011, Wirral’s Learning Disability Partnership Board received a progress report on autism in Wirral and agreed that an action plan including terms of reference and resource implications, for an Autism Partnership Group should be forwarded to the Director of Public Health inviting consideration by Wirral’s Shadow Health and Well-Being Board. The purpose of this group would be to take holistic approach to the development of services for people with autism across the Council and public sector bodies.
- In September, Wirral Council cabinet agreed proposals for the future structure of the Department of Adult Social Services. These proposals formalised and strengthen leadership arrangements within the council and with NHS partners with regard to adults with autism. It is intended that autism will form part of the specialist service provision Branch. Additional management capacity will be in place from January 2013 which will provide opportunities for development work to be accelerated.
- Staff from various statutory and voluntary organisations in Wirral attended a regional meeting in Bolton in late September 2011 to support the development of a North West Autism Network. It was agreed that it would be helpful to establish a similar network on a more local (Cheshire and Wirral) basis, mirroring the footprint of the new Primary Care Trust cluster.
- The Network event also provided opportunity to identify and discuss general themes and concerns across the North West with representatives of the Department of Health. The key area of concern was that the likely increase in the diagnosis of autism in adults, consequent upon the development of specialised diagnostic services, would lead to a significant increase of demand on Adult Social Services Departments, however no additional funding had been available centrally to enable councils to respond to the specific support needs of adults with autism.

4.9 Areas for Development

4.10 Wirral, like most other areas of England, does not have detailed Information about the numbers of adults who may be expected to have autism. However based on figures from the National Autistic Society there are likely to be approx 2100 adults in Wirral who would be on the autism spectrum. The action plan described in paragraph 4.7 will consider the options for developing local systems to establish more accurate local information about adults in Wirral who have autism.

4.11 As part of the annual NHS contracting round, concluding in March 2012, all local NHS providers are being asked during 2012-13 to develop and

implement appropriate training plans for staff providing support to people with autism. Wirral DASS and Cheshire & Wirral Partnership (NHS) Foundation Trust have already begun to explore joint training opportunities. There will be a similar challenge for training initiatives to be developed for staff working in social care.

- 4.12 The potential for the establishment and remit of a Wirral Autism Partnership Group will be discussed in the paper described at section 4.7 above.
- 4.13 Implications for social care provision
- 4.14 The national priority given to developing services for all adults with autism presents both an opportunity and significant challenge to local authorities and Adult Social Care departments. In line with demographic trends and with improved support for diagnosis there will be an increase in demand for local services which may require both the commissioning of new services and a more fundamental service review of how current and existing services can be adapted to meet the needs of adults with autism. There will also be significant implications to ensure that staff working within DASS and through contracted providers have the necessary training and skills to provide good standards of support covering assessment and direct service provision.
- 4.15 In 2011/12 a number of young people with complex autism needs have moved into adult services. A number of these young people are living at home and so the provision of support is a necessity as part of the arrangements to support their families/carers. There will be further challenges as these young people move on to other services through their life span such as supported living.
- 4.16 Because autism is a spectrum condition where individuals present with a range of different needs we can also expect that some adults would not meet the current criteria for FACS eligibility however that would not preclude the need to have a wider discussion about the support which may be required to avoid social exclusion and a deterioration of health as described in paragraph 4.4.
- 4.17 The cost and resource implications to the Council of funding autism services will be significant. There are currently two specialist providers of services for people with autism in Wirral. These are Autism Initiatives, and Wirral Autistic Society. The combined revenue cost within the DASS budget of this provision covering supported living, day care, domiciliary care and day care is £3,060m.

The total number of clients is 83:

- Supported Living 20
- Day Care 37
- Domiciliary Care 01
- Residential Care 25

These figures preclude the wider expenditure on services for adults with autism in other areas such as local day services and supported living.

5.0 RELEVANT TASKS

5.1 None

6.0 OTHER OPTIONS CONSIDERED

6.1 These are set out in paragraph 4.

7.0 CONSULTATION

7.1 Developments in autism services in Wirral have been discussed with the Learning Disability Partnership Board. However it is recognised that the development of separate arrangements for regular consultation with people with autism need to be developed.

8.0 IMPLICATIONS FOR VOLUNTARY AND COMMUNITY FAITH GROUPS

8.1 The implications for Voluntary, Community and Faith Groups will be considered in the Autism Partnership Group proposals described at section 4.7 above

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

9.1 The resource implications outlined in this report will require a robust approach to the commissioning of services across the Council and partner agencies to ensure that the significant challenge of providing services in this area can be addressed through a period of expedient growth in demand and expectation at a time of contracting public sector finances. The costs of providing for services for adults with autism may attract a high premium in view of the specialist nature of the work required.

9.2 There have already been resource implications for NHS Wirral with the establishment of the Diagnostic Service for Adults with Asperger's Syndrome which will need to be kept under review as the service develops in line with the NICE clinical guidelines.

9.3 The Statutory Guidance reinforces Equality Act 2010 expectations of 'reasonable adjustments' to services, some of which may have resource implications for provider organisations

9.3 The potential increase in the diagnosis of autism in adults, consequent upon the development of specialised diagnostic services, is predicted as likely to have a demand on Adult Social Services in terms of assessment and support.

9.4 In year growth is already in evidence for services for adults with learning disabilities (where autism is a linked condition and adults with autism) alongside the services

10.0 LEGAL IMPLICATIONS

10.1 This report confirms Wirral's progress with regard to the requirements of the Statutory Guidance on the Autism Act 2009.

11.0 EQUALITIES IMPLICATIONS

11.1 The report addresses progress in Wirral against the expectations of statutory guidance, which is underpinned by the key principles of equality and human rights and points to the range of Government Policy that already should support adults with autism to achieve the same outcomes, have the same opportunities as the population as a whole, with particular reference to health care, employment and education, housing, relationships, being safe and receiving relevant support from Departments of Adult Social Services.

11.2 Equality Impact Assessment (EIA)

(a) Is an EIA required? No

Any developments of autism services would require an equality impact assessment.

12.0 CARBON REDUCTION IMPLICATIONS

12.1 None

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 None

REPORT AUTHOR: *Rick O'Brien*
Head of Branch - Access and Assessment
telephone: (0151 666 4968)
email: richardobrien@wirral.gov.uk

APPENDICES

None

REFERENCE MATERIAL

- Autism Act 2009
- Implementing "Fulfilling and rewarding lives" Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy (Department of Health 17 December 2010)
- Autism Strategy Briefing and Recommendations – Wirral Learning Disability Partnership Board : 7 October 2011

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

19 JANUARY 2012

SUBJECT:	LINK TRANSITION TO A LOCAL HEALTHWATCH ORGANISATION
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR ANNE MCARDLE
KEY DECISION:	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report updates the Overview and Scrutiny Committee on the progress towards establishing a local HealthWatch organisation as directed by the Health and Social Care Bill currently progressing towards Royal Assent.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 A requirement of the Local Government and Public Involvement in Health Act (2007) was that Local Involvement Networks (LINKs) should be established to supercede existing Patient Forums. Each Local Authority was obliged to contract an organisation (known as a host) to establish and then support a LINK. Each Local Authority area had autonomy to decide how they wanted their LINK to be run and the issues on which it was to focus.

In Wirral, Voluntary Community Action Wirral (VCAW) won the contract to host the Wirral LINK and has successfully provided support and guidance for the activities of the Wirral LINK to date. The Health and Social Care Bill (2011) makes provisions for the establishment of HealthWatch England and the transition of existing LINKs into local HealthWatch organisations. This was to have taken effect from 1 October 2012. However, a new start date of April 2013 was announced on 3 January 2012. The Act will charge Local Authorities with the duty to ensure that there is an effective and efficient local HealthWatch in their area, with functions, roles and responsibilities not currently available to LINKs.

- 2.2 The relationship between the host organisation, VCAW, and the Wirral LINK has been very productive; all LINK members are volunteers and have been able to concentrate on the areas of interest whilst the infrastructure has been overseen by VCAW. The relationship with the Department has also functioned well, whilst not compromising the ability of LINK to operate as an independent champion for continually improving the quality and standards of health and social care provision for the people of Wirral.

- 2.3 A criticism of the LINK mechanisms has been that there is no national voice for all of the local networks, and this is to be addressed by the creation of a national body, HealthWatch England, which will have three core responsibilities: leadership, advice, and escalating concerns nationally. The announcement of 3 January also included £3.2m to be made available nationally for start up costs in setting up local Healthwatch. Notification of the allocation for Wirral has not been received.
- 2.4 Local HealthWatch organisations will maintain all existing LINK functions, such as their powers of ‘Enter and View’, and will continue to have a role in influencing the provision of local services and monitoring any concerns about services but in addition will have a seat at the Health and Wellbeing Board and take on responsibility for advocating for individuals who wish to make a complaint about healthcare.
- 2.5 The key issue for Wirral HealthWatch is the form of the organisation that will enable these functions. Although the Government’s ‘HealthWatch Transition Plan’ states clearly that there should be an evolution from the current LINK organisations to the new HealthWatch organisations, there is contradictory advice and guidance about how this should happen.

3.0 The organisational model of Wirral HealthWatch

- 3.1 Although the Government advises an evolution from the current system, under which a host supports volunteers to carry out the LINK functions, there is a stipulation that the local HealthWatch organisation must be a ‘body corporate’, or legal entity, in its own right, so the host relationship must end. The Government has not provided any clear advice or guidance on what is to replace this arrangement.
- 3.2 A number of options have been or are being considered :
- Existing LINK members could establish their own Registered Company as Wirral HealthWatch.
 - The Transition Group could devise a service specification for Wirral HealthWatch and invite tenders from established (or newly formed) ‘bodies corporate’ to carry out the required HealthWatch functions either in-house or by commissioning others to act on their behalf.
 - Wirral HealthWatch Transition Group could itself become the ‘body corporate’ and appoint key staff to carry out the required HealthWatch functions. This option is recommended by Transition Alliance NorthWest (a grouping of stakeholders from Local Authorities, NHS and Public Health).
- 3.3 Advice is being sought from the Borough Solicitor’s office as to the most suitable model.

- 3.4 A local HealthWatch Transition Group has been established, and is made up of members from DASS, NHS Wirral, VCAW, Wirral LINK, Wirral University Teaching Hospital, Clatterbridge Centre for Oncology, the Community Trust and the Ambulance Trust. This group is deliberating on the best model for the delivery of the required HealthWatch outcomes and is being advised by the Borough Solicitor and guided by the work of the various Pathfinder sites. In the absence of clear Government guidance on the form of a local HealthWatch organisation, Wirral's position reflects that other Local Authorities around the country who are all in the same position

4.0 OPTIONS

- 4.1 Existing LINK members form a Registered Company, to be known as Wirral HealthWatch.
- 4.2 An existing (or newly formed) organisation bids to become Wirral HealthWatch.
- 4.3 The Transition Group forms itself into a Registered Company to become Wirral HealthWatch.

5.0 RELEVANT RISKS

- 5.1 Under Option 4.1, there is a high risk that existing LINK members will not want to take on the role of running a business in the form of a Registered Charity, in addition to their LINK/HealthWatch duties. Without sufficient members, the business would founder, or existing members would be too stretched to carry out either the business or operational functions.
- 5.2 Under Option 4.2, depending on who became the successful bidder, there may be a break in the continuity of the work of the LINK. (Note, current legal advice is that the existing host organisation would not be able to bid as VCAW, and would have to form a smaller, specific body corporate known as 'Wirral HealthWatch')
- 5.3 Option 4.3 also presents risks around continuity of service along with the risks associated with the establishment of a new business and potential challenges about conflict of interest if the Board comprises staff from the statutory sector.

6.0 CONSULTATION

- 6.1 A full programme of consultation with the public and the Voluntary, Community and Faith sector about what they would like from a Wirral HealthWatch organisation will take place in early 2012.

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 See 6.1 above. The transition to HealthWatch is designed to maximise the involvement and voice of people either as individuals or via the groups to which they belong.

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

8.1 **FINANCIAL** – there is no envisaged change to the current funding arrangements at present

8.2 **IT** – there are no IT implications

8.3 **STAFFING** – there will be an implication on the duties of some staff if the third option (4.3) is chosen.

8.4 **ASSETS** – there are no asset implications arising from this report.

9.0 LEGAL IMPLICATIONS

9.1 There is a legal requirement to establish a Wirral HealthWatch as a body corporate and the Borough Solicitor's office is providing advice.

10.0 EQUALITIES IMPLICATIONS

10.1 An Equality Impact Assessment will be carried out when the shape of the HealthWatch model is clarified.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 There are no implications arising directly from this report.

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 There are no implications arising directly from this report.

13.0 RECOMMENDATION/S

13.1 That Committee support the Transition Group in seeking to identify the most appropriate model for a successful local HealthWatch organisation.

REPORT AUTHOR: *Nick Broadhead*
Principal Manager - Communities and Wellbeing
Telephone: 0151 666 4967
email: nickbroadhead@wirral.gov.uk

APPENDICES

None

REFERENCE MATERIAL

- Health and Social Care Bill: -
<http://www.publications.parliament.uk/pa/cm201011/cmbills/177/11177.156-162.html#j555>
- HealthWatch Transition Plan, DoH March 2011: -
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126325.pdf
- DoH Gateway Reference 17068, 3 January 2012

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	N/A

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

19 JANUARY 2012

SUBJECT:	SELF EVALUATION / PEER CHALLENGE
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR ANNE MCARDLE
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report informs the Committee of the outcome of the Peer Challenge carried out in late November/early December 2011. The Peer Challenger considered a "Self Evaluation" prepared by the Department which was informed by a report considered by Committee in November 2011.
- 1.2 These documents have been used to produce the Department of Adult Social Services Draft "Local Account" which is a way of demonstrating and describing performance in adult social care to local people. Committee's views on the Local Account are sought as part of the consultation process.

2.0 RECOMMENDATION/S

- 2.1 That Committee notes the outcome of the Peer Challenge process.
- 2.2 That Committee comments on the content of the Local Account.

3.0 REASONS FOR RECOMMENDATION/S

- 3.1 This Committee was instrumental in monitoring the CQC Improvement Plan which influenced the recent Department of Adult Social Services Self Evaluation report; it is, therefore, appropriate for the outcome of the Peer Challenge, which reviewed the Self Evaluation document, to be reported to committee.
- 3.2 The production of a Local Account is a new development in line with the initiative of the Association of Directors of Adult Social Services (ADASS) "Promoting Excellence in Councils' Adult Social Care". ADASS wishes to promote the use of 'Local Accounts' as a way of demonstrating and describing performance in adult social care to local people. Committee's comments are sought as part of the consultation process.

4.0 BACKGROUND

- 4.1 At its meeting on 8 November 2011 the Committee received a report regarding the completion by the Department of Adult Social Services (DASS) of the Improvement Plan following the Care Quality Commission (CQC) Inspection in May 2010.
- 4.2 Since its inspection the CQC changed its remit and it did not return, as originally planned, to Wirral in March 2011 to assess progress against the Improvement Plan. Instead, it was agreed that this function would be carried out as part of the "Sector-Led Improvement Programme". This is developing on a number of fronts that are described below.

5. SECTOR LED IMPROVEMENT – NATIONAL CONTEXT

- 5.1 In October 2010, the Local Government Association conducted a consultation with the local government sector on a new approach to self-regulation and improvement following the Coalition Government decision to dismantle the existing framework of assessment and regulation. The consultation was based on the following principles:
- that councils are responsible for their own performance
 - that stronger local accountability drives improvement
 - that councils have a collective responsibility for performance in the sector as a whole.
- 5.2 The proposals within the consultation received wide support from Local Government and further work was undertaken to develop a model of self evaluation to be managed by the sector.
- 5.3 In September 2011 the outcome of the consultation was published by the Local Government Association. Entitled "Taking the Lead", this described the approach to be taken by the sector to self-regulation and improvement including a peer challenge offered to all councils, free of charge, in the three-year period from April 2011

6. SECTOR LED IMPROVEMENT – DASS

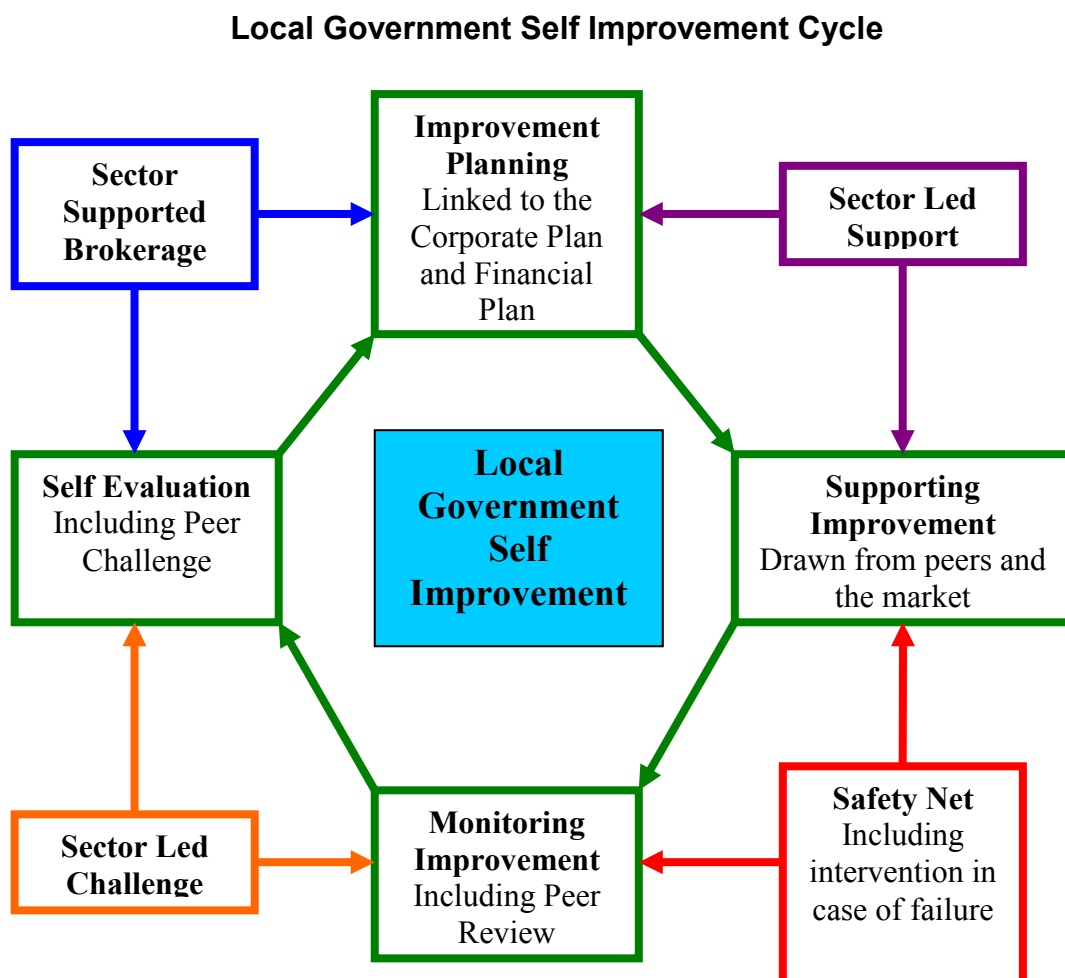
- 6.1 On 16 November 2010 the Government launched its "Vision for Adult Social Care: Capable Communities and Active Citizens" which asserted that new approaches and different ways of working, both nationally and locally, would be necessary to deliver improved services in financially challenging times. Simultaneously, it launched a consultation, "Transparency in outcomes: a framework for adult social care." This consultation was undertaken in the context of the LGA's expressed wish for the sector to take more control over self regulation and assessment.

- 6.2 The consultation proposals were built around three themes:
- Creating a focus on the outcomes which services achieve for people, as the hallmark of a truly personalised approach;
 - Developing a strategy for quality in adult social care;
 - Designing more transparency into the system, so the public can hold local organisations to account, citizens can make more informed choices about their care, and people who use services can see how their experiences can drive change and improvement.
- 6.3 In March 2011 the Government published its response to the “Transparency in outcomes: a framework for adult social care” consultation. It restated that its strategy was to drive improvement through a focus on outcomes and greater transparency. This was to be supported through three mechanisms
- a national Adult Social Care Outcomes Framework (ASCOF)
 - the collection of a New National Data Set and
 - the development, at a Local Authority level, of a “Local Account”.
- 6.4 It is proposed that the National Dataset of information from the year ending 31 March 2012 will be used to inform the ASCOF for 2011/12 which will be published in June/July 2012. However, each Local Authority has been advised that it should publish a Local Account by 31 December 2011 using the ASCOF Framework and national dataset currently available.
- 6.5 The Local Account is expected to be a central part of the approach to Sector Led Improvement described above. The approach places at its heart the principle that every council should be responsible for its own improvement, and should identify its own needs through self evaluation. Councils are expected to undertake on going self assessment and assurance with people who use services and citizens, and to publish information on priorities and progress.

7 THE SELF IMPROVEMENT CYCLE

- 7.1 The new approach to self regulation described above will be embodied in a Bill before Parliament in spring, 2012. It is a critical part of the idea that the local government sector collectively should take responsibility for its own regulation and improvement after the removal of duties from the Audit Commission and CQC (though not OFSTED).

7.2 In essence, the improvement cycle is as follows.



7.3 Key elements in the cycle relevant to this report are

7.3.1 “**Self Evaluation**”, implies that each service area has:

- A clear understanding of what it is trying to achieve for Wirral people flowing from the Council’s Corporate Plan;
- A clear understanding of what it is required to achieve by legislation, regulation or external contract;
- These understandings expressed in terms of outcomes for service users, both external and internal clients;
- Wherever possible these outcomes expressed in numeric, measurable terms;
- A mechanism for monitoring and reporting on progress against these measures;
- A knowledge of the performance on these measures of other comparable councils;
- Clear expectations of future performance against these benchmarks;
- A mechanism for gathering the qualitative views of service users, carers and partners;

- A mechanism for gathering the views of practitioners;
- A mechanism for collating and evaluating this evidence;
- A mechanism for translating these judgements into improvement plans;
- A mechanism for relating these plans to investment decisions.

7.3.2 **“Peer Challenge”** is central to the new approach. It implies that each council opens up its self evaluation process honestly to its peers and also that it contributes its own staff time as a civic duty to peer challenge others. The Peer Challenger **does not** carry out a one-person inspection, nor endorse the self evaluation as being true or accurate in every respect.

The **challenge** role of the peer challenger during this self evaluation is,

- To challenge the Director concerning the validity and comprehensive nature of the evidence used
- To challenge the Director on the interpretation of this evidence and the robustness of the evaluation
- To challenge the Director on the appropriateness of the priorities identified by the process

The **validation** role of the Peer Challenger during the process is,

- To provide assurance that the process of self evaluation has been carried out thoroughly and honestly
- To test out the judgement about outcomes against the national data and intelligence that is available
- To test out the judgement about outcomes against any audit or inspection evidence that is available
- To offer a view as to whether the priorities for improvement that have been identified are appropriate or whether there are major omissions
- To alert the Chief Executive and Leader of the Council if there are major, unaddressed concerns having a bearing on the legality or propriety of the council’s actions or the safety of Wirral citizens

7.3.4 **“Peer Review”** role supports the improvement process within a local authority by:

- providing a ‘critical friend’ assessment of a service;
- identifying areas for improvement within the service;
- supporting change and improvement within the service; and
- facilitating the exchange of ideas and good practice.

A peer review is not an inspection or audit of a service - it is a supportive review process designed to help identify areas for improvement and to aid a service’s capacity to change.

8 SELF EVALUATION – WIRRAL

- 8.1 Originally it was anticipated that a Peer Review of Wirral DASS would be undertaken in November 2011 in place of a further inspection by the CQC. During the period of preparing for this Review, however, the Council received a report of an Independent Review by Anna Klonowski Associates (AKA) into Corporate Governance. On 22 September 2011 Cabinet accepted the recommendations of the report and agreed to a wholesale programme of review of the Council's governance arrangements. It has been agreed, therefore, that there will be simultaneous and linked peer reviews of DASS and Corporate Governance in 2012.
- 8.2 It was not thought appropriate, however, to delay until the Peer Review any evaluation of the improvement work undertaken by DASS since the CQC inspection in May 2010. A decision was taken, therefore to break into the Self Improvement Cycle at the **Self Evaluation including Peer Challenge** stage by undertaking a "Self Evaluation" validated by a supportive and challenging former director.
- 8.3 The Self Evaluation document aimed to:
- provide an honest evaluation of the Department's performance, achievements and challenges at November 2011 and to assess progress made since the CQC Inspection Report September 2010
 - benchmark the Department's performance against that of other Local Authorities
 - describe, from a service users' and carers' perspective, their experiences of DASS
 - provide the new Director of Adult Social Services with a tool to support further planning and development
 - provide the Council with evidence to support a future Council wide Peer Review planned for 2012
- 8.4 The document is structure around the elements of the departmental plan:
- i) Safeguarding
 - ii) Choice
 - iii) Quality
 - iv) Early Intervention
 - v) Commissioning and Resource Management
- 8.5 In the absence of a nationally agreed approach to DASS evaluation two external self evaluation documents were used to construct Key Lines of Enquiry (KLOE's) for each of the programmes identified above
- LGIA Peer Review Self Assessment 2011 (SA)
 - ADASS Safeguarding Self Assessment 2008 (ADSS)
- 8.6 The KLOEs were applied, primarily to the programme and projects identified within the Departmental Plan and CQC Improvement Plan. The process, however, also provided the opportunity to look across programmes, not just down into them.

- 8.7 Evidence was collected in relation to achievements, to outcomes, or outputs, and remaining challenges.
- 8.8 A benchmarking exercise has also been undertaken to measure the performance of Wirral DASS against that of other Local Authorities using National Indicator Set 2010-11 (NASCI001) and Advancing Quality Alliance (AQA)/ Directors of Adult Social Care (ADASS) data.
- 8.9 A “Golden Threads” section has been developed to include some service user perspectives of the Department and the way its services have developed.
- 8.10 The full detailed Self Evaluation document can be found on the Web Library.

9. Comments from the Peer Challenge

- 9.1 As noted above the Self Evaluation process includes the assessment of the evidence provided by the Department by a “Peer”. The Peer Challenger nominated by the Local Government Association for the role, was Veronica Jackson, the former Director of Adult Social Services in Oldham.
- 9.2 In addition to the Self Evaluation document Ms Jackson had access to a wide range of information including data about performance. She interviewed a range of staff, partners and carers. Ms Jackson’s report is attached at Appendix 1 and her views can be summarised:
- She feels that the self evaluation has been thorough and clear; she believes that “we know ourselves” and have identified the right priorities for the next steps.
 - She believes that enormous progress has been made during the year and that staff are to be congratulated.
 - She says that significant challenges remain and that these are largely around embedding and broadening the changes we have made.
 - Specifically in respect of safeguarding, she believes that tremendous progress has been made. There is a need for more work on data consistency, the use of Swift, the quality of protection plans and the 28-day target. She also identifies a need to build the confidence of staff and partners in using the new approaches.
 - On personalisation and choice, she thinks that our performance has really significantly improved. She identifies more work to be done to make sure that all partners understand the principles and operations of personalisation.
 - Ms Jackson thinks that, like other Local Authorities, Wirral have more work to do on commissioning. She particularly thinks that joint commissioning with the NHS needs attention.

- She recognised that the focus has needed to be inward looking - dealing with Wirral issues that needed change. She believes that the Department should now be more outward looking, engaging with national and regional developments.
- Overall, Ms Jackson thinks that performance is well away from the level needing intervention. She thinks that continued development will mean that the Peer Review in June will have a positive result. She says that given progress to date by June performance and achievements will have again significantly improved.

10. THE LOCAL ACCOUNT

- 10.1 With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of outcomes frameworks for adult social care and separately for the NHS and public health, ADASS believes that it is important that councils find a meaningful way of reporting back to citizens and consumers about performance. It is suggested that the publication of an annual local account is one means of achieving this.
- 10.2 Local accounts are a potentially very useful means of councils with adult social care responsibilities reporting back to citizens and consumers on performance in adult social care. Local accounts can be used to engage with citizens and consumers around priorities and outcomes. They could become a key accountability mechanism to the public and a useful way of informing self-improvement activity locally. They also are a practical expression of sector self-regulation and improvement.
- 10.3 In line with recommended best practice the Self Evaluation document has been used as a template for the Local Account which is attached at Appendix 2. In addition this document is available on the internet as part of the consultation process. Committee's views are also sought in particular regarding the four identified key priorities i.e.
- to develop commissioning
 - to involve users and carers more in commissioning
 - to develop better information so that DASS can say how well it is performing
 - to make sure that all service changes are "bedded in"

11.0 RELEVANT RISKS

11.1 No specific risks have been identified in producing this report.

12.0 OTHER OPTIONS CONSIDERED

12.1 No other options were considered in producing this report, it is briefing for committee regarding a process that has been completed

13.0 CONSULTATION

13.1 The Local Account is currently posted on the Council's internet for comments and consultation. Comments are also being sought from specific interest groups and partners

14.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

14.1 Much of the work of the Department of Adult Social Services is undertaken in partnership with the Voluntary, Community and Faith Sector. Issues that develop as a result of self evaluation process will be reflected in these partnership arrangements.

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

15.1 No specific resource implications have been identified in this report.

16.0 LEGAL IMPLICATIONS

16.1 None identified

17.0 EQUALITIES IMPLICATIONS

17.1 There are no identified discrimination issues; including social inclusion or human rights implications

17.2 Equality Impact Assessment (EIA)

(a) Is an EIA required? No

18.0 CARBON REDUCTION IMPLICATIONS

18.1 No implications

19.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

19.1 *Planning permission is not required*

REPORT AUTHOR: Steve Rowley

Head of Finance and Performance

telephone: (0151) 666 3662

email: stephenrowley@wirral.gov.uk

APPENDICES

Appendix 1	Interim Peer Challenge Report	December 2011
Appendix 2	Department of Adult Social Services Draft Local Account	December 2011

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Overview and Scrutiny Committee - CQC Improvement Plan	8 November 2011
Cabinet - Department of Adult Social Services Self Evaluation Document	24 November 2011
Cabinet - Department of Adult Social Services Self Evaluation – Local Account	8 December 2011

Appendix 2

Department of Adult Social Services

Draft Local Account

December 2011

1 What is a Local Account?

In March 2011 the coalition government published its strategy to improve adult social care through a focus on outcomes and greater transparency. As part of this the Care Quality Commission (CQC) have withdrawn their system of annual inspection of adult social care departments. Instead, Local Authorities are expected to be responsible for their own improvement, and to identify their own needs through self evaluation.

This is to be supported by three mechanisms:

- A national Adult Social Care Outcomes Framework (ASCOF)
- The collection of a new National Data Set and
- The development, at a Local Authority level, of a Local Account.

The Local Account is intended to let residents know how well adult social care has performed, and is an opportunity for Councils to make more information available to their residents on their achievements, challenges and priorities.

The Department of Adult Social Services has recently undertaken a self evaluation of its services. This forms the basis of the draft Local Account which will be used to consult with residents, people who use services and Partners about whether the priorities identified in it are the right ones. Publishing the Local Account in draft form will provide DASS with an opportunity to learn lessons and get feedback on how it can improve this report in the future.

The Department of Health have introduced the Adult Social Care Outcomes Framework (ASCOF) to measure the performance of Adults Social Care departments, and this document is structured under the four main headings from that framework;

1. Enhancing quality of life for people with care and support needs
2. Promoting independence, delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support
4. Safeguarding adults who circumstances make them vulnerable and protecting them from avoidable harm

A series of bullet points under each heading outlines some of DASS key achievements from 2011 and sets out the priorities for 2012-13.

NHS Changes

The Council is working closely with the NHS to ensure that the changes taking place nationally are implemented smoothly in Wirral. It is also working with its partners on closer integration of health and social care.

The Council is an early implementer of Shadow Health and Wellbeing Board which 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 Wellbeing Board is responsible for developing a Health and Wellbeing Strategy and it is hoped that as this Local Account develops, it will become an important component of this Strategy for the residents of Wirral.

Knowing the local area

It is important that the Council understands the local community in order to provide services tailored to the needs of residents. There are a number of ways in which this is done:

Equality & Diversity

The Council has an equality and diversity policy, which is published on the Council's website

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesionhttp>

The policy sets out the Council's corporate commitment to promote equality and prevent discrimination.

JSNA (Joint Strategic Needs Assessment)

The Council and the Primary Care Trust are required to complete an assessment of needs through the Joint Strategic Needs Assessment (JSNA). The aim of this document is to identify where there are needs in the community so services can be designed accordingly. The full report is available online

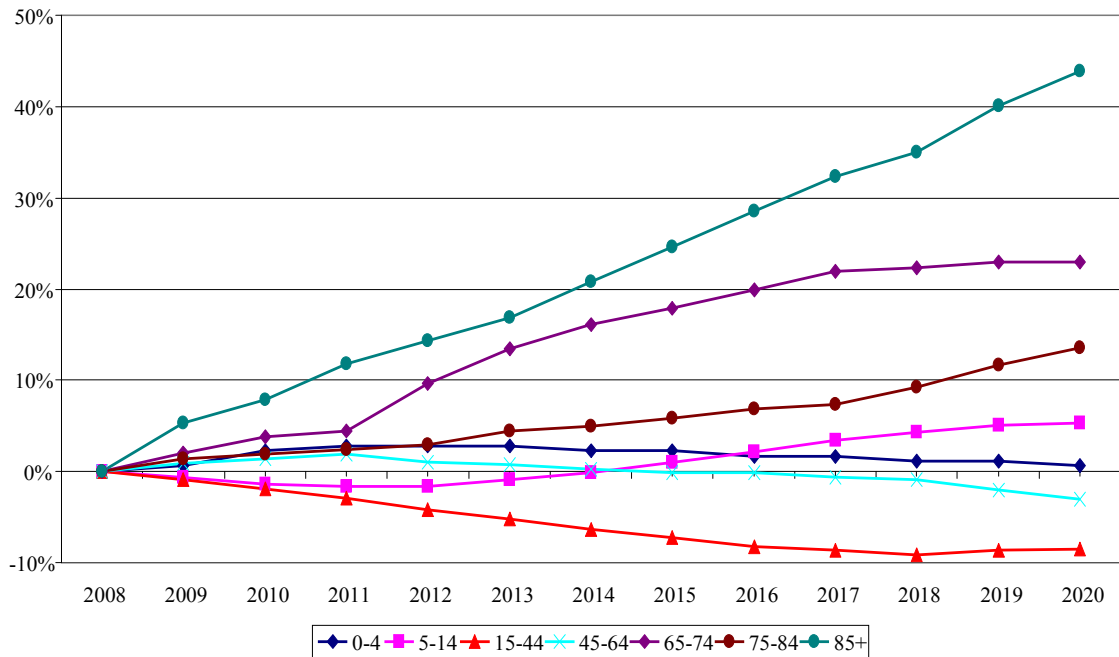
<http://www.wirral.gov.uk/my-services/council-and-democracy/local-strategic-partnership/joint-strategic-needs-assessment>

and explores a wide range of health and social care needs for both children and adults.

Challenges for the future

The 2010 JSNA highlighted one key local issues for DASS.

1. The number of older people is set to increase considerably over the next two decades. By 2031 it is estimated that 26% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. This could also have a considerable impact on the number of family carers in Wirral. Within this ageing population, there is expected to be a 123% increase in the population over 85 by 2033.



Wirral Resident Population Projections by Age Group (Persons) Mid-2008 to Mid-2033

Age Group	Population (thousands)						% Change 2008-33
	2008	2013	2018	2023	2028	2033	
0-4	18.2	18.4	18	17.7	17	16.5	-9.3
5-9	17.4	18.6	18.8	18.4	18.2	17.5	0.6
10-14	19.3	17.4	18.6	18.9	18.5	18.3	-5.2
15-19	20.6	18	16.1	17.3	17.6	17.3	-16
20-24	18.3	17	14.9	13.5	14.5	14.9	-18.6
25-29	15.6	19.2	18.3	16.3	14.9	16	2.6
30-34	14.9	15.8	19.3	18.7	16.7	15.3	2.7
35-39	20.1	15	16.2	19.6	19.2	17.2	-14.4
40-44	22.6	20.1	15.1	16.3	19.8	19.4	-14.2
45-49	22.4	22.3	19.8	14.9	16.2	19.6	-12.5
50-54	20.4	22	21.9	19.4	14.6	16	-21.6
55-59	20.5	19.6	21.3	21.2	18.9	14.2	-30.7
60-64	20	19.4	18.7	20.4	20.4	18.1	-9.5
65-69	15.6	18.7	18.2	17.7	19.3	19.4	24.4
70-74	13.7	14.2	17.2	16.9	16.5	18.2	32.8
75-79	12	11.9	12.6	15.4	15.2	15	25
80-84	8.9	9.4	9.8	10.6	13.1	13.1	47.2
85+	7.9	8.9	10.4	12	14.1	17.6	122.8
All Ages	308.4	305.9	305.2	305.2	304.7	303.6	-1.6

Source: Office for National Statistics, 2011

How much does DASS spend?

Adult social care accounts for 26% of the Council's total budget for 2011-12. The table below shows how this is shared between people with different needs.

	Gross £	Income £	Net £
Older people	58,627,800	(22,919,200)	35,708,600
People with mental health needs	10,236,700	(3,467,500)	6,769,200
People with a physical disability	13,491,000	(4,587,700)	8,903,300
People with a learning disability	31,608,200	(14,126,600)	17,481,600
Drugs & alcohol	229,900	(29,500)	200,400
Management, support, training & development	10,714,200	(10,714,200)	-
Total	124,907,800	(55,844,700)	69,063,100

The Council is required to publish full audited accounts each year, the 2010-11 accounts can be found at <http://www.wirral.gov.uk/my-services/council-and-democracy/budgets-and-spending/annual-accounts>

The Council budget for 2011-12, along with other information on the Council's budget and spending is also available at <http://www.wirral.gov.uk/my-services/council-and-democracy/budgets-and-spending/budgeting>

Who is it spent on?

Over 10,000 people, with a variety of needs, are receiving adult social care services or have received services in 2011-12. This includes services based in the community, as well as residential and nursing care.

Total number of people who received services during 2010-11 by type of service, gender and age group

	18-64		65 and over	
	Female	Male	Female	Male
Community-based services	1,392	1,411	3,566	1,722
Residential care	111	201	678	245
Nursing care	30	36	485	192
Total people	1,533	1,648	4,729	2,159

Total number of people who received services during 2010-11 by need, gender and age group

	18-64		65 and over	
	Female	Male	Female	Male
Physical Disability	577	415	3,932	1,787
Mental Health	542	628	469	235
Learning Disability	352	531	62	44
Substance Misuse	2	9	2	3
Other Vulnerable People	60	65	264	90
Total people	1,533	1,648	4,729	2,159

2 Wirral Council Local Account

2.1 Enhancing the quality of life of the people of Wirral who have care and support needs

How DASS supports people to...

- Live their own lives to the full and achieve the outcomes that matter to them by accessing and receiving self directed assessment and a personal budget
- Support each other within their own communities by building community capacity
- Receive high quality provision by improving its own and externally provided services
- Be at the centre of everything DASS does by developing a person centred culture

Performance Highlights in 2011

Achievements	Outputs/Outcomes
<ul style="list-style-type: none"> • Following approval by elected members in October 2010 the introduction of personalisation and personal budgets was brought in through a revised system of Self Directed Assessment (SDA), a generic points based Resource Allocation System (RAS), support planning and outcomes based reviews, this is now the universal offer for adults with disabilities and older people with social care needs in Wirral. This represents a major shift to a personalised outcomes based social care service underpinned by the values of choice and control. All those who are Fair Access to Care Services eligible receive the offer of a personal budget to purchase either a commissioned service or a direct payment • Developing the capacity of the community to help DASS deliver services. 	<ul style="list-style-type: none"> • The Department met the national target for NI130 (Offer of a personal budget) in March 2011. As at 21 October 2011 90% of eligible service users are undertaking self directed assessments (SDA), 59% of whom were choosing self directed support. Performance in this latter area shows slow but steady improvement and remains on trend to meet the target of 80% by March 2012. • The percentage of people receiving assessments within 24 hours has risen from 78% in April 2011 to 81% as of 21 October 2011. • The percentage of people receiving support packages within 28 days has risen from 88% in April 2011 to 93% as of 21 October 2011 <p>These include:</p> <ul style="list-style-type: none"> • Developing social enterprises in Learning Disability • Supporting the Older Peoples Parliament • Citizenship sub group of Learning Disability Partnership Board • The mental health user group

<ul style="list-style-type: none"> • A fully established co located Children’s and Adults’ transition team in place in learning disability services. Supporting a revised protocol developed with parent carer representatives which is now in the final stage of completion • The Department, in partnership with Wirral Methodist Homes has developed Fellowship House, a supported living scheme for seven young adults with learning disabilities • A restructure has been agreed to strengthen the Department’s ability to deliver its improvement strategy including additional staff to assure quality in contracts. 	<ul style="list-style-type: none"> • The carers association • A revised transitions protocol which systematically tracks children with complex needs to ensure early support planning of adult social care support • Residents were fully involved in the design and implementation of the project, pooling their personal budgets to collectively purchase care and support • This included allocating an additional £900,000 and re-allocating £669,000 of existing resources
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Areas for Improvement in 2012

It can be seen from the above that a great deal of activity has taken place to develop Personalisation. The Department is offering real control to an increasing number of people, has significantly improved the quality of a number of its services and is developing a more systematic approach to involving service users and carers.

The major challenge over the next 12 months will be to ‘embed’ all of the improvements highlighted above so that they become systematic and become a natural way in which the Department works. The Department recognises that one way to achieve this is to develop its approach to strategic commissioning and to ensure that service users and carers are involved in this process from an early stage.

Key Indicators	2011 Performance	2012/13 Targets
1 a) Increase in the proportion of people with health and social care needs and carers who report an enhanced quality of life	88% of people responding to the Adult Social Care Survey reported satisfaction with their services.	90% of people responding to the 2012/13 Adult Social Care Survey report satisfaction with their services.
1 b) Increase in the proportion of people who say they have control over their daily life	75% of people responding to the Adult Social Care Survey say they feel in control.	77% of people responding to the 2012/13 Adult Social Care Survey report feeling in control.
1 c) Increase in the proportion of people receiving self directed support.	80% of all those who approach the Department for support are now self-directing their support.	90% of all those who approach the Department for support in 2012/13 are self-directing their support.

1 d) Carer reported quality of life.	82.3% of Carers responding to the Carers Survey reported 'alright' or 'better' quality of life as a result of services.	84% of Carers responding to the 2012/13 Carers Survey reported 'alright' or 'better' quality of life as a result of services.
1 e) Increase in the proportion of adults with learning disabilities in paid employment.	3.75% of those people with a learning disability known to the department are in paid employment.	7% of those people with a learning disability known to the department in 2012/13 are intended to be in paid employment.
1 f) The proportion of adults in contact with mental health services in paid employment	9% of those people with mental health issues known to the department are in paid employment.	10% of those people with mental health issues known to the department in 2012/13 are intended to be in paid employment.
1 g) Increase in the proportion of adults with learning disabilities who live in their own home or with their family	55.72% of those people with a learning disability known to the department are in settled accommodation.	65% of those people with a learning disability known to the department in 2012/13 are intended to be in settled accommodation.
1 h) Increase in the proportion of adults in contact with secondary mental health services living independently, with or without support	66% of those people with mental health issues known to the department are in settled accommodation	80% of those people with mental health issues known to the department in 2012/13 are intended to be in settled accommodation.

2.2 Delaying and reducing the need for care and support

How DASS supports people to...

- Have access to good quality information and advice
- Have the opportunity to have the best health and wellbeing throughout their life by working with partners to ensure that universal services i.e. available to all, target the needs of disadvantaged groups
- Receive early diagnosis, intervention and reablement services so that they and their carers are less dependent on intensive services
- Receive the support they need in the most appropriate setting, to enable them to regain their independence
- Receive the support they need in the most appropriate way so that their care needs are met and their personal dignity maintained

Performance Highlights in 2011

Achievements	Outputs/Outcomes
<ul style="list-style-type: none"> • The sourcing of an Information Hub. This has been developed in conjunction with 	<ul style="list-style-type: none"> • An additional £73,060 will be invested by DASS to support development of the

<p>Voluntary and Community Action Wirral.</p> <ul style="list-style-type: none"> • The Healthy Homes Initiative focuses on reducing identified hazards and supporting residents to access a wide range of services to gain the support they may need. This includes, amongst others, supporting people to improve their incomes, stop smoking, reduce risk of house fires and improve the energy efficiency and affordable warmth of their homes. Early intervention by agencies reduces the impact on other public services and improves outcomes for individuals • The POPIN service provides support to older people who do not meet FACS eligibility criteria • The Department has been a partner in the development of two new purpose built Extra Care facilities Willowbank and Mendell Court, providing a model of long term care and support allowing for independent living. Support contracts are in place to deliver personalised support including an innovative joint health and social care contract in one of these facilities which allows for the delivery of health and social tasks through one independent sector support provider 	<p>Wirral Well Website (Subject to Cabinet approval) which is an online hub for wellbeing, health and social care services</p> <ul style="list-style-type: none"> • Since 2010 the Healthy Homes initiative has completed over 500 referral forms, of which 478 referrals have resulted in interventions by partner agencies • The total number of Extra Care places now available in Wirral is 203 units across five establishments; one scheme (Cherry Tree) specifically supports 10 older people with dementia
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Areas for Improvement in 2012

It can be seen from the above that the Department is committed to an approach based on early intervention. There is some evidence that interventions at other levels, particularly around reablement are having a positive impact on service delivery and cost.

The challenges to the Department over the next twelve months are:

- a) to develop Success Criteria that show savings which result from investment in Universal Services
- b) to develop its approach to strategic commissioning.

Key Indicators	2011 Performance	2012/13 Targets
2 a) Decrease in permanent admissions to residential and nursing home care, per 1000 population	As a proportion, 2.13 of every 1,000 people are admitted into residential and nursing homes.	The proportion of people who are admitted into residential and nursing homes in 2012/13 is intended to be 1.5 per 1,000 people
2 b) Increase in the proportion of people (65) and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	91.77% of people discharged from hospital into reablement/rehabilitation are still at home after 91 days.	92% of people discharged from hospital into reablement/rehabilitation services in 2012/13 are still at home after 91 days.
2 c) Decrease in the number of delayed transfers of care from hospital	As a proportion, 2.9 of every 100,000 people are recorded as 'delayed discharges' from hospital.	The proportion of people who are admitted into residential and nursing homes in 2012/13 is intended to be 1.9 per 100,000 people in 2012/13.
2 d) Increase in the proportion of people who can access support and information to manage their care needs	48% of people responding to the Adult Social Care Survey reported finding it 'fairly' or 'very' easy to find information about services.	55% of people responding to the 2012/13 Adult Social Care Survey report finding it 'fairly' or 'very' easy to find information about services.
2 e) Increase in the proportion of carers who can access support and information to manage their care needs	38% of Carers responding to the Carers Survey reported finding it 'fairly' or 'very' easy to find information about services.	40% of Carers responding to the 2012/13 Carers Survey report finding it 'fairly' or 'very' easy to find information about services.

2.3 Ensuring that the people of Wirral who use services have a positive experience of care and support

How DASS supports people to...

- gain maximum satisfaction with their experience of care and support service
- have a broad range of choice in the local care and support market
- have real control over the resources used to secure care and support
- be actively involved in the design, development, delivery and review of care and support arrangements

Performance Highlights in 2011

Achievements	Outputs/Outcomes
• Family carers were directly involved in	• Budget saving: £1,610,650

agreeing the new service providers in the re-provision of supported living services for eighty service users.

- Furthermore, each individual has developed a personalised and bespoke support plan which explicitly shows what outcomes need to be achieved for each person and are clearly measurable. In addition to this there has been a group plan developed in order to ensure that all collaborative and shared services and resources were considered. From the outcomes of the individual plans, service specifications have been drawn up that clearly identify what care and support was required for each establishment; these have been developed by the individuals themselves to ensure that they are able to give very clear instructions to providers and establish clear service level agreements which will enable them to meet their outcomes, identified within the support plans
 - Piloting a new approach to daytime provision for people with disabilities that will improve and transform outcomes and access to training, education and employment. This will support the development of a social enterprise hub and explore the possibility of future business models in relation to further developing a social enterprise, a community interest company or a mutual
 - In the past year the Learning Disability Partnership Board (LDPB) has been transformed with new governance arrangements and business planning structure. Service users and their carers have been an integral part of this transformation, ensuring that the new structures are fit for purpose
 - The “Dignity in Care” campaign with Wirral Link undertook two surveys, one relating to individuals experiences of using Health and Social Care Services, the other eliciting feedback on specific services
- Supported Living - people now living where they want with a provider of their choice.
 - A business planning day with over 30 delegates from across the Council, NHS Wirral, other partners such as Methodist Housing and services users and carers took place on 10 October 2011
 - 79% people thought they had been treated with Dignity and respect on the individual survey. Overwhelmingly positive response to service specific survey

<ul style="list-style-type: none"> • A feedback mechanism has been introduced to enable parents and carers to inform staff at Girtrell Court and Sylvandale of their experiences of the service. • Office of National Statistics data shows that there are approximately 30,000 carers in Wirral, of whom 2,500 are known to the Department 	<ul style="list-style-type: none"> • The feedback form has enabled the Department to make changes to various systems, processes and working practices to improve the customer experience. • 66.9% of those who completed the Carers Survey and received services thought that this had made things easier for them. Also, 61.9% of those who received a service were fairly, very or extremely satisfied with their service.
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Areas for Improvement in 2012

It can be seen from the above that a great deal of activity has taken place to ensure that people have a positive experience of care and support. The Department has significantly improved the quality of a number of its services and is developing a more systematic approach to involving service users and carers.

The challenges over the next twelve months are:

a) to further develop practice in relation to co-production to ensure that users and carers are systematically involved in the strategic commissioning of services.

b) to develop a more systematic approach to gathering service user and carer feedback with regard to a number of issues, including satisfaction measures.

c) to develop the ability to use this information to inform commissioning decisions

d) further develop the advice and information available to people who use services and their carers

Key Indicators	2011 Performance	2012/13 Targets
3 a) Increase in the number of people who use social care and their carers who are satisfied with their experience of care and support services	91% of people responding to the Adult Social Care Survey reported being 'quite', 'extremely' or 'very' satisfied with their services.	93% of people responding to the 2012/13 Adult Social Care Survey report being 'quite', 'extremely' or 'very' satisfied with their services.
3 b) Increase in the overall number of carers satisfied with	56% of carers responding to the Carers Survey reported being	58% % of carers responding to the 2012/13 Carers Survey

<p>social services</p> <p>3 c) Increase in the proportion of carers who report they have been included or consulted in discussions about the person they care for</p> <p>3 d) Increase in the proportion of people who use services who find it easy to find information about support</p> <p>3 e) All young adults who have a FACS eligible need will have a transitional plan in place 3 months before moving into Adult Social Care Services.</p> <p>3 f) Determine the proportion of people who report they have been appropriately included and consulted in arranging their care.</p>	<p>'fairly', 'very' or 'extremely' satisfied with social services.</p> <p>51.5% of carers responding to the Carers Survey reported being included or consulted in discussions.</p> <p>37.9% of people responding to the Adult Social Care Survey say they find it easy to find information.</p> <p>No existing target/benchmarking is available.</p> <p>No existing target/benchmarking is available.</p>	<p>report being 'fairly', 'very' or 'extremely' satisfied with social services</p> <p>55% of carers responding to the 2012/13 Carers Survey report being included or consulted in discussions</p> <p>50% of people responding to the 2012/13 Adult Social Care Survey find it very or fairly easy to find information</p> <p>100% of transition plans are in place during 2012/13.</p> <p>55% of people responding to the 2012/13 Adult Social Care Survey report being included in arranging their care.</p>
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2.4 Safeguarding people in Wirral whose circumstances make them vulnerable and protecting them from avoidable harm

How DASS supports people to...

- Enjoy physical safety and feel secure
- Be free from physical and emotional abuse, harassment, neglect and harm,
- Be protected as far as possible from avoidable harm, disease and risk
- Be supported to plan ahead and have the freedom to manage risks in the way they wish

Performance Highlights in 2011

Achievements	Outputs/Outcomes
<p>A systematic review has taken place of policy, procedure and practice within DASS and across the Safeguarding Adults Partnership Board (SAPB) to ensure it is able to meet its statutory and lead responsibilities. Within this the following achievements have been made:</p> <ul style="list-style-type: none"> • Reviewed, revised and launched the 	<ul style="list-style-type: none"> • New interagency procedures launched

<p>inter-agency safeguarding procedures – ratified by the SAPB</p> <ul style="list-style-type: none"> • Reviewed the membership and seniority of membership of the SAPB and capacity of sub-committees with refreshed Terms of Reference • Developed and agreed an annual report and business plan for the SAPB detailing key priorities for the year • Board members have agreed a self-assessment framework against national standards-final report due for completion January 2012 • Developed performance reports which track trends and will be available from November 2011 • An independent chair for the SAPB was appointed and new arrangements have been made for the Local Safeguarding Children’s Board (LSCB) chair to also chair the SAPB • The strengthening of safeguarding management within the Department • DASS have a dedicated lead Head of Branch (HoB) for safeguarding within the strategic leadership team to focus on this priority area • Creation of a post of service manager, safeguarding, 3 new safeguarding officers, safeguarding contracts officer, a team support officer and Advanced Practitioners, Safeguarding • Improving practice by locating a safeguarding social worker in the Central Advice and Duty Team (CADT) 	<p>August 2011</p> <ul style="list-style-type: none"> • Revised and improved safeguarding procedures embedded within DASS from May 2010 and revised further in July 2011 • Attendance now consistent and at the right level. Monitored by the SAPB Executive • Annual Report and Business Plan • Self Assessment Framework (consultation stage) • Weekly, operational and Board reports. • Activity Data from 12 September (inception) to 7 October shows that approximately 50% of safeguarding contacts were dealt with by the social worker in CADT and did not need further safeguarding input.
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<ul style="list-style-type: none"> Refreshed the multi-agency training plan and enhanced training for front line managers who chair Safeguarding Conferences 	
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Areas for Improvement in 2012

It can be seen from the above evaluation that a great deal of activity has taken place to develop the SAPB, invest in additional staffing resource and put in place effective policies and procedures, underpinned with training and staff development.

The major challenge over the next 12 months will be to establish the Performance Management Framework that will enable the partnership and the Department to know whether all these changes have been effective and whether the outcomes, which the Partnership has identified as "Success Criteria", are being achieved.

In addition work is necessary to ensure greater clarity within the Partnership of respective roles and responsibilities, particularly in the context of NHS changes. DASS will also need to address this within the context of the new Departmental structure.

Training will need to be evaluated to ensure that it consistently delivers quality across agencies and embeds the culture of safeguarding in practice.

Key Indicators	2011 Performance	2012/13 Targets
4 a) Increase in the proportion of people who use services who feel safe.	No existing target/benchmarking is available.	75% of people responding to the 2012/13 Adult Social Care Survey report they feel safe.
4 b) Increase in the proportion of people who use services who say that those services have made them feel safe and secure.	91% of people responding to the 2012/13 Adult Social Care Survey say their services make them feel safe and secure.	93% of people responding to the 2012/13 Adult Social Care Survey report their services make them feel safe and secure.
4 c) Increase in the number of safeguarding alerts dealt with in 24 hours	80% of all safeguarding alerts are dealt with in 24 hours.	100% of Safeguarding Alerts reported in 2012/13 are completed within 24 Hours.
4 d) Increase in the number of safeguarding referrals dealt with in 28 days	66.31% of all safeguarding referrals are dealt with in 28 days or fewer.	80% of Safeguarding Referrals in 2012/13 are completed within 28 Days.

3. Local Account Survey

1. This Local Account contains four outcomes which Wirral Department of Adult Social Services (DASS) wishes to achieve for people.

a) Are these the right outcomes?

YES/NO

b) Are there any other outcomes DASS should consider?

2. This Local Account contains the following priorities:

- i. to develop commissioning**
- ii. to involve users and carers more in commissioning**
- iii. to develop better information so that DASS can say how well it is performing**
- iv. to make sure that all service changes are “bedded in”**

a) Are these the right priorities?

YES/NO

b) Are there any others DASS should consider?

3. This Local Account contains a number of performance measures to provide clarity about whether DASS is making progress towards achieving its outcomes.

a) Are they the right measures?

YES/NO

b) Are there any others DASS should consider?

4. Is there anything else you would like to tell us about this Local Account?

**WIRRAL METROPOLITAN
BOROUGH COUNCIL**

Interim Peer Challenge Report

Dec 2011

Peer Challenger: V A Jackson

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1. General Comments

1.1. DASS has evaluated its performance, achievements and challenges in the self evaluation of November 2011, the local account of 8/12/11 and SLT extraordinary report of 28/11/11. This is to assess progress made since the CQC inspection report of September 2010 and the 2009/10 CQC assessment of performance report. Howard Cooper, interim DASS describes the improved performance as a 'leap' and he and his staff are to be congratulated for the progress made which is significant. Given the depth of the challenge there are still areas to be improved, to move from adequate to performing well and from poor to at least adequate.

1.2. I have identified these challenges within the areas of safeguarding, choice, commissioning, resource management and outward focus.

1.3. I identified the issues to be addressed from the CQC inspection report of Sept 2010 in the attached report. A response was received on 14th Dec 2011.

1.4. Given the progress made in 2011 I would be confident that by the time of the peer review in June 2012 that performance and achievements will have again significantly improved.

2. Safeguarding

2.1 Performance management:

The council has focussed considerable resources into Safeguarding since the CQC inspection report of September 2010. The move to Adult from Children's Services of Howard Cooper and Caroline McKenna is a reflection of the commitment to improve Safeguarding in the Borough. This has led to the improvements as summarised in the Local Account, with which I concur. The department recognises that there are still issues to be addressed in the Account in respect of data quality and analysis but I would add the following:

2.2 Challenges:

- (i) Staff understanding about performance management and their commitment to improving their performance needs embedding.
- (ii) The consistency about social workers inputting into SWIFT needs to be targeted.
- (iii) Information on protection plans quality about alerts and triggers not available needs to be available.
- (iv) Information on why not meeting 28 day target needs to be available.
- (v) Usage and benchmarking of AVA needs further development and usage.
- (vi) Underperformance in all areas needs to be identified and challenged.
- (vii) To improve usage of available resources for training e.g. using lessons learnt from Serious Case Reviews and the work of ADASS.

2.3 Members, Staff and Public Engagement and Understanding:

Members have received training about 'safeguarding' but this was before the last election and therefore there needs to be a further training programme put in place. The level of understanding of 'safeguarding' amongst members is varied as is their knowledge of 'safeguarding practice and outcomes in the borough. The staff in adults services have received training in safeguarding but there is still a need for

confidence building about their skills in this area and there also needs to be further training about safeguarding across the wider council staff groups and its partners.

There was a publicity campaign for the general public but there was no analysis if it resulted in improved awareness by the public of how to raise concerns and what constitutes familial abuse.

2.4 Challenges:

- (i) To put in place a training programme for members in 2012 and evaluate its impact on members' understanding of how to assess current service delivery and what needs to be improved.
- (ii) To use overview and scrutiny as a mechanism for challenging safeguarding performance.
- (iii) To develop the understanding of safeguarding for all staff, partners and citizens in the borough and the processes in place for raising concerns.
- (iv) To build up the confidence of DASS staff about their safeguarding skills and knowledge and the consequent impact on improved outcomes for citizens.
- (v) To demonstrate that citizen's lives are improved through safeguarding, that they feel safe and that their circumstances have improved.

2.5 The Safeguarding Adults Partnership Board:

The Safeguarding Board has been transformed over the last twelve months and there has been much transferred learning over this period from children's services. The new Chair is also the Chair of the Children's Board and this is a significant step forward for the Board in ensuring consistency and shared learning across children's and adults services. The challenges that have been identified in the Local Account I would concur with. I would add the following:

2.6 Challenges:

- (i) Ensure members are aware of the work of the Board and that it uses Overview and Scrutiny and Cabinet to scrutinise and confirm the Wirral's commitment to the Safeguarding Adults Partnership Board annual report and business plan.
- (ii) To ensure that partners also get commitment to the SAPB annual report and business plan within their own organisations.
- (iii) To regularly report to Overview and Scrutiny and Cabinet and to partner organisations about progress in meeting the targets of the SAPB business plan.
- (iv) To communicate to citizens the responses to the police and criminal justice sectors' response to safeguarding, e.g. Hate crime rate.

3.Choice

The council has significantly improved its performance in personalisation in the last year as summarised in the Local Account. Again I would concur with the challenges also identified in it. I would add the following:

3.1 Challenges:

- (i) To align the safeguarding policies and procedures with those of personalisation so there is clarity about the balance between the right of the individual to control his or her care package and ensuring adequate protections are in place to safeguard well being.
- (ii) To develop the understanding of personalisation by partners and ensure it is part of the commissioning strategies of the clinical commissioning consortium/PCT.

- (iii) To ensure members and all council staff understand personalisation and its impact on the transformation of service delivery and how to utilise it across all council services.
- (iv) To develop provision of services by the voluntary, community and faith sector based on the JSNA and gaps in services identified by users and carers.
- (v) To challenge gaps in performance - NI 136 has improved but admissions to residential homes has not.

4. Commissioning and Resource Management

The commissioning of services by the Council is rapidly changing because of local, regional and national policy drivers. The major drivers are personalisation the NHS changes and budget reductions. The PCT and the council have worked closely together over the last twelve months to become commissioning rather than provider organisations. DASS has also formed alliances with the CCC's. The challenge to the DASS is to develop its approach to strategic commissioning and use its resources efficiently and effectively to support it.

4.1 Challenges:

- (i) To update the JSNA and use it to effectively predict what services need to be commissioned for the next 5 to 10 years.
- (ii) To align commissioning and budget strategies so that partners have confidence in the financial planning of the council.
- (iii) To agree with the CCC's/PCT a joint commissioning and financial strategy.
- (iv) To build safeguarding and personalisation into commissioning strategies.
- (v) To reflect in the strategies the views of citizens as to what and how services are delivered and to publicise this, e.g. "you said, we did".
- (vi) To evaluate the impact on services on outcomes for users and carers.
- (vii) To deliver the £5m gap in the budget by 31/3/12.

5. Outward Focus

5.1 It is understandable given the need to improve service delivery that the council has had an internal focus. However, this has meant that opportunities are missed to improve practice and services through the work of other organisations.

5.2 Challenge:

To utilise the resources available to improve practice and services through networking and using the resources available from external organisations, e.g. NW Performance leads, ADASS and LGA.

**CQC Inspection Report
Wirral Metropolitan Borough Council
Report Sept 2010**

Issues from the 2010 Inspection Report that need further information and evidence in the Self Evaluation Document.

Page Ref	Issue raised by CQC	Gap
Pg 9	The Audit Commission rated the council as performing adequately overall in 2009. It awarded a 'red flag' for its performance in safeguarding adults. Concerns were raised about poor performance in the completion of investigations, levels of staff and member training and data quality	Data quality and confidence data does not appear to be sufficiently addressed in the Plan.
pg 10	The council and its partners had limited awareness of the extent to which people with a learning disability experienced hate crime. There was some protection work with adults with a learning disability including travel training and dealing with bullying. This required expansion to ensure incidences of poor treatment were routinely reported, with improved levels of support provided to people. There was a need to improve understanding of the level of discrimination and harassment experienced by older people. The council had strengthened links between safeguarding adults, domestic abuse and HATE crime. There was work in progress to widen multi-agency working to include all aspects of hate crime. Targets to reduce level of domestic abuse were being met. There was a clear focus on increasing reporting levels. Local area forums needed to improve their focus on identifying and reporting safeguarding issues	No specific reference found
Pg 10	The council had been assessed as 'achieving' against the new local government equality standard. This work was led by the Director of Adult Social Services. Staff received training in recognising equality and diversity issues in their work. The council's equality and cohesion team regularly received telephone calls from people with a disability, mental health issue or who had been a victim of homophobic or race hate crime. The council needed to ensure such incidents proactively informed its work to protect people in their local communities.	Council's approach to equality needs further reference to disability.
Pg 11	Accountabilities between key agencies were unclear in a number of cases.	

Page Ref	Issue raised by CQC	Gap
Pg 12	A high proportion (79 per cent) of all safeguarding referrals had been assessed as requiring no further action. There was a need to get a better understanding of the reasons for this and of the effectiveness of the initial response.	Data quality and analysis of data needs to be reviewed in this area. Under performance needs to be challenged.
Pg 13	We found some examples of poor practice in identifying and managing risk as people moved between different settings including their own homes, hospital and care homes.	No explicit action found in plan
Pg 13	There was work required to roll this out to other relevant partners and ensure use of personal and confidential information was secured by clear information-sharing protocols.	Evidence of data sharing arrangements required
Pg 13	Some people reported a lack of flexibility in their access to domiciliary, day care	Examples of market management events to increase choice and flexibilities
Pg 14	The council and its partners needed to undertake a comprehensive analysis of areas of risk and ensure such incidences were effectively addressed and reduced. A new post of safeguarding (contracts) had been established. This was helping to improve understanding of trends and of the quality and performance of specific providers.	Evidence of sharing information and analysis between teams and partners. What had this post achieved?
Pg 15	not easy for some people to participate in community-based activities.	Evidence required of Council influencing wider community activities to ensure greater participation.
Pg 16	The development of social enterprises and user-led organisations was encouraged.	Evidence required of approach to localism, "Big society" and reducing demand on the Council
Pg 17	<i>Options for Change</i> , on the future of its directly provided services.	How have the new arrangements for adult social care and the improvement plan been fed back to service users and carers. How have people been empowered to manage their own care?
Pg 18	The team did not keep data about the people it had signposted onto external agencies.	Do the team record or have any idea of the effect of signposting?
Pg 19	However, some people told us of ongoing difficulties in getting in touch with their social worker, changes of social workers and lack of effective relationships.	HR data on sickness, turn over, use of agency etc. What is the picture now?

Page Ref	Issue raised by CQC	Gap
Pg 20	The lack of robust practice in these areas required urgent review. Some staff did not have the required levels of knowledge or training for their roles. We found examples of low expectations by caseworkers. This included views that assistive technology was not appropriate due to lack of rehabilitation potential, or college courses being too difficult for the person to understand. There was a lack of creativity in addressing barriers to access. Some case workers did not adequately involve people, their families and independent advocates in these important decisions.	Under performance management. Induction
Pg 22	The quality and outcomes of reviews was an area for urgent attention. There were a relatively high number of unscheduled reviews.	Data on reviews is still showing poor performance. Are they being done, but a recording issue, why is this still a concern.
Pg 23	Councillors and senior managers	Member engagement, involvement of overview and scrutiny, further evidence. Wider Council commitment to the adult social care agenda, more evidence.
Pg 27	Local market management	Examples of where local providers have be informed about the personalisation agenda and being encourage to tailor their services differently

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

19 JANUARY 2011

SUBJECT:	<i>VASCULAR SURGERY - UPDATE REPORT ON CONSULTATION PROCESS</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>KATHY DORAN CHIEF EXECUTIVE, NHS CHESHIRE, WARRINGTON AND WIRRAL</i>
RESPONSIBLE PORTFOLIO HOLDER:	
KEY DECISION	NO

1.0 EXECUTIVE SUMMARY

1.1 This update on the consultation plan on changes to vascular services across Cheshire and Merseyside builds upon already extensive engagement with patients, the public and stakeholders on the principles involved in the Vascular Services review. There were 3 consultation phases envisaged as part of the engagement plan:

- Pre-consultation as part of the development of recommendations
- Active consultation on the actual recommendations
- Post-consultation on how the decision is being implemented

2.0 RECOMMENDATION/S

2.1 Members are asked to note the consultation plans.

3.0 PRE-CONSULTATION PHASE

3.1 A comprehensive report on the first phase of engagement establishing the case for change and options for the future was shared with all Cheshire and Merseyside Overview and Scrutiny Committees.

3.2 One major event was held for the whole of Cheshire and Merseyside, and this took place in Warrington. Subsequently Wirral OSC has expressed a desire to see more events held in Wirral, and we intend to address this in the formal consultation phase.

3.3 The outcome of the public consultation indicated a clear preference for Patient Safety, ahead of Access, Staff Expertise and Outcomes. Concerns expressed clearly focussed on patients having confidence their views would be listened to within the engagement and selection process for arterial centres. Another area of concern was the potential impact of losing local services and the perceived knock on effect to related services in particular localities.

3.4 In addition to the numerous meetings which followed the event an on-line survey was launched and resulted in 1,800 respondents. The key questions raised on the survey were the same questions posed at the events and but Patient Safety was overwhelmingly felt to be the most important consideration.

4.0 FORMAL CONSULTATION

4.1 Following a firm recommendation by the Project Board, endorsed by Clinical Commissioning Groups across Cheshire and Merseyside, it is proposed to move to a formal public consultation phase reflecting any recommendations made following the Strategic Health Authority 'Gateway' review (looking at the business case for the move) and National Clinical Advisory Team (NCAT) review (looking at the clinical case for the move). The interviews for the NCAT review took place on 23rd December 2011, and the formal report is expected in January 2012; however the NCAT Reviewer was satisfied that we can now move forward with formal consultation on the recommendations.

4.2 It is proposed that formal consultation begins on 23 January 2012 for a period of 12 weeks. The consultation will ask for views on two arterial centres as the preferred option, agreed by the Project Board and the Commissioning Groups. These will be the Countess of Chester for the south of the Mersey and the Royal Liverpool Hospital for the north and operate as centres of arterial networks for the area.

4.3 A comprehensive consultation plan has been drawn up, including the latest draft of the formal consultation document (see appendix). Comments on earlier drafts have already been received by LINKs and patient reps, and amendments incorporated. This draft document is also being circulated to OSC Chairs for any feedback prior to being finalised.

5.0 OVERVIEW AND SCRUTINY COMMITTEES

5.1 Each OSC across the Cheshire and Merseyside region has received a briefing paper outlining the progress made thus far, including the Vascular Board Report and outcomes of the CCG Chairs and commissioners. Senior project officers have presented the papers at OSC meetings, and made a formal request for the OSC to support formal consultation phase being progressed.

5.2 Joint OSC arrangements are planned for Halton, St. Helens and Warrington and a second joint OSC is planned to include Liverpool, Sefton and Knowsley. We are happy to return to any of the individual OSCs at their invitation.

6.0 LOCAL INVOLVEMENT NETWORKS (LINKS) AND PUBLIC ENGAGEMENT

6.1 A planning meeting with the local LINKs has taken place and a series of public meetings to specifically include LINK members will be taking place during the formal consultation process. Four main events will take place at a range of locations in Liverpool, Warrington, Wirral and Western Cheshire in Jan/Feb 2012, the first of these being in Wirral at Hulme Hall, 3pm-6pm on Tuesday 24 January.

6.2 Further engagement opportunities will take place at the main hospital trusts involved, as well as other public places such as other health sites and shopping centres, with exhibition materials being produced for this purpose.

- 6.3 A frequently asked question sheet was produced following the LINK meeting and will be circulated with consultation documents. LINK in Cheshire West and East were not in attendance at the planning meeting, but all information of the meeting, next steps and consultation materials has been forwarded to them.
- 6.4 A comprehensive stakeholder list has been compiled and will also include every patient who attended the pre-consultation events, or who expressed an interest in ongoing involvement, will be invited to attend, along with targeted patient groups across the Cheshire and Merseyside region.
- 6.5 For a matrix of stakeholders and a summary of activity see appendix below.

REPORT AUTHOR: *Kathy Doran*
Chief Executive, NHS Cheshire, Warrington and Wirral
 telephone: (0151 514 6403)
 email: kathy.doran@wirral.nhs.uk

APPENDICES

- Matrix of stakeholders and a summary of activity (included below)
- Vascular Services Consultation Document (attached)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health And Wellbeing Overview And Scrutiny Committee	8 th November 2011 (Item 4a)

MATRIX OF STAKEHOLDERS AND A SUMMARY OF ACTIVITY

Stakeholder Group	Communications / Engagement Channels	Methods of Communication/Engagement				
		Meetings	Forums / Events	Briefings / Email / Letter	Newsletter	Local Media
Patient and Public Groups	<ul style="list-style-type: none"> • LINKs • Members of the public • Previous attendees at engagement event • Patients (via local clinicians and vascular nurses) • User and patient groups: <ul style="list-style-type: none"> ○ The Circulation Foundation ○ Royal College of Radiologist Patient Group 		X X X X X	X X X X	X X X	X X X X
Commissioners	<ul style="list-style-type: none"> • PCT Managing Directors • Cheshire and Merseyside Cluster Boards • DoCs: • Cheshire and Merseyside DoCs meetings • GPs: • Vascular Project Board • Chairs of CCG Groups • Chairs of LMCs • Chairs of CECs/PECs • Other Cluster staff: Medical Directors; Communication and Engagement Leads 	X X X X X X X X X X		X X X X X X X X	X X X	
Hospital Trusts	<ul style="list-style-type: none"> • Chief Executive Officers • Clinicians: <ul style="list-style-type: none"> ○ Vascular Surgeons ○ Vascular Interventional Radiologists ○ Vascular Anaesthetists 	X X		X X	X X	

Stakeholder Group	Communications / Engagement Channels	Methods of Communication/Engagement				
		Meetings	Forums / Events	Briefings / Email / Letter	Newsletter	Local Media
	<ul style="list-style-type: none"> ○ Clinical Nurse Specialists ○ Vascular Technicians ○ Physiotherapists ○ Non-medical professionals ● Senior Operational Managers 		X X X X X	X X X X X	X X X X X	
Health Overview and Scrutiny Committees (HOSCs) / Elected Members	<ul style="list-style-type: none"> ● HOSCs Chairs / Local Councillors 		X X X	X X X	X X X	
SHA	<ul style="list-style-type: none"> ● NHS North West - Health System Reform Directorate 	X	X	X	X	
Other	<ul style="list-style-type: none"> ● NHS Gateway and National Clinical Advisory Team (NCAT): Align evidence base to four Reconfiguration Tests ● North West Ambulance Service ● C&M Cardiac Network ● Vascular Society of Great Britain and Ireland: Independent external advice and review of recommendations ● North West Group of Interventional Radiologists Clinical Network Leads: Trauma, Stroke, Diabetes and Renal 	X	X X X X X	X X X X X	X X X X X	
Media	<ul style="list-style-type: none"> ● Communications tools of PCTs and Hospital Trusts ● Local press targeted advertisement via press release 			X X	X X	X X

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CONSULTATION DOCUMENT

Improvements to vascular services in
Cheshire and Merseyside

Cheshire and Merseyside Vascular Review

Introduction

This document describes improvements that the NHS is planning to make to the way vascular services are provided in Cheshire and Merseyside, and asks you for your views on these changes. We want to make sure that all of our vascular services give patients care of the highest possible quality. Although current services are good and offer safe treatment, we believe that to sustain high quality services into the future, things will have to change, which may involve the relocation of some services. This document sets out the planned changes, why they are necessary, what benefits they will bring and how they will be delivered.

What are vascular services?

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and varicose veins, but not diseases of the heart and vessels in the chest (these are covered by cardiology).

These disorders can reduce the amount of blood reaching the limbs or brain, or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as kidney dialysis and chemotherapy.

All of these diseases used to be treated by surgery only. More recently, specialists have been able to treat many vascular disorders by reaching the site of the

problem via the inside of the blood vessels. This is known as interventional radiology, and is a much less invasive approach. Making these advanced techniques readily available to all patients is one of the goals of the review.

At the moment, treatment for vascular conditions takes place at most district hospitals. The district hospitals in Cheshire and Merseyside which currently provide vascular services are Aintree Hospital, Arrowe Park Hospital, Countess of Chester Hospital, Halton Hospital, Leighton Hospital, Crewe, Royal Liverpool Hospital, Southport Hospital, and Warrington Hospital.

The changes proposed in this document do not relate to the majority of emergency treatment services. These will remain available from A&E departments across Merseyside and Cheshire

Who needs specialist vascular services?

People with abdominal aortic aneurysms:

This is a condition in which the main artery in the abdomen becomes stretched and prone to bursting. Timely detection and treatment of abdominal aortic aneurysms prevents later problems with rupture and bleeding, and can be life-saving. About 350 aortic aneurysm repairs are carried out annually on people from Cheshire and Merseyside.

People with strokes or transient ischaemic attacks (TIAs or mini-strokes):

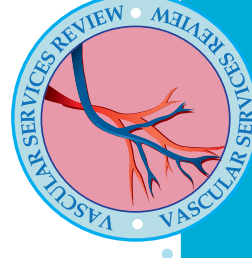
Sometimes, these problems with the blood supply to the brain occur because of a narrowing in a blood vessel in the neck called the carotid artery. This can be treated with an operation to improve the flow of blood and reduce the risk of future strokes. About 300 of these procedures are carried out annually on people from Cheshire and Merseyside.

People with poor blood supply to the feet and legs:

Some people, particularly those who smoke or have diabetes, can develop narrowings in the blood supply to the legs and feet. This can cause pain on walking, ulceration and infection.

Surgical or interventional radiological treatment can improve the blood supply, make walking easier and prevent the serious complications of inadequate blood supply. About 450 of these procedures are carried out annually on people from Cheshire and Merseyside.

All these operations take place in local hospitals in Cheshire and Merseyside. However, some people live nearer to a hospital in Manchester or Staffordshire and may have their operations there instead.



Why do we need to change how we provide vascular services?

In short, because it will save lives, and improve the outcomes for many patients in our area.

To provide the best possible care for our patients.

Treating vascular disease very well is not easy. Research shows that the chances of survival and improved quality of life after treatment improve when patients are treated by

a highly trained specialist team working in a larger centre to which many patients are referred.

The more operations carried out at a particular hospital, the more likely it is that treatment will be successful. Seeing more patients allows doctors and other staff to hone their skills and maintain them at the highest level, ensuring that patients get the care they need.

This means that we need to have a small number of hospitals carrying out higher numbers of specialist operations, rather than lots of hospitals carrying out a few complex operations each year.

To ensure specialist doctors are available at all times

In some smaller hospitals, there are not enough consultants to provide high quality twenty-four hour care for patients with vascular diseases. By concentrating specialists in fewer hospitals and

ensuring patients are taken to those hospitals promptly, we can ensure everyone gets the treatment they need, when they need it. Any potential small delay in accessing treatment will be more than outweighed by the better outcomes.

To meet the standards set by our doctors

Vascular specialists in the UK have set out how they think vascular services should be organised so that they can give their patients the best possible results and we have built on that work with specialists from Cheshire and Merseyside. We are determined to improve our local NHS so that these standards are met in full. We can only achieve this by changing where some treatments are provided. There is general agreement on this – the debate is where the centres are best located.

To make sure that everyone has equal access to innovative procedures, such as keyhole techniques

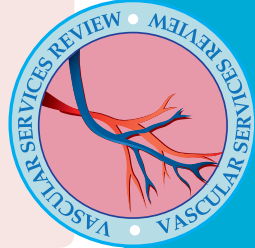
At the moment, patients in the region are not all able to access the latest treatments and techniques. We want to make sure that all patients can benefit from innovations.

Comment from LINK - Do we need to make any reference to renal patients?

Image

Image

Image



What changes are planned?

Vascular services are changing in a similar way throughout the country to secure these benefits for patients. In Cheshire and Merseyside, we are proposing that hospitals work in partnership to deliver vascular services, with complex and emergency operations carried out at a small number of specialist vascular centres and the remaining care continuing to be provided locally. The only services which will be relocated are surgery on the arteries and some more complex endovascular procedures. North of the Mersey care pathways are agreed for the South of the Mersey there will be no change in the location of outpatient clinics, initial investigations, surgery for venous disease, amputation, some angioplasties and follow-up, all of which will continue to be available at local hospitals, provided they meet quality standards. Emergency transfers will be completed quickly enough that the improved service outweighs any effect of a small delay.

Pathways of elective care for vascular disorders

The chart below shows the pathway of care of patients who consult their GPs with vascular problems. It shows that only one of the six key steps in the pathway of care will change as a result of the proposed improvements to vascular services.

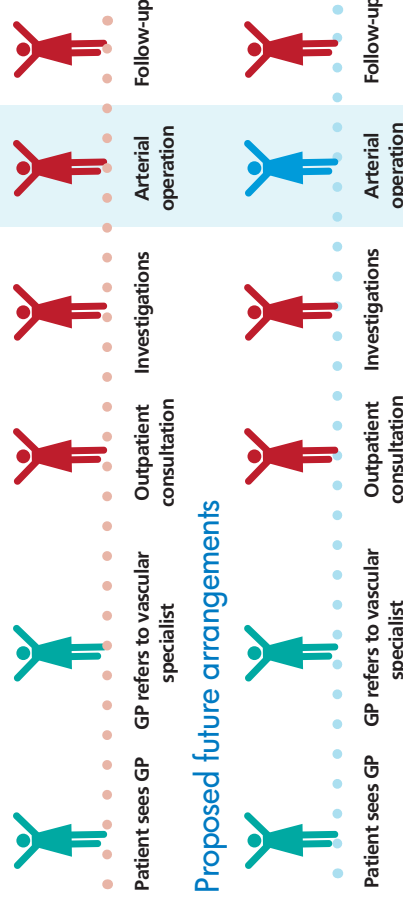
How many patients will be affected?

Our estimate is that about 550 patients a year will be affected in this way, possibly travelling a little further, but with better results following treatment

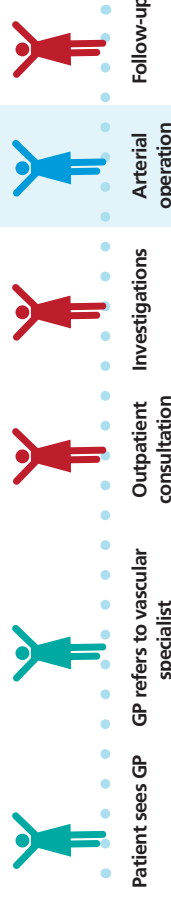
Patients pathway of care



Present Arrangements



Proposed future arrangements



What has happened so far?

We have carried out a thorough process to determine the best solution for Cheshire and Merseyside (please see the flowchart opposite).

We set up a Project Board to oversee this whole process, which included surgeons, radiologists, GPs and other clinicians, as well as senior NHS managers and independent experts.

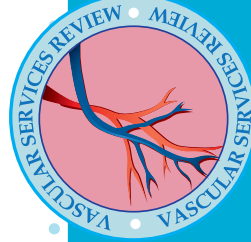
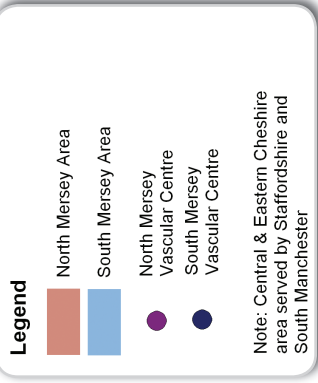
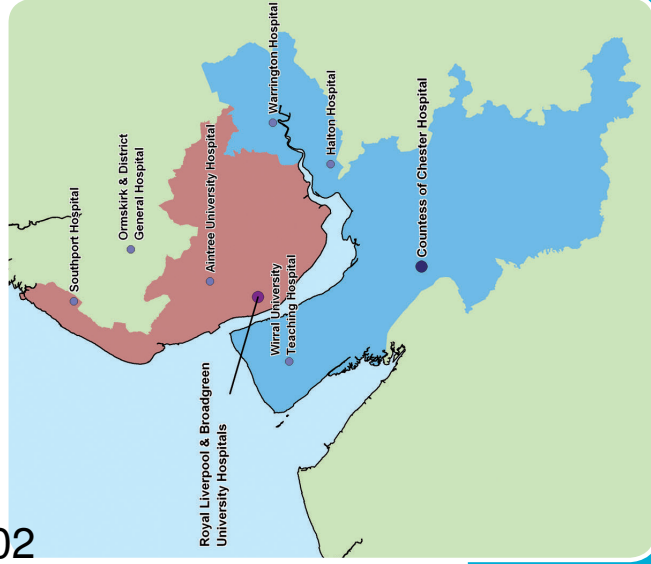
We have already engaged extensively with the public, staff, the clinical community and local politicians and all of the local council Overview and Scrutiny Committees.

We asked the public and stakeholders for your views. Despite the specialised nature of Vascular treatments, over 2000 people took part in the first phase of engagement, and overwhelmingly told us that **Patient Safety** was the number 1 priority – **more important than Local Access to treatments**. We have listened carefully to those views and they were an important part of the considerations. **This has led to firm proposals for no more than two arterial centres in the area.**

A lot of the debate about this issue centres around the technicalities of vascular surgery and other medical

issues. So we set up a Clinical Advisory Group, which had representatives from your local trusts to agree the medical details of how the decision should be made. Without specifying which locations, there was a strong consensus that concentrating this specialist surgery into fewer centres was the right thing to do. The Clinical Advisory Group drew up a comprehensive list of quality standards that would need to be met for a specialist arterial centre working in a network with local hospitals.

The Project Board also considered the four main issues raised by patients, the public and staff in discussions to 'test' the proposals: patient safety, expertise of staff, access to services and positive outcomes for patients. The next stage was to determine the best sites. The Project Board recommended two networks for Cheshire and Merseyside based on the best outcomes for patients, one to serve the North, and one to serve the South.



For the North, the hospital trusts agreed that this would be best placed centred on the **Royal Liverpool Hospital**, and for the South there were two bids:

- **one from Warrington and Whiston, centred at Warrington Hospital**
- **one from the Countess of Chester and Wirral University Teaching Hospitals, centred on the Countess of Chester.**

These were the only bids formally received from Trusts and therefore the only ones that were considered.

The Commissioners of these services, the Clinical Commissioning Groups that are served by these hospitals, unanimously recommended the **Countess of Chester** as the preferred centre, which would work collaboratively with the vascular surgeons from each of the trusts in Wirral and Warrington.

So the recommendation is that there are two networks, with the specialist centres being at the Royal Liverpool Hospital for the north, and the Countess of Chester Hospital for the south.

See Map below.

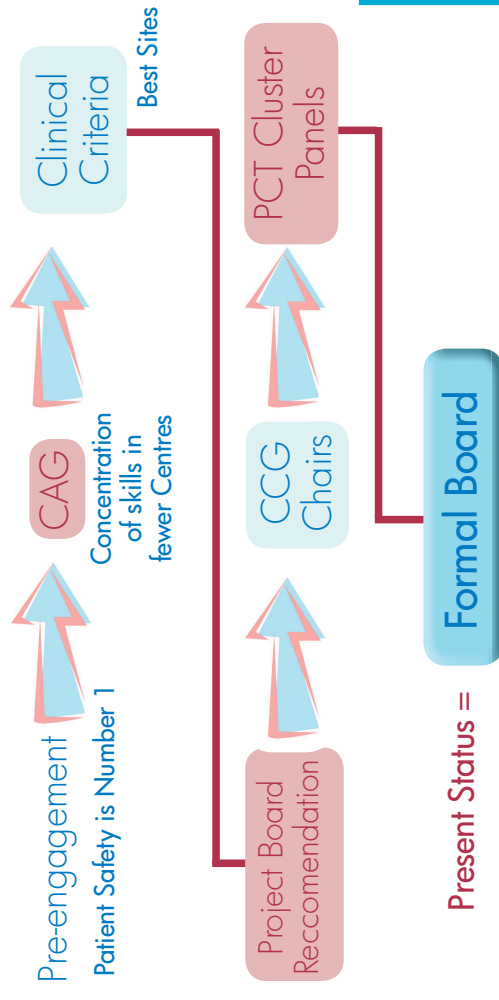
It is very important to understand that only the most complex procedures will take place in the specialist centres, and that the vascular surgeons will still operate in each of the local trusts. These surgeons would remain part of the specialist clinical network for vascular surgery.

A thorough impact assessment, as well as independent clinical advice from vascular experts (, determined that it is **not the case** that other local services would be harmed by these changes, provided there is proper planning and co-operation between the Trusts and the clinical staff. It also determined that the additional travelling time to get to a specialist centre for some patients was worthwhile in the improved results from the concentration of specialists.

These recommendations have been approved by the Boards of NHS Cheshire Warrington and Wirral, and NHS Merseyside, to go forward to formal consultation – which is the phase we are now in.

So, would like your views on these proposals, which are designed to save lives and improve patient outcomes in every part of Cheshire and Merseyside.

PROJECT BOARD



Image

Image

Image

How many vascular centres will there be?

We believe two vascular centres would be optimal. This will ensure that all patients are treated at hospitals that comfortably meet the minimum number of operations per year specified by local clinicians (Appendix 1) and where specialist surgeons and interventional radiologists are available all the time. Care will still continue if one hospital becomes temporarily unavailable, for example because of a fire or an outbreak of infection. However, the purpose of the consultation is to check that this is supported, so the final outcome depends on what the consultation shows.

Are there any risks from the change?

The transition period will need careful management to ensure services continue to be delivered successfully, and that relationships are correctly set up between the specialist arterial centres and other parts of the NHS. Other essential staff, such as nurses and technicians, play a vital role in vascular services. We will need to ensure that we can organise all of the staff to ensure all the necessary skills are available to support the vascular services.

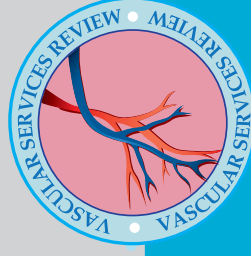
What are the benefits of the changes?

The changes will mean that

- Patients have better outcomes from vascular procedures. They will be more likely to survive aortic aneurysm surgery and less likely to have a stroke after treatment of a narrowing in the carotid artery. **We estimate that three to five lives a year could be saved if surgery was concentrated in fewer centres.** In addition, fewer patients are expected to suffer avoidable complications of surgery, such as renal failure, stroke and damage to the blood supply to the spinal cord and legs.
- The new clinical standards will ensure that designated vascular centres and other hospitals offer prompt access to high quality services, and will be monitored against those standards to make sure they continue to provide a consistently high service.
- Patients can have a wider range of treatments, because of the twenty-four hour availability of consultant interventional radiologists.
- Screening for abdominal aortic aneurysms can be successfully introduced. This will save about 150 lives per year in Cheshire and Merseyside, because people with a problem will be detected early and treated before there is a risk of life-threatening bleeding.

Clinical clarification needed

Full Flush Image



WILL BE SEEKING ADVISE FROM PRINTER TO SEE THE BEST WAY TO DESIGN THIS I.E GUMMED EDGES AROUND PAGES TO BE ABLE TO SEND BACK IN POST

How to take part in this consultation:

It is very important we continue to obtain as much feedback as possible on the proposal in this consultation document in order to ensure it is supported by the majority of patients and the public. This feedback can be provided in a number of ways:

- Patients and the public will be encouraged to feedback on-line using a dedicated website. <https://www.surveymonkey.com/s/J62W8Y8>
- Patients and the public unable to access/use an online facility can either register their views over the telephone by dialing 0800 085 1547 or return a hard copy of the feedback form (to be made available as a stand alone document, see draft under separate cover).
- There will be a number of consultation events across Merseyside and Cheshire where patients and the public will be able to attend to register their views. There will be at least two in each area (North or South Mersey) see below:

Liverpool based Public Event:	Venue:	Aintree Race Course
	Dates:	TBC
	Time:	Venue provisionally booked 8 – 5pm, for a 10-2pm event
Warrington Public and Stakeholder Event:	Venue:	Halliwel Jones Stadium Platinum Room & NSW lounge for lunch (at public event).
	Dates:	TBC
	Time:	Venue provisionally booked 8 – 5pm
Wirral	Venue:	Hulme Hall Port Sunlight
	Dates:	Tuesday 24th January
	Time:	15.00 to 18.00
Western Cheshire	Venue:	Northwich Memorial Hall
	Date:	Tuesday 31st January
	Time:	18.00 to 21.00

- There will be a travelling exhibition which will be located in high footfall areas across Cheshire and Merseyside and hospitals involved in the proposals.

If you would like a copy in another format, such as Braille, large print, easy read, audio cassette or CD, or in another language, please telephone us on: **0800 085 1547** or email: **haveyoursay@wirral.nhs.uk**

<p>إذا لديك الرغبة في الحصول على نسخة بشكل آخر، مثل بريل، كتابة كبيرة، مسجلة على شريط كاسيت أو قرص سي دي أو بلغة أخرى، أرجو الإتصال بنا على الرقم: 0800 085 1547 أو البريد الإلكتروني: haveyoursay@wirral.nhs.uk</p>
<p>(Arabic)</p>
<p>আপনি যদি অন্য আকারে একটি কপি পেতে চান, যেমন ব্রেইলি, বড় হরফে, অডিও ক্যাসেটে বা সিডি, বা অন্য ভাষায়, তাহলে অনুগ্রহ করে টেলিফোন করুন: 0800 085 1547 বা ইমেল করুন: haveyoursay@wirral.nhs.uk</p>
<p>(Bengali)</p>
<p>如果您想索取這份文件的其他語文譯本或以其他形式編制的版本（如凸字、大字體、錄音帶或光碟），請致電 0800 085 1547 或寄電郵到 haveyoursay@wirral.nhs.uk 來聯絡我們。</p>
<p>(Chinese)</p>
<p>यदि आप अन्य प्रारूप में एक कॉपी चाहते हैं, जैसे ब्रेल, बड़ा प्रिंट, ऑडियो कैसेट या सीडी, या किसी अन्य भाषा में, कृपया हमें 0800 085 1547 पर टेलीफोन करें या haveyoursay@wirral.nhs.uk पर ईमेल भेजें।</p>
<p>(Hindi)</p>
<p>Jei norite gauti kopiją kitu formatu, pvz., Brailio raštu, dideliu šriftu, kita kalba arba įrašytą garso juostoje ar kompaktiniame diske, prašau susisiekti su mumis telefonu 0800 085 1547 arba el. paštu haveyoursay@wirral.nhs.uk</p>
<p>(Lithuanian)</p>
<p>Jeżeli chcesz otrzymać kopię w innym formacie np. zapisaną w języku Braille'a, dużą czcionkę, audio, CD lub w innym języku, proszę zadzwoń: 0800 085 1547 lub napisz haveyoursay@wirral.nhs.uk</p>
<p>(Polish)</p>
<p>ਜੇ ਤੁਸੀਂ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਕ ਨਕਲ ਚਾਹੁੰਦੇ ਹੋ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ, ਵੱਡੀ ਛਪਾਈ, ਆਡੀਓ ਟੇਪ ਜਾਂ ਸੀਡੀ ਜਾਂ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ, ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ 0800 085 1547 ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ haveyoursay@wirral.nhs.uk ਤੇ ਈਮੇਲ ਕਰੋ।</p>
<p>(Punjabi)</p>
<p>În cazul în care doriți un exemplar într-un alt format, cum ar fi Braille, cu caractere mari, o casetă audio sau CD sau într-o altă limbă, vă rugăm să ne contactați la numărul de telefon: 0800 085 1547 sau prin e-mail la: haveyoursay@wirral.nhs.uk</p>
<p>(Romanian)</p>
<p>Haddii aad jeclaan laheyd koobi ama nuqul qaab kale ah, sida farta Braille, far waaweyn, cajalad maqal ama SiiDii (CD) ah, ama luqad kaleba, fadlan naga soo wac teleefoonka ah: 0800 085 1547 ama email noogu spoo dir: haveyoursay@wirral.nhs.uk</p>
<p>(Somali)</p>
<p>หากคุณต้องการรับสำเนาในรูปแบบอื่น เช่น อักษรเบรลล์ ตัวหนังสือขนาดใหญ่ สื่อบันทึกเสียง หรือ ซีดี หรือในภาษาอื่น โปรดโทร: 0800 085 1547 หรือ อีเมล: haveyoursay@wirral.nhs.uk</p>
<p>(Thai)</p>
<p>اگر آپ کسی دوسرے فارمیٹ میں نقل چاہتے ہوں جیسا کہ بریل، بڑا پرنٹ، آڈیو کیسٹ یا سی ڈی، یا کسی دوسری زبان میں تو براہ مہربانی ہمیں فون کریں: 0800 085 1547 یا ای میل کریں: haveyoursay@wirral.nhs.uk</p>
<p>(Urdu)</p>
<p>Nếu bạn muốn nhận một bản sao theo định dạng khác, như là chữ nổi Braille, cỡ in lớn, băng cát xét âm thanh hoặc đĩa CD, hoặc theo một ngôn ngữ khác, vui lòng điện thoại cho chúng tôi theo số : 0800 085 1547 hoặc gửi thư điện tử đến: haveyoursay@wirral.nhs.uk</p>
<p>(Vietnamese)</p>

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

19 JANUARY 2012

SUBJECT:	ANNUAL PUBLIC HEALTH REPORT
WARD/S AFFECTED:	ALL
REPORT OF:	FIONA JOHNSTONE, DIRECTOR OF PUBLIC HEALTH
KEY DECISION?	No

1. PURPOSE OF REPORT

- 1.1 One of the statutory duties of the Director of Public Health is the production of an annual report on the state of the health of local residents. This is an independent report of by the director, and is used to inform local planning and the provision of services.

2. RECOMMENDATIONS

- 2.1 The Health and Wellbeing Overview and Scrutiny Committee is asked to note the Annual Public Health Report and endorse the recommendations contained within it.

3. MATTERS FOR CONSIDERATION

- 3.1 In the Annual Public Health Report for Wirral 2011, we have taken a life-cycle approach to reviewing the health of people on Wirral. This looks at the different stages in people's lives, beginning before birth right through to older age, and considers the challenges and opportunities to improve health and wellbeing.
- 3.2 We have already achieved a great deal for the people of Wirral; the health of the population in general is improving, premature deaths from conditions such as heart disease are reducing and life expectancy is increasing. However, we still have considerable challenges ahead. 'Fair Society, Healthy Lives' shows that men living in Wirral's richest areas can expect to live nearly 15 years longer than those from the poorest parts of the borough and that in parts of Birkenhead deaths from heart disease are 15% higher than the national average.
- 3.3 There is no doubt that vast improvements in public health have led to people living longer, whereby more than four in five deaths now occur after the age 65. The nature of health threats has also changed dramatically, with most people now dying in old age and of noncommunicable diseases. The biggest threats to life today are

diseases that usually occur later in life or those brought on earlier by poor lifestyle choices.

- 3.4 At the end of each chapter, we have summarised some of the key challenges we have to face if we are to make further progress in improving people's health. These have been made even more demanding because of the significant organisational change currently taking place within the NHS and to public health services. This allied to the unsustainable nature of the long-term costs of ill-health mean that the key to success will be to maintain a focus on the outcomes we need to achieve against a background of strong and effective partnership working.
- 3.5 An electronic copy of the report is available at http://www.wirral.nhs.uk/document_uploads/Public_Health_Annual_Reports/PublicHealthAnnualReport201011.pdf

REPORT AUTHOR:

Fiona Johnstone

Director of Public Health

Telephone: (0151) 651 3914

email: fiona.johnstone@wirral.nhs.uk

Annual Report of the Director of Public Health for Wirral

2010-2011



Contents

An overview by the Director of Public Health

Starting Well

Including smoking in pregnancy, breastfeeding, maternal health and tackling child poverty.

Developing Well

Including childhood obesity, substance misuse, sexual health and teenage pregnancy.

Living Well

Including smoking and tobacco control, weight management and mental health.

Working Well

Including the economic challenges and tackling 'worklessness'.

Ageing Well

Including falls, Wirral Older People's Parliament and Healthy Homes.

Further information

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An overview by the Director of Public Health

The White Paper: 'Healthy lives, Healthy People' advocates a 'life-cycle' approach to public health in the 21st century. This recently published strategy outlines the national approach to tackling public health challenges, which includes protecting the population from serious health threats, helping people to live longer, healthier and more fulfilling lives and improving the health of the poorest, fastest.

To do this, we need a new system that is 'fit for purpose' and able to respond quickly and effectively to the challenges of modern society. To support this, the proposed changes include:

- The creation of a new integrated public health service - Public Health England - which will take over functions from the Health Protection Agency and the National Treatment Agency for Substance Misuse from 2012;
- The transfer of public health improvement from the NHS to Local Authorities, led by a Director of Public Health, with ring-fenced funding and a new health premium to reward for progress made against the public health outcomes framework;
- Giving local government and communities new resources, rights and powers to shape their environments and tackle local problems;
- The setting up of health and wellbeing boards to ensure more local control of health services and increased partnership working between the NHS, social care, public health and other services.

There is no doubt that vast improvements in public health have led to people living longer, whereby more than four in five deaths now occur after the age 65. The nature of health threats has also changed dramatically, with most people now dying in old age and of non-communicable diseases. The biggest threats to life today are diseases that usually occur later in life or those brought on earlier by poor lifestyle choices.

Whatever the outcome of the White Paper consultation and the Health and Social Care Bill, there is merit in looking at health from a lifestyle approach, as evidenced by Professor Sir Michael Marmot's review, 'Fair Society, Healthy Lives'. This year's public health annual report takes a look at how Wirral is tackling this and makes recommendations for action to make further progress.



We have already achieved a great deal for the people of Wirral; the health of the population in general is improving, premature deaths from conditions such as heart disease are reducing and life expectancy is increasing. However, we still have considerable challenges ahead. 'Fair Society, Healthy Lives' shows that men living in Wirral's richest areas can expect to live nearly 15 years longer than those from the poorest parts of the borough and that in parts of Birkenhead deaths from heart disease are 15% higher than the national average.

We need to use all of the evidence that is available to us to make an impact. Part of that evidence is provided through the annual Joint Strategic Needs Assessment or JSNA, which helps us to identify our priorities for targeted work. For example, we know that to narrow the gap in life expectancy more quickly than we currently are, we need to target people from the most deprived areas and men aged over 55.

'Healthy Lives, Healthy People's' life-cycle approach focuses on the different stages in people's lives, beginning before birth (with 'Starting Well') right through to old age (with 'Ageing Well'). With these stages come the challenges as well as the opportunities to improve health and wellbeing.

We have adopted this framework for our own report and so, by way of a response to 'Healthy Lives, Healthy People', this year's public health annual report sets out some examples of public health work that is being carried out in Wirral in line with the National Strategy. At the end of each chapter, we have summarised some of the key challenges we have to face if we are to make further progress in improving people's health. These have been made even more demanding because of the significant organisational change currently taking place within the NHS and to public health services. The key to success will be to maintain a focus on the outcomes we need to achieve against a background of strong and effective partnership working.

It is very clear that the long-term costs of ill-health are unsustainable. That is why we need a new, radical approach to tackling our most difficult issues. We welcome the forthcoming changes to the public health system, which will enable us to exert influence where it is needed most.

I hope that you find this report both useful and informative and I would like to take this opportunity to thank everyone who contributed to it. I would also urge you to consider how you might play a part in addressing some of the challenges we have highlighted.

In every area I believe that we can work together to improve health and wellbeing for all those who live and work in Wirral.

Fiona Johnstone
Director of Public Health
NHS Wirral/Wirral Council

Starting Well

Starting life well through prevention and early intervention - with much stronger support for early years - is a priority under the new public health strategy. Measures such as supporting mums to breastfeed to protect and promote the health of both mother and baby are high on the agenda.

'Healthy Lives, Healthy People' acknowledges women's health and wellbeing before, during and after pregnancy as being critical in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life. It notes that maternal depression and anxiety in pregnancy and during a child's early life affects about 10-15% of pregnant women, with rates being nearly twice as high in mothers living in poverty and three times as high for teenage mothers.

The strategy also highlights opportunities to reduce infant mortality further by tackling maternal obesity (nationally, around 1 in 5 mothers could be overweight or obese), increasing breastfeeding rates and decreasing smoking in pregnancy (more than one in six mothers smoke during pregnancy).



Smoking in pregnancy

Around 15% of Wirral mothers are smokers when their baby is born. Since 2009, all pregnant smokers attending Arrowe Park Hospital antenatal clinics are referred into local stop smoking services, enabling 63 (out of 109) mums-to-be to quit last year, resulting in a 58% success rate. This is an improvement on 2008-09 when 26 out of 59 pregnant smokers quit smoking (resulting in a 44% success rate). The initiative also enables health professionals to address other risk factors that could compromise the health and wellbeing of mother and child.

Case study

Elizabeth from Birkenhead had been a smoker for 24 years, but wanted to stop when she became pregnant. She said: "I had cut down but not stopped with my other pregnancies and this time I wanted to crack it completely. I was put in touch with the service via the hospital and it has been brilliant. It was also the phone calls and on-going support that helped – it was so easy to talk to people, they were so non-judgemental."

Measures to protect children, young people and adults from the harmful effects of secondhand smoke are on-going. Among them is the Smokefree Homes and Families scheme, which encourages smokers to pledge to make their home smokefree. Wirral Council's Environmental Health Division works in partnership with other agencies on this initiative.

Breastfeeding

Supporting mums to breastfeed and continue breastfeeding up to the recommended minimum six months remains a priority in Wirral. Children who are breastfed exclusively for this period present with fewer infections than partially or non-breastfed babies and there is recent evidence to suggest that breastfeeding has a positive impact on behaviour.

Wirral falls behind both England and North West averages for breastfeeding initiation (mums who begin breastfeeding) and those still breastfeeding at six to eight weeks. The rates differ widely across Wirral wards and highlight the inequalities across areas. For example, data suggests that 56% of women continue to breastfeed at six to eight weeks in West Kirby and Thurston ward, but this falls to 6% in Bidston and St James ward (based on 2009/10 data). Investment made through the NHS Wirral Strategic Commissioning Plan aims to improve breastfeeding prevalence and partnership working with the hospital and community workforce will address the issue of inequality.

In April 2010, NHS Wirral commissioned Home-Start to deliver a breastfeeding peer support programme. The initiative recruits and trains volunteers who have breastfed their own children and can therefore empathise with new mothers. In its first 12 months, Home-Start supported 769 women, more than half of whom were still breastfeeding at six to eight weeks (53%). This exceeds the England average of 44.4% (2009/10).

Midwives and health visitors have appreciated the involvement of breastfeeding peer supporters on hospital wards and at the pre and post birth stages. This programme has now been extended until 2013, with increased targets to support even more breastfeeding mums. The success of this approach has prompted plans to use a similar peer support network to help young people and adults with achieving a healthy weight.



Case study

Caroline (pictured) is a 27-year old first-time mum who gave birth to her son Sebastian in February 2010. When Sebastian was four weeks old, Caroline was referred by her health visitor for breastfeeding support.

The day after her referral Caroline received a home visit from Sara, Home-Start Breastfeeding Coordinator, who observed Caroline feeding her baby before recommending a few simple changes that would make the experience more enjoyable for both her and Sebastian. Before Sara's intervention, Caroline had been ready to give up breastfeeding and says she wishes she had known during pregnancy about the potential problems, especially in the early stages, so that she had more realistic expectations.

Sara re-visited Caroline to offer further support and also introduced her to Joan, a Breastfeeding Helper, who provided regular home visiting support on a one-to-one basis to advise Caroline about night feeding, expressing and storing milk and tips for getting out and about with her baby. Joan accompanied Caroline to local breastfeeding groups and with her encouragement, Caroline became more confident about feeding in public and eventually joined a social network of new mums. Caroline continued to receive regular telephone support and went on to breastfeed her baby for more than six months.

Another positive outcome of Home-Start has been the success of partnership working between the peer support programme and the Family Nurse Partnership (FNP). FNP programmes have specially trained registered nurses who deliver home visits to young first-time mothers. A study of the Wirral FNP in October 2010 revealed that of the 30 babies born since the programme started, 53% were breastfed at birth. This is a considerable improvement on comparable data for 2009/10 which suggests that out of 264 mothers under the age of 20, only 40 (15%) were breastfeeding at birth.

Maternal health

At the start of pregnancy it is estimated that 15% of women in England are obese, with around half of women of child-bearing age being overweight. Obesity in pregnancy has been shown to result in increased risk of prolonged and 'difficult' labour, emergency caesarean section, stillbirth and subsequent obesity of the newborn child (NICE guidance references 2010).

NHS Wirral is working with the Cheshire and Merseyside Public Health Network (ChAMPs) on a piece of research to support pregnant women in healthy weight management. Part of this research seeks to better equip health professionals in supporting women with managing their weight through pregnancy.

A training course for early years' practitioners covers breastfeeding, weaning, allergies and intolerances, and is delivered by a Health Promotion Specialist in partnership with the Paediatric Community and Hospital Dieticians. Over the last 18 months, 40 practitioners from Local Authority and private day care settings have received training around the environmental, economic, social and health benefits of breastfeeding and how to support breastfeeding women. They also explored current guidance on weaning and learned about the common causes of allergy and intolerance and how these can be managed within their settings.

Social marketing campaigns in Wirral such as the 'Breast milk...it's amazing' campaign, which ran in December 2010, have played their part too by raising awareness of the benefits of breastfeeding, especially among fathers and grandparents. The campaign was coordinated with Knowsley, Liverpool and Sefton Primary Care Trusts to increase breastfeeding rates across Merseyside.

Underpinning all of the above, NHS Wirral has been working towards achieving the charity UNICEF's Baby Friendly initiative. This global programme from the World Health Organisation and UNICEF accredits NHS and community units that have put in place recognised standards to promote and protect breastfeeding and to support mothers who choose to bottle-feed. During 2010/11 Stage 1 accreditation was achieved for all community settings and Stage 2 accreditation was achieved for the hospital setting. Baby Friendly best practice standards are being pursued through training, awareness-raising and data collection.



Example of good practice

From the moment a baby is born, its parents become the most important people in that child's life - but even parents need a helping hand occasionally. This was evident when a number of families reported feeling lonely and isolated several months after their babies were discharged from Arrowe Park Hospital's Neonatal Unit, according to a report by FaB, a dedicated Family and Baby Support Service launched in March 2010 in response to the needs of these families.

The report noted that although the babies themselves had been discharged fit and well from the unit (and subsequently from the Neonatal Community Team), as time went on some parents found themselves struggling to cope.

Local children's centres provided the solution; they already had a valuable resource to help these families in the form of centre-based family support workers. A six-month pilot was set up whereby a support worker was deployed to the Neonatal Unit for one afternoon a week. Clearly visible to parents and staff, they were able to address issues directly as they arose.

FaB is an opt-out referral system, allowing referrals on all infants admitted to the unit to be made only with the family's consent. These referrals are then passed by the support worker to the family's local children's centre (a slightly adapted version of this scheme also exists for parents living outside Wirral). To ensure that family support workers feel confident about their new role they undertake two study days to familiarise themselves with the unit and neonatal care and receive bereavement training from the Alder Centre.

In the year under review, 119 families were supported through FaB, a counselling/support agency for anyone affected by the death of a child. Evaluation confirmed that between February and May 2010, nearly half of all families on the ward received support from the FaB support workers and 100% of these families said they were satisfied with the service. More than 37% have since registered with their local children's centre, enabling continuity of care.

Another safety net for new mums struggling to bond with their babies is the Mellow Parenting initiative commissioned by Wirral Council. The programme has specially trained practitioners supporting mothers with issues such as anxiety and postnatal depression. The sessions are provided in children's centres with childcare support on site.

The CHICC* team, which leads the service, also provides on-going training and support for early years' staff. Many children's centre staff are highly skilled at identifying maternal mental health concerns at an early stage and are able to refer mums for counselling sessions.

*CHICC is an acronym for Children and Adolescent Mental Health Services in Children's Centres.



Tackling child poverty

NHS Wirral and Wirral Council recognise that poverty is damaging to children, families and entire communities and must be addressed through a clear strategy and targeted intervention. Tackling child and family poverty is critical to our wider efforts with partners to deliver longer-term objectives for prosperity and better quality of life for everyone in Wirral.

To inform the development of Wirral's strategy, the local authority has established an independent advisory group, the Wirral Child and Family Poverty Working Group, which has representation from all political parties and includes Wirral members of the Liverpool City Region Poverty and Life Chances Commission to ensure links are maintained to this sub-regional work. It also represents the voluntary, community and faith sectors and service users, as well as partners such as Job Centre Plus and Wirral Metropolitan College.

The Council and its partners recognise that poverty is linked to a wide range of problems, such as poor health, early parenthood, worklessness, poor housing and low levels of aspiration and educational attainment. The latest data shows that more than 24% of Wirral children are living in poverty. This represents about 17,000 children in total, the majority being under the age of 16. This figure is higher than the North West and England averages (22.8% and 20.9% respectively). In some pockets of the borough, the figure is as high as 72%.

These statistics mask much more significant child poverty rates and related deprivation within local communities. The Wirral Child and Family Poverty Needs Assessment sets out detailed information about the local population and the range of issues which can influence deprivation and poverty. This information draws on the Wirral Joint Strategic Needs Assessment.



“Better early years support could make a big difference to children’s lives.”

‘Healthy Lives, Healthy People’

Since 2007, half of all Wirral’s early years’ settings have signed up to the Health Promoting Early Years Programme (HPEYP), a spin-off from the very successful Wirral Healthy Schools Programme, which now has 100% of schools on board.

Wirral was one of the first areas in the North West to develop a HPEYP. Co-ordinated jointly by NHS Wirral and Wirral Council, the initiative is based on a ‘whole settings’ approach, involving parents and staff working together to stimulate the under fives into being more physically active and eating more healthily, and improving their mental health and general wellbeing. Last year 26 settings in Wirral achieved HPEYP status, a further 10 were working towards it and 20 agreed to commit to the programme in 2011

Example of good practice

Manor Childcare and Out of School Club, a registered charity, cares for 30 children at any one time. Their approach to promoting the benefits of a healthy lifestyle has resulted in parents actively seeking advice about healthy eating and exercise while their children learn to grow vegetables and cook healthy dishes with their carers.

Centre manager Jacqui Woods, a qualified nursery nurse, made the decision to become a HPEYP setting in 2008 to improve the quality of provision for the children, their families and staff. The healthy practices Jacqui and her team introduced on site soon filtered through to parents and into their homes. As a result, more children are enjoying freshly prepared meals and there has been a notable increase in the number of youngsters walking or cycling to the centre.

“Children’s centres locally will focus particularly on engaging with families where children are at risk of poor outcomes ...they will act as hubs for family support and as a base for voluntary and community groups.”

‘Healthy Lives, Healthy People’

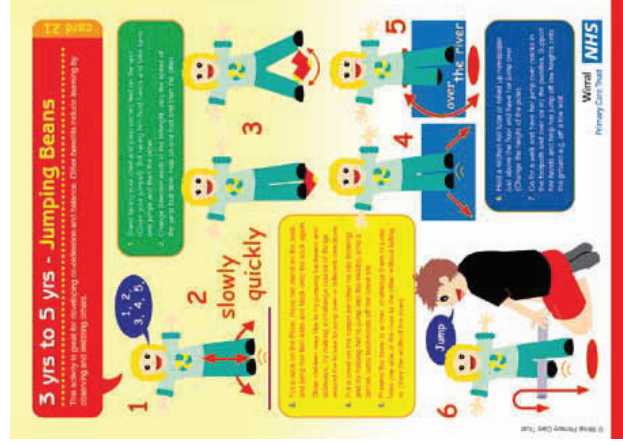
Children’s centres in Wirral are at the heart of a number of exciting initiatives that support parents and carers with young children. Activity varies from centre to centre, but may include breastfeeding support, advice on early years’ childcare and education, healthy eating advice or parenting skills classes.

Establishing healthy habits during a child’s early years is crucial to laying the foundation for a healthy future. Recent developments reflecting this philosophy include the roll out of the Active Tots programme across children’s centres in Wirral (promoting physical and social development in babies and young children) and the introduction of targeted weekly physical activity sessions for three to five-year olds, predominantly in areas of Wirral where obesity levels are highest.

Active Tots encourages parents/carers to engage with their youngsters through the use of large, eye-catching cards that demonstrate physical activity techniques such as crawling, jumping, balancing and throwing. The activity sessions are run through a 12-month programme designed to make physical activity fun as well as productive for youngsters.

Physical activity schemes are sustained by including free HENRY training (Health Exercise

Nutrition for the Really Young) for Wirral early years’ practitioners as part of a Department of Health funded North West programme. In the last 12 months, 25 practitioners from NHS Wirral and Wirral Council have attended this two-day course, to develop the knowledge and skills that will enable them to work effectively and sensitively with families and young children when addressing issues of childhood overweight and obesity. This evidence-based workforce development programme is underpinned by the Family Partnership Model, which supports long term behaviour change.





Immunisation

Immunising children against infectious diseases is one of the most important ways to protect against serious illness, disability and even death. Overall, Wirral's childhood immunisation programmes are successful, with high levels of children protected from preventable diseases.

However, not enough children are receiving the necessary two doses of MMR vaccine (which protects against Measles, Mumps and Rubella) by the age of five years. Wirral is currently achieving 88% on this target and needs to achieve at least 95% to reach an adequate level of protection for the population as a whole. The recent measles outbreak in Wirral is a reminder of why a high uptake of childhood immunisation is so important.

The drive to improve immunisation uptake for children remains a high priority in Wirral and every effort is being made to address the issues that contribute to a reduced uptake.

One example of this is a fairly recent innovation in which community health nurses can immunise children as part of 'Healthy Child' drop-in clinics. Schemes currently running from Victoria Central Hospital and at Seacombe Children's Centre have so far led to nearly 40 children receiving vaccinations that were missed previously (for a variety of reasons, including refusal by parents and missed appointments for scheduled vaccinations).

This service has been welcomed by families and health colleagues. As well as offering immunisation to families whose children are behind in their vaccinations, the clinic also provides

easy access to the health visiting team for health reviews, one-to-one breastfeeding support, baby weight checks, sleep or behaviour concerns, dietary advice and support with postnatal depression. Consideration is currently being given to replicating this model in other Wirral locations.

Oral health

Children's centres, along with early years' settings, engage youngsters and their families in oral health promotion through schemes such as the Bright Smiles campaign, which promotes regular brushing with fluoride toothpaste.

In spite of a general decline in the prevalence of dental decay in recent years, levels of the disease continue to remain unacceptably high, notably in disadvantaged areas. However, Wirral's Fluoride Milk programme - in which 4,000 children receive fluoridated milk in schools to cut levels of tooth decay - is one of the most successful of its kind in the UK.

Wirral's Oral Health Promotion Team continues to work closely with the Health Promoting Early Years' Team to promote the benefits of oral health to parents and families. This included the provision of training, education and resources to thousands of parents and staff working with young children. The continued success of this partnership working depends on future funding for training opportunities.



The challenges for Starting Well

Wirral is working in partnership to follow the recommendations made within the national Healthy Child Programme (HCP) for 0-5 year olds. In order to sustain this momentum within the new public health landscape, health and social care staff working in early years' settings should deliver brief health promotion interventions. These would include smoking cessation, oral health, nutrition, breastfeeding awareness and weaning. **It is recommended that the employers instructed should ensure that Health and Social Care staff are trained and empowered to deliver brief interventions.**

Wirral's breastfeeding rates are consistently lower than the regional and national rates. The number of public places that promote and welcome breastfeeding needs to increase. **It is recommended that the Wirral Breastfeeding Steering Group ensures a proactive response to encourage and increase the number of breastfeeding-friendly places.**

Progress has been made in making maternal mental health services accessible through children's centres, enabling issues to be addressed early and preventing their development into more serious illness. However, an increasing number of pregnant

women are overweight or obese. **It is recommended that the Childhood Obesity Steering Group should explore the best means by which to prevent and manage unhealthy weight gain during pregnancy.**

Extreme poverty and deprivation is experienced by some communities in Wirral. The challenge remains to engage all partners and organisations, and particularly the communities themselves, in addressing this issue and improving life chances. The Wirral Child Poverty Strategy will be a critical driver in delivering this. **It is recommended that all relevant staff should ensure that the recommendations of the Child Poverty Strategy are embedded in their workplans, and should work collaboratively to implement them.**

Uptake rates for the MMR vaccination must be improved in order to achieve the 95% needed across the local community. **It is recommended that the Wirral Immunisation Steering Group should ensure that all of the key actions within the Immunisation Action Plan are progressed.**

Developing Well

"The shift of power from central government to schools and local communities provides new opportunities and incentives to forge local partnerships to deliver better health outcomes for children and young people."

'Healthy Lives, Healthy People'

It is recognised that good schools understand the connections between pupils' physical and mental health, their safety, and their educational attainment and within the new public health landscape, schools will be able to draw on additional expertise from local health professionals and children's services to best meet the needs of their pupils.

Improving outcomes for children and young people is at the heart of Wirral's Children and Young People's Plan and examples of how the plan's aims and objectives have translated into action can be seen throughout this section of the report.



Childhood obesity

“Progress has been made in tackling childhood obesity – the rise among 2-10 year olds from 1 in 10 children in 1995 to almost 1 in 7 in 2008 appears to be levelling off. However, more than 1 in 5 children are still overweight or obese by age 3. Rates are higher among some BME communities and in lower socioeconomic groups.”

‘Healthy Lives, Healthy People’

There are around 8,000 obese children and young people in Wirral. The most recent data from the National Child Measurement Programme (NCMP) 2009/10 suggests that in Wirral the prevalence of obesity in Reception-aged children has increased to 10.6% (from 9.6% in 2008/09). For Year 6 children, data suggests that prevalence has remained relatively stable at 20.3% (from 20.6% 2008/09).

In line with the Healthy Child Programme, Wirral health visitors carry out child health reviews (for children aged between two and two-and-a-half). They use this opportunity to record each child’s Body Mass Index (a calculation that uses height and weight to estimate the amount of body fat) and if concerned, refer parents to a dietician. Training around diet and nutrition is provided for all health visitors by qualified dietitians.

Wirral’s three local child weight management services support a number of families to increase their physical activity levels, understand food labelling and portion sizes and to eat more healthily. An external evaluation of the programmes conducted during 2010 praised members of staff for ensuring that participants had a positive experience during their sessions. Although evaluation confirmed increased levels of confidence among the children taking part, it also highlighted the low uptake by families in greatest need of healthy guidance.

The Environmental Health Division’s Food Safety Team discusses child nutrition with childminders as part of the registration process. The team is also proactive in addressing the high levels of salt and trans fats in takeaway foods and has been working closely with Trading Standards to develop fact sheets for fast food outlets. These resources offer advice about reducing salt and fat levels and substituting unhealthy ingredients for healthier options.

“The National Child Measurement Programme will provide local areas with information about levels of overweight and obesity in children to inform planning and commissioning of local services.”

‘Healthy Lives, Healthy People’

The NCMP involves routinely weighing and measuring all Reception and Year 6 children and provides the only reliable indicator of childhood obesity levels. Therefore, the sharing of information with other relevant agencies is crucial if action is to be taken at local and national level. Last year Wirral was showcased as an example of best practice for the way in which it shared NCMP data with partners including schools, children’s centres and local child weight management services.

In Wirral, the programme has been enhanced and now proactively identifies children who would benefit from specialist weight management services. To support this activity, NHS Wirral has provided additional healthy lifestyle lessons (linked to the programme and to the Department of Health’s Change4Life public health campaign) to all primary schools. Lesson plans and free resources, such as pedometers, are provided to each school following their NCMP appointment to maximise the programme’s impact.



Healthy schools programme

Wirral continues to work closely with schools through the Enhanced Healthy Schools Programme (EHSP), the Weight Management Programme and Health Services in Schools Programme to improve the health and wellbeing of young people. It is also intended to develop a peer support programme for young people (and adults) with weight problems. Support will be provided by volunteers who have been through local NHS weight management programmes and therefore understand the issues.

Example of good practice

West Kirby Primary School has worked in partnership with the Wirral Healthy Schools team for more than nine years. They were one of the first schools in Wirral to register on the government's Change4Life website, ensuring that they integrated the key health and wellbeing messages into the work they were delivering through the Healthy Schools Programme.

One of the school's many incentives involved Year 5 pupils undergoing training from a snack company called 'Fruit to Suit'. They learned how to carry out market research, promotion and stock control, which subsequently led to the school tuck shop selling dried fruit and seeds and bottled water at break-time. This not only raised awareness among pupils about the availability of healthy snacks, but it also led to a better understanding of healthy eating. West Kirby was also the first school in the borough to have three walking routes for their Walking Bus.

“Good schools will be active promoters of health in childhood and adolescence, because healthy children with high self-esteem learn and behave better at school.”

“Healthy Lives, Healthy People”

Every one of Wirral's schools is committed to the National Healthy Schools Programme (NHSP), which has healthy eating and physical activity as two of its key themes. The NHSP, launched in 1999 as a government cross-department initiative to promote a 'whole school' and 'whole child' approach to health, is a key delivery mechanism for Department of Health programmes such as Healthy Weight, Healthy Lives and the Healthy Child Programme.

Wirral is one of only five programmes nationally to have achieved National Healthy Schools Status in 100% of schools. One of the programme's strengths is its extensive partnership working. Last year the Wirral Healthy Schools team presented workshops to pupils, school councils, staff, governors and parents to support the understanding of food issues and the importance of healthy eating messages.

“We expect excellent health and pastoral support to continue to be a hallmark of good schools. Good schools understand well the connections between pupils' physical and mental health, their safety, and their educational attainment...”

“Healthy Lives, Healthy People”

Pupils at 28 of Wirral's 29 secondary schools have access to health and wellbeing services on the school site, with minimum disruption to their education, through the Health Services in School Programme.

Bespoke services have been designed for Wirral's special schools, faith schools and a regular clinic for young people engaged with the Youth Offending Service, in addition to the 'core offer' provided for all other secondary pupils. The lead providers are Wirral School Nursing Service and Response, Wirral Council's Specialist Youth Service. This joint approach is proving very successful; attendance is high and it is understood that pupils trust the service and school staff value it.

School drop-in clinics are provided once a week, usually at lunch-time, and pupils can access a range of information, health promotion materials, general health advice (Body Mass

Index, height, weight and vision check) as well as consult with the school nurse or youth worker one-to-one.

Key concerns among pupils are friendship and family problems, mental health issues, including low self esteem and anxiety, body image and relationships. Risk-taking behaviours identified through the service include self-harm, smoking, binge drinking and unplanned sexual activity, and the service is providing valuable early identification and support for pupils and assessment for referral.

Case study

A Year 9 student asked his school nurse for support to quit smoking. The student's home life was unstable and he was also struggling at school. One of the Response youth workers (who is trained to provide brief stop smoking interventions) engaged one-to-one with the student over a number of weeks. Although the initial focus of the sessions had been stopping smoking, a good relationship developed and the student felt able to address a number of other issues affecting him.

At the time of writing, the young man has reduced his smoking from around 10 cigarettes a day to one or two at weekends. He has also developed a number of interests and has announced plans to begin training as a mechanic when he leaves school. The school nurse has noticed how much happier he appears to be.

Additional services have been commissioned to provide more capacity for targeted early intervention. These include smoking cessation, mental health and wellbeing /improving self-esteem, and contraception provision.

Birkenhead Sixth Form College students also benefit from a similar initiative, although it is commissioned in a different way. Claughton Medical Centre, which is located opposite the college, provides a service to the college students one day a week through its practice nurse, with GP back-up. The nurse offers health advice and information on a range of topics and is also able to provide enhanced sexual health advice. Students can text, drop-in or make an appointment with her. The nurse also liaises with student tutor group leaders and is becoming a familiar face at the college. Uptake of this service is rising steadily.

The health of looked after children

In March 2011, an independent report praised Wirral's safeguarding of children and its services for children in care (looked after children).

The Ofsted report described the leadership, management and partnership working as 'outstanding' and concurred that services for children and young people in both areas were 'good' with a 'good' capacity to improve further. As part of the report, a Care Quality Commission inspector also looked at health services for looked after children, which were also rated outstanding.

A large number of local professionals caring for children and young people (foster and residential carers) have accessed sexual health training. Similarly, many young people (notably those who are most vulnerable to teenage pregnancy) have used the free and confidential Brook Outreach Programme.

Using a framework adopted from the Healthy Schools Programme, NHS Wirral developed

a 'Healthier Homes' standard for residential settings to ensure that all looked after children have access to healthy lifestyles, including healthy food, opportunities for physical activity and other wider wellbeing issues. The standard was developed following broad consultation with stakeholders and consists of 29 elements of 'Useful Practice'.

All Wirral residential settings have signed up to achieving this award and are using the framework to secure, evidence and celebrate current best practice. As part of the verification process feedback from the young people who reside at the home is included in the evidence presented. The initiative received a significant boost when the Local Authority incorporated it within all new providers' contracts.

The Healthier Homes standard is being adapted for foster carers to engage with, in conjunction with the Fostering Service team, Fostering Partnership and Fostering Task Force and has been linked to the Local Authority's 'Healthy Homes' programme (to include home safety issues) in a highly effective partnership approach.



Substance misuse

"Across the UK, around 1 in 3 young adults drink to the point of drunkenness, the highest rates among any age group. Accidents due to alcohol (including drink-driving accidents) are the leading cause of death among 16-24 year olds."

'Healthy Lives, Healthy People'

Trading Standards North West conducted the Young Persons Alcohol and Tobacco Survey 2011 with more than 13,000 young people aged 14-17 years. Results from the survey showed that:

- 29% of 14-17 year olds claim to drink alcohol once a week or more (a 9% fall compared with 2009 results);
- The proportion who claimed they never drink increased by 2% to 20%;
- The majority of respondents (39%) claim to drink in groups. Drinking in groups of six or more has risen by 9% (79% compared with 70% in 2009).

Trading Standards has a statutory duty to enforce the law on illegal sale of alcohol to under-18s. This is done by conducting intelligence-led covert operations targeting premises suspected of selling to underage children. Those who flout the law are subject to appropriate legal action by Trading Standards, which may include a caution or prosecution following a criminal investigation. In addition, Trading Standards makes effective use of Licence Reviews where appropriate, ensuring that licensed premises implement systems to detect underage sales and prevent their staff from breaking the law. Where applicable, revocation of a licence is requested by Trading Standards, which has resulted in two premises being stripped of their licence to sell alcohol.

As well as enforcement activity, Trading Standards also provides training to licensed premises on responsible alcohol retailing and the prevention of underage sales. Feedback provided by course delegates is positive with 100% of delegates strongly agreeing that the course gave them a better understanding of the anti-social and health problems associated with underage sales.

Trading Standards has detected an increase in the supply of illicit (duty-diverted) alcohol across Wirral from licensed premises. Through joint work with Merseyside Police Licensing Unit and Wirral Council's Licensing Department, more than 1,000 litres of illegal alcohol has been seized from a number of premises.

By reducing the supply of alcohol to under-18s and removing illicit alcohol from off licences across Wirral it is hoped that residents are less likely to be exposed to illegal alcohol and Wirral's young people are less likely to obtain alcohol in the first place.

The Adult and Young People's Alcohol Treatment Programme, which incorporates education, prevention and treatment services for adults and children, has reported a continued reduction in hospital admissions of under-18s for alcohol related harm (2011/12 Refresh Plan). The programme plans to step up measures to protect young people. Examples include improved links to the local Accident and Emergency Department and the rolling out of a social marketing campaign using peer mentors. Prevention remains a key feature of activity to address alcohol and substance misuse in Wirral. Engagement with schools through Health Services in Schools ensures that appropriate interventions are provided to young people at the early stages of their alcohol use. The Young Person's Alcohol Intervention Project also provides innovative interventions to address alcohol-related anti social behaviour. This is delivered through Response, Wirral Council's advice and counselling service for young people.

Last year NHS Wirral supported families in tackling alcohol misuse among vulnerable young people through measures such as educational alcohol awareness programmes - working with large groups of pupils in schools - and jointly funding the award-winning Town Centre Outreach project, which supports homeless people with alcohol problems into treatment, rehabilitation and accommodation.

As young people make the transition to adulthood, the aim is to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. They should have easy access to health services they trust, says the new public health strategy.

Response (referred to earlier) provides specialist services for young people, including support around substance and alcohol misuse. One relatively new targeted intervention has been to deploy two of their team to Arrowe Park Hospital's Children's Emergency Department (CED) on Friday and Saturday nights - two of the busiest times for admittances - to offer information, advice and support to young people who are there because of alcohol misuse. With parental permission, the Response Alcohol Workers develop a rapport with the young person, encouraging them to accept follow-up support from the service to try to reduce the risk of a repeat visit to A & E.

Evaluation has confirmed that the presence of the Response workers makes a big difference to the number of young people accepting the follow-up advice and support (95% of referrals between April 2010 and March 2011 were as a result of having Response Workers in CED). Workshops in schools have also been invaluable in raising awareness among young people about hospital admittance through alcohol misuse.

"I wasn't scared to come to Response because I met the worker at A&E. I felt more safe (sic) to meet them again."
A 13-year old service user.



Reducing smoking among children and young people

The percentage of Wirral children who have tried smoking is higher than the UK average. Data from the Young Persons Alcohol and Tobacco Survey 2011, conducted by Trading Standards North West, found that 18% of 14-17 year olds smoke, with 19% of females and 16% of males smoking. Support to stop smoking is offered as part of the Wirral Health Services in Schools Programme.

Trading Standards actively enforces the law surrounding the sale of cigarettes and tobacco products to under-18s and anyone flouting this law is subject to appropriate legal action, which may include a caution or prosecution following a criminal investigation. Training is provided by Trading Standards to retailers and licensed premises on responsible retailing and the prevention of underage sales.

Illicit tobacco is another major concern. Despite being seen as a victimless crime by some, the trade in illegal tobacco concerns everyone. Illegal tobacco is considered to be responsible for four times as many deaths as drugs and 4,000 fewer people would die each year from smoking-related illnesses in the UK if tobacco smuggling was wiped out.

Since illegal cigarettes are far cheaper - up to half the price of legal ones - they make it easier for children to take up the habit, encourage people to smoke more and make it harder for smokers to quit.

Example of good practice

Eighty per cent of smokers begin when they are teenagers, so removing the temptation of cheap, illicit tobacco is a priority for parents and professionals. In June 2010, a campaign entitled 'Get Some Answers', was launched by The North of England Tackling Illicit Tobacco for Better Health Programme. This was carried out in partnership with Smokefree North West and Trading Standards in Wirral. The campaign specifically targeted mums and other concerned residents with adverts, billboards and posters encouraging people to report any illegal tobacco activity in their area.

Trading Standards has reacted to intelligence received as a result of the campaign, resulting in a number of seizures of illicit tobacco. The latest seizure resulted in more than 53,000 cigarettes and almost 18.5kg of hand rolling tobacco being removed from the streets.



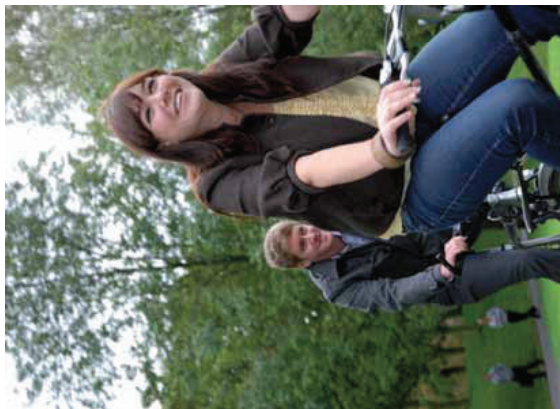
Sexual health

“Teenagers and young people are among the biggest lifestyle risk-takers. Rates of STIs such as chlamydia are increasing, with 15-24 year olds the most affected group. Teenage conceptions are at a 20-year low but are still high compared with Western Europe.”

‘Healthy Lives, Healthy People’

Free and confidential chlamydia testing for 15-24 year olds is available across community health sites, schools and colleges in Wirral and although the number of people in this age group seeking or undergoing tests for chlamydia fell last year, Wirral maintained its very high diagnostic rate (10.4% of those tested for the infection), making it one of the highest achieving primary care trusts in the country.

Operating alongside this is a free and easily accessible condom distribution network for young people. Tiered training is available to non-health professionals working with young people to support access to condoms and safe and correct usage.



Teenage pregnancy champions

Ground-breaking interventions, including the use of Teenage Pregnancy Champions, led to Wirral becoming one of the most improved areas in the North West for reduced teenage pregnancy rates (2008 data).

Most recent data from the Office of National Statistics indicates that Wirral experienced an under 18 conception rate of 44.0 (per 1,000 15-17 year olds) in 2009. This is an increase on the 2008 data (40.0 per 1,000 15-17 year olds), but demonstrates a 13.1% reduction in the overall rate since the 1998 baseline.

A gradual downward trend has been maintained since the start of the National Strategy and the overall improvement reflects the continued commitment of all organisations working with young people across Wirral to reduce the teenage conception rate and prevent unplanned teenage pregnancy. Wirral's Teenage Pregnancy Steering Group continues to oversee progress made around this agenda.

Wirral contributed best practice case studies to the North West Compendium for Teenage Pregnancy, produced by the Government Office North West. These included a Wirral-wide approach to sex education through the use of Teenage Pregnancy Champions and work with head teachers and school governors to assist in delivering consistent messages around sex and relationships.

Although the National Teenage Pregnancy Strategy has come to an end, work around the prevention of teenage pregnancy continues at a local level. Recommendations from the national Sexual Health and Teenage Pregnancy paper, due to be published in 2011, will help to inform a refreshed local action plan and the setting of local targets.



Wirral has secured funding for key programmes to 2013 via the NHS Wirral Strategic Commissioning Plan to continue commissioning a number of initiatives around sexual health and teenage pregnancy, including the Health Services in Schools Programme, the Outreach Education programmes delivered by Brook Wirral, and 'You're Welcome', which is the Department of Health's criteria for making health services young people friendly.

Example of good practice

Brook Wirral is the first local service provider to have met the Government's 'You're Welcome' quality criteria. Commissioned by Public Health, Brook Wirral provides a core clinical service as well as an outreach and education service, and is a double national award winner. Examples of the agency's work include the 'All Different, All Beautiful' personal development programme, which has provided young people who lack any qualifications with their first accredited learning programme, and 'Work It Out,' which supports young people to explore issues of sexual identity.

Protecting against cervical cancer

Thousands of young women in Wirral have been protected against the twelfth most common women's cancer in the UK. During 2010/11, 88% of 12-13 year old girls in Wirral completed the three-dose course of human papilloma virus (HPV) vaccine, which will help protect them against developing cervical cancer later in life. This figure exceeds the North West uptake (of 84%) for that age group. Catch up programmes were successfully implemented in Wirral schools and GP practices.

The HPV vaccine protects young women against two strains of the virus which cause 70% of all cervical cancer. The success of the programme has been attributed to the combined efforts of the PCT, Wirral Council and Wirral University Teaching Hospital NHS Foundation Trust, working through a dedicated immunisation team.

Emotional health

“Teenage years are a crucial time for health and wellbeing in later life. Half of lifetime mental illness (excluding dementia) starts by the age of 14.”

‘Healthy Lives, Healthy People’

For young people struggling with emotional issues, and not wanting to confide in those closest to them, the internet is an ideal medium. Kooth.com, the free, safe and confidential on-line counselling and advice service for 11-25 year olds, saw a 73% increase in the number of young people registering with the service in 2010. Young people access the site for a variety of reasons, but some of the most frequent requests are for help with family relationships, bullying, depression and loneliness.

For parents, there is the reassurance that the chat rooms and message boards are constantly monitored to keep their child safe. Kooth is not a substitute for face-to-face support but it can reach young people earlier - including the more vulnerable, harder to reach young people - and then refer them into the appropriate services, such as Bullybusters, Brook Wirral and Response.

A more recent website development is Teen Wirral (for 13-19 year olds), developed by Wirral Council in partnership with young people themselves in 2010. A one-stop shop, it offers advice on a range of health and lifestyle issues. The site also caters for parents, youth workers and others who take care of young people.

As part of the above strategy, NHS Wirral commissions Speakeasy, a two-hour course run over eight weeks which helps parents and carers approach the subject of sex and relationships more confidently with their children. The course covers such topics as staying safe, contraception and sexually transmitted infections (STIs). Wirral has also delivered ‘Train the Trainer’ courses for more than 30 professionals and parents. The next step will be to expand parenting interventions in obesity programmes so that parents/carers have a better understanding of their children's dietary and exercise needs.

The challenges for Developing Well

There is a growing misconception that being overweight or obese is ‘normal’. The Children's Services workforce must have the skills to recognise childhood obesity and be able to talk to parents and carers about their children's weight. **It is recommended that the NHS Wirral Obesity Programme and relevant employers prioritise workforce development to ensure that all of the children's workforce are capable of addressing this issue.**

Chlamydia screening needs to be seen as a normal part of being young, sexually active and responsible. **It is recommended that the NHS Wirral Sexual Health Programme is able to meet the increasing demands for testing and monitors progress; and that work takes place so that the behaviours and attitudes of young men in particular are understood.**

Wirral's success in reducing teenage pregnancies has been the result of a joined up approach to this complex issue and this must continue. **It is recommended that the service currently in place to prevent unintended conceptions be maintained and to ensure simple and straightforward access to the full range of contraceptive and termination services.**

The HPV vaccination programme in Wirral has been extremely successful. However, the challenge will be to ensure that as many girls (aged 12-13 years) as possible continue to receive all three doses. **It is recommended that the Wirral Immunisation Steering Group works closely with the School Nursing Service, Wirral Schools and GPs to maximise uptake of the vaccination.**

Wirral is working in partnership to review and follow the recommendations made within the national Healthy Child Programme to ensure that a coherent service is provided and that those children who need more help receive it. **It is recommended that the findings of the review should be reported to, and implemented across, the Children's Trust Partnership.**



Living Well

“Many premature deaths and illnesses could be avoided by improving lifestyles. It is estimated that a substantial proportion of cancers and over 30% of deaths from circulatory disease could be avoided, mainly through a combination of stopping smoking, improving diet and increasing physical activity.”

‘Healthy Lives, Healthy People’

People living in the most affluent areas of Wirral live on average more than 10 years longer than those in the most deprived areas (15 years for men), and the gap in mortality rates between the latter and the rest of Wirral continues to grow.

To tackle these inequalities, NHS Wirral commissioned a Health Action Area Team to work within the 20% most deprived Lower Super Output Areas (areas with the poorest health). Health Trainers work within these communities to provide one-to-one support to help people develop individual action plans to improve lifestyles, and to refer people into the Community Programme. Many of the trainers reside within the neighbourhoods in which they work.

The activities on offer to support behaviour change (including health walks, Tai Chi and gardening to promote positive mental wellbeing) are based on what local residents, health practitioners and voluntary organisations said they wanted. This can be anything from ‘healthy eating on a budget’ and stop smoking courses to Salsa dance classes and chair based exercise...for the young at heart. The emphasis is on providing services at the heart of communities, inspired by the very people for whom they are intended.

Last year, the Community Programme recorded more than 18,000 attendances, with an increase in uptake by residents from some of the most deprived areas of Wirral. Among those who signed up to the scheme were families who wanted to get more active and achieve a healthy weight; men aged over 40 (particularly those over 55) and people with anxiety and/or depression or long term conditions.

One of the off-shoots of this initiative was the introduction of Community Health Champions (CHCs). These are volunteers who undergo accredited training before supporting members of their local community to improve their health and wellbeing, signposting them to a Health Trainer for a basic health check and personalised lifestyle action plan or signposting to other local services/activities.

The range of activities within the Community Programme has been extended and now includes initiatives provided by neighbourhood groups and third sector organisations. Wirral Council’s District Team, which is based within the Environmental Health Division, has been involved in the training of Health Champions, covering areas such as obesity, smoking, alcohol and depression to support their efforts within the Community Programme.

Supporting smokers to quit

Smoking is the single biggest preventable cause of early death and illness, so helping people to stop smoking is a public health priority in Wirral. At the time of writing, Wirral Stop Smoking Services has achieved over 2,300 quitters (for 2010/11), and the figure is still rising. This highly effective smoking cessation service is provided alongside a number of complementary services to encourage people to quit. The aim is to get 5,000 people to quit smoking this year.

NHS Wirral
Community Health Champions
Are you an active member of your community?

Health Champion

- Do you have an interest in Health & Well being?
- Do you want to support people to make a lifestyle change?
- Do you have a few hours a week to spare?

Becoming a volunteer Health Champion with NHS Wirral is for you!

By completing a 2-day course through NHS Wirral, we will not only supply you with the knowledge and information to help your community but also gain a Level 2 accreditation from the Royal Society of Public Health in Understanding Health Improvement.

We will supply you with a NHS T-shirt and name badge as well as a resource bag for you to pass on information and resources to people in your community.

For more information on how you can become a Community Health Champion please contact **Matthew Shannon** on **0151 630 8383** or email **matthew.shannon@wirral.nhs.uk**

Case study

A resident of Leasowe was encouraged by his practice nurse to stop smoking after several failed attempts. He said: “The help and support given to me by the Leasowe team (Health Action Area) helped me feel that this was the first time I have tried, and I forgot about the failure. I have not smoked for weeks and I look forward to not smoking in the future.”

Smoking prevalence in Wirral is 18%, but in areas of deprivation this rises to 35%. A survey carried out in November 2010 showed that nearly 60% of Wirral smokers accessing stop smoking services live in deprived areas and this figure is set to increase to 70% following new targets set for the social marketing campaign 'Quit Stop Wirral' and Wirral Stop Smoking Services.

'Quit Stop Wirral' (previously, 'Your Reason, Your Way') was launched last year to reach out to smokers who want to stop on their own rather than through established stop smoking services. The service uses the social networking site Facebook and text messaging and deploys mobile trailers to town centres, enabling smokers to walk in off the street and collect vouchers or a prescription for nicotine patches. Successful quitters are entered into a prize draw for supermarket vouchers. In its first four months of operation, 1,666 smokers registered with the campaign and 93% of these set a quit date. From 1 April 2011, the Quit Stop campaign is led by Wirral Stop Smoking Services.

The number of professionals who underwent training in smoking cessation continues to grow. Last year 31 pharmacy staff trained as Level 2 Intermediate Stop Smoking Advisors following specialist training from the NHS Stop Smoking Service. Training was also delivered to practice nurses and school nurses to enable them to provide support to adults and young people within their own areas, and new pharmacotherapy guidelines ensured that smokers had access to all stop smoking products as a first line choice.

More than 300 tobacco users from BME communities quit with Wirral Change, a voluntary organisation which offers information, advice and guidance on health and wellbeing, jobs, education, training and self-employment as well as signposting to other services for BME residents.

A new voluntary smoking cessation programme is being developed to train 16 community-based providers to deliver smoking cessation; each organisation will be supported and monitored. This latest developmental move away from a health professional-driven service by making

full use of existing networks in the community. It will send out the message that tobacco control is everyone's concern.

Wirral also launched the awareness-raising 'Take 7 Steps' campaign, highlighting the risk to health of secondhand smoke and the benefits to loved ones if people were to take just seven steps away from the home when they light up. Partners supporting this initiative include the Merseyside Fire and Rescue Service, Wirral Stop Smoking Service, the Health Action Area Teams and Wirral Healthy Schools.

Wirral is a member of the sub-regional network, Cheshire and Merseyside Tobacco Alliance (CMTA), which has been in operation since 2000. It comprises eight Primary Care Trusts and corresponding Local Authorities, covering a population of around 2.6 million people. The Alliance provides a strategic overview for tobacco control within Cheshire and Merseyside and supports the development of tobacco policy and management of

initiatives at a local partnership level

Wirral also works closely with the cardiovascular health charity Heart of Mersey on specific tobacco control projects, such as the Mersey Charter and training around tackling illicit tobacco and underage sales. The Mersey Charter was introduced four years ago to support organisations with developing policies and practices to protect staff in the community from exposure to secondhand smoke. It was awarded to NHS Wirral in 2009.

Smokefree enforcement

Measures to protect people from secondhand smoke, following the introduction of smokefree legislation in 2007, include carrying out inspections on business premises. During the last 12 months, Environmental Health enforcement officers carried out more than 2,000 of these inspections. Fixed penalties were issued to five taxis for non-compliance with the law.



Example of good practice

In May 2010, NHS Wirral recruited a new Health Trainer to provide Wirral's black and minority ethnic (BME) communities with the help and support they need to lead healthier lifestyles. Twenty-two year old Seham Hariz (pictured) carries out free lifestyle assessments, focusing on improving the health and wellbeing of residents in BME communities, and establishing how the activity classes offered through the Community Programme can be adapted to suit their cultural needs.

Weight management

"2 out of 3 adults are overweight or obese. The estimated cost to the NHS of obesity-related conditions is £4.2 billion each year, and diabetes is rising sharply. Around 7 in 10 people consume more salt than is recommended (leading to an estimated 1 in 3 people with high blood pressure); only 3 in 10 adults eat the recommended 5 portions of fruit and vegetables a day; and only 3 or 4 in 10 adults say they do the recommended levels of physical activity every week."



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'Healthy Lives, Healthy People'

One in every three Wirral adults is overweight and one in every four is obese. In 2008/09, nearly 35,000 people over the age of 16 were on GP obesity registers. This is equivalent to 10.5% of the population. Estimated obesity prevalence across Wirral is 21.7%.

The Lifestyle and Weight Management Service works closely with individuals to help change lifestyle behaviours. This is achieved through realistic weight loss targets and advice around healthy eating and physical activity during a 12-week programme. There are follow-up sessions to maintain motivation and plenty of practical help, including lessons in how to cook healthily on a budget.

In September 2010, the team launched a newly revised and evaluated Children and Family Weight Management programme for 5-16 years with a Body Mass Index falling above the heaviest group (98th centile), and their families. The programme provides weekly support and guidance to help the whole family make gradual changes to shopping and cooking habits and physical activity levels, underpinned by an eight-month follow up period to help sustain improvements. A key component of the sessions is to make physical activity fun for children. Parents, meanwhile, are introduced to healthy menu planning, food labelling, portion sizes and other practical ways of sustaining the changes they have made to their lifestyles.

NHS Wirral also works with Slimming World and local pharmacies to offer a wide range of options likely to appeal to adults seeking to lose weight in a variety of settings.

Tackling alcohol misuse

"In 2009/10 nearly half of all violent crime was alcohol-related and communities are fighting a constant and expensive battle against alcohol-related crime and anti-social behaviour."

'Healthy Lives, Healthy People'

Alcohol is implicated in a wide range of diseases, but aside from the physical and mental health problems it causes, alcohol misuse is also linked to issues such as anti-social behaviour, violence, domestic violence and homelessness.

Locally, a significant amount of work has been developed through the Wirral Alcohol Harm Reduction Strategy to both educate and steer people, particularly vulnerable groups like young people, away from alcohol misuse.

The strategy reflects all of the positive work that has already been undertaken, but also sets out a clear way forward which embraces new opportunities to work with a range of organisations and partnerships to integrate plans, actions and resources effectively. Wirral Drugs and Alcohol Action Team (DAAT) and its partners are implementing Wirral's Alcohol Harm Reduction Strategy via three strategic priorities. Each of the strategic priorities has been designed to address specific identified needs within the community, inclusive of Young People; Crime, Disorder and Communities and Treatment. To progress the treatment element of the strategy, NHS Wirral is funding and managing the Adult and Young People's Alcohol Treatment Programme.



The Adult and Young People's Alcohol Treatment Programme was set up in Wirral to address alcohol related harm/misuse, increase access to alcohol treatment services and reduce alcohol related admissions. During the last 12 months it has achieved considerable success, including a reduction in alcohol-related hospital admissions and re-admissions (for all ages), surpassing many of its targets in these and other areas, such as screening and brief intervention.

A key element of the Adult and Young People's Alcohol Treatment Programme is to enable primary care professionals to use the Alcohol Use Disorders Identification Test (AUDIT). The tool, which is in the form of a questionnaire, was developed by the World Health Organisation (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. During the year (2010/11), more than 17,000 people living in Wirral have been screened using this and other appropriate methods.

The latest findings on the impact of alcohol on communities have shown that Wirral has once again fared well in reducing the level of alcohol-related crime in the borough. In September 2010 the North West Public Health Observatory (NWPHO) published Local Alcohol Profiles for England. This measures 23 indicators of alcohol harm. Wirral, compared with other authorities in England, performed significantly better than national and regional averages in reducing alcohol-attributable recorded crimes, alcohol-attributable violent crimes and alcohol-attributable sexual offences.

Page 128 **Other achievements during the year included:**

Increasing the capacity of community based detoxification services for people requiring specialist treatment;

Jointly funding the award-winning Town Centre Outreach project, which supports homeless people with alcohol problems into treatment, rehabilitation and accommodation;

The delivery of an extensive communication and advice programme to the Wirral population, including the WHAT? campaign, a website and a freephone service offering information, advice and signposting to local services.



Mental health

“People with mental ill health are much more likely to smoke and die younger, and a large number of people with mental health problems also have alcohol or drug problems. Over 1 in 3 people with a mental disorder smoke.”

‘Healthy Lives, Healthy People’

In 2009, 18,500 residents across the North West participated in the North West Mental Wellbeing Survey – the largest and most detailed investigation of the region’s mental health and wellbeing ever. The findings showed that those with good mental wellbeing had a higher satisfaction with life and were much more likely to be in employment, educated and healthy and have closer relationships with others.

Although the results confirmed that there were no differences in levels of mental wellbeing between men and women, they did identify that relatively low levels of mental wellbeing were more likely to be found among people living in the most deprived areas, among 40-54 year olds and white adults.

The findings revealed a clear link between general health and mental wellbeing. Those with relatively high mental wellbeing were three-and-a-half times more likely than those with relatively low mental wellbeing to say they were in very good health. Those with low mental wellbeing were nearly five times more likely to say that their health was very bad or bad than those with high mental wellbeing.

Five steps to wellbeing

There has been a concerted effort in Wirral to promote the 'Keep Learning' message through local library services. Keep Learning is one of the Five Ways to Wellbeing (see below) advocated by the New Economics Foundation Centre for Wellbeing. It supports the approach that simple activities such as going for a walk or becoming a volunteer can protect mental health and help people to lead more fulfilled and productive lives.

To promote the versatility of Wirral libraries a campaign entitled 'More than Books' was launched in 2010 to show people that their local library is not just a place to borrow books – it also offers a dedicated Health and Wellbeing Zone. Services and activities on offer include weight control and exercise classes, NHS drop-in sessions and the Home Reader Service, which provides books and audio books to people of all ages who are unable to use a local library because of illness, disability or frailty.



Five Ways to Wellbeing:

1. Connect with the people around you. With family, friends, colleagues and neighbours, at home, work, school or in your local community;
2. Be active by going for a walk or run. Step outside, cycle, play a game, garden or dance, because exercising makes you feel good;
3. Take notice of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you;
4. Keep learning by trying something new or discovering an old interest. Sign up for that course. Take on a different responsibility at work. Learning new things will make you more confident, as well as being fun to do;
5. Give by doing something nice for a friend or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and will create connections with the people around you.

Example of good practice

Wirral Pathfinders is a self-help support group for people with mental health problems and their carers. Led by service users, it offers support, hope and friendship to people isolated by their problems.

Four people - each with their own mental health issues - set up the initiative after they were discharged from hospital only to find that there was no 'non-medical' support for them in the community. Their experiences were not unique. Subsequent feedback repeatedly highlighted feelings of isolation and frequent relapses following discharge from hospital. Many people felt that they needed something more tangible than prescribed medication to keep them focused (in addition to, not instead of medical intervention).

In 2008, a series of reviews was carried out across a range of mental health services in Wirral. A frequent comment from service users and carers showed that the care and support provided by Pathfinders was a key factor in their recovery.

One service user said: "I don't feel alone any more. This group has helped me tremendously over the last twelve months – and kept me away from the doctor's surgery. It is helping me to manage my life and to be in control. By sharing our problems and listening to others, you learn that you are not on your own. I have got my life back."

Swift and easy access to this service is essential, even for those who feel they have recovered. The group's open door policy provides a much-valued safety net.

Physical activity

“Active travel and physical activity need to become the norm in communities. The Department of Health will support local areas by providing good evidence on how to make regular physical activity and healthy food choices easier for their populations.”

‘Healthy Lives, Healthy People’

A recent review of physical activity intervention programmes, published by the Liverpool Public Health Observatory, featured Wirral’s Lifestyle and Weight Management Programme as one of its case studies.

The review, part of a series, noted that public health is increasingly being asked for cost-effectiveness evidence as justification for funding or continued funding of particular initiatives. The authors said that the intensive 12-week lifestyle programme, as well as saving lives and adding quality of life, made net cost health savings of more than £179,000 in 2007-08.

The LPHO concluded that there is “clear evidence for the effectiveness of brief interventions in increasing levels of physical activity. Evidence, including that provided by NICE, is also very strong on the importance of the environment on increasing the benefits of physical activity, particularly the benefits of active travel such as walking and cycling.”

Physical Activity is a key element of the government’s Change4Life programme.

NHS Wirral leads by example through an established lunchtime walks programme and pedometer challenges. Its dedicated resource centre also runs a ‘Get Active’ campaign in February each year, providing professionals with a range of resources and materials.

A detailed piece of insight work to increase the uptake of physical activity among specific target groups was completed recently and the findings will inform future commissioning.

Wirral also supports ‘Bike It’ in Merseyside through the Healthy Schools Programme, which teaches children the skills they need to cycle safely and responsibly and raises awareness of the health benefits of cycling. Another popular programme is the Wirral Health Walks, which was set up jointly by Wirral Council’s Ranger Service and NHS Wirral and is affiliated to the government backed initiative, Walking for Health.

In September 2010, Wirral residents celebrated national Walk4Life day with a programme of half hour walks in Birkenhead Park. Local resident Pauline Beecham, who was featured on regional television taking the weekly health walk in Birkenhead Park, led the Walk4Life walks alongside Wirral NHS health trainers and Birkenhead Park rangers and volunteers.

Sexual health

“We will work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, abortion, health promotion and prevention).”

‘Healthy Lives, Healthy People’

Wirral’s three main sexual health priorities are teenage pregnancy, chlamydia screening and HIV diagnosis (refer to Developing Well section for progress on the first two).

Wirral has historically high levels of late HIV diagnosis compared with other areas and GPs should be encouraged to test more at risk patients if this is to change. Increasing access to HIV testing in the community - particularly in settings where there is a raised risk of HIV is also essential. Terrence Higgins Trust has been commissioned to provide an HIV Prevention Service from 2011 to 2014. One element of this will be a community point of care testing for HIV, focusing on men who have sex with men, and people of Black African origin. This service will be piloted from October 2011. Funding options are being explored to pilot HIV testing programmes in other settings, as recommended nationally.

A number of proactive campaigns were undertaken last year, with NHS Wirral Resource Centre supporting the delivery of the Condom Distribution Scheme, an annual Sexual Health Week campaign (September) and Worlds AIDS Day Awareness (December). The centre specialises in providing professionals with the very latest resources and materials for their respective events.



Protecting health

“The NHS continues to have a crucial role. Preventing ill health, screening for disease, supporting people with long-term conditions, improving access to care for the whole population and tackling health emergencies are all key functions that the NHS provides. GPs, community nurses, allied health professionals, dentists and pharmacists in the community, and hospital-based consultants and nurses all play a vital part.”

‘Healthy Lives, Healthy People’

Cancer and cancer screening

In Wirral high rates of late presentation of cancers is a major concern, therefore raising awareness of the signs and symptoms of lung and bowel cancer is paramount.

In March 2011, a previously piloted campaign entitled ‘Don’t be a cancer chancer’, which focused on lung cancer symptoms, was rolled out across target areas of Wirral. The core message was simple: catching cancer early could save your life. This is particularly relevant to people who ignore symptoms through fear or lack of motivation, and for those who do not know the potential cancer symptoms, such as a persistent cough. The initiative was developed in partnership with NHS Sefton and will be externally evaluated before any decision is taken about future campaigns.

Cancer awareness training was also undertaken after Wirral adapted an e-learning tool developed by the Lancashire and South Cumbria Cancer Network. The

model is due to be piloted by staff in GP receptions and pharmacies, social services frontline staff and health trainers to increase knowledge and understanding of the signs and symptoms of cancer.

In line with the recommendations set out by the National Screening Committee, Wirral currently operates ten screening programmes (six of which are antenatal and newborn programmes). Three of the national programmes are dedicated to detecting cancer or pre-cancerous changes at an early stage. These are the bowel, breast and cervical screening programmes.

Bowel cancer screening

Bowel cancer is the third most common cancer, affecting 1 in 20 women and 1 in 18 men. Eighty per cent of people with bowel cancer are over the age of 60.

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), which is when treatment is more likely to be effective. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69 (this age range is currently being extended to 74). The latest figures available (2009/10) show that over 9,000 people in Wirral were screened for bowel cancer.

Increasing awareness of the symptoms and promoting the importance of bowel screening is a priority in Wirral. A consultation exercise involving a number of Wirral men over the age of 55 started recently to explore views and responses to the existing bowel screening invitation process to find a way to improve uptake.



Cervical screening

During 2008 nearly 1,000 women in the UK who died of cervical cancer could have survived if they had undergone a smear test and been treated in time. Research has shown that many women have never been for a smear because they are not sure what the process involves. Women aged 25 - 49 are routinely invited for a test every three years (and every five years if aged between 50 - 64 years). In 2010/11 more than 59,000 women aged between 20 and 64 took up the offer of cervical screening.

As part of Cervical Screening Awareness Week in June 2010, women in Wirral were urged to attend their cervical smear appointments after data revealed that more than 5,000 young women across Wirral had never been tested.

Immunisation

Across the board, vaccination and immunisation rates in Wirral are improving. For 2010/11, NHS Wirral achieved a 76% uptake for seasonal flu vaccination in people aged 65 and over, which slightly exceeded the World Health Organisation (WHO) uptake target for this group. The uptake for the clinical 'at risk' group, which includes people with asthma for example, was 56% (which was below target) and 51% for pregnant women.

In addition to the WHO target for the older population, the EU has adopted a Council Recommendation (for the 2011/12 seasonal flu immunisation programme) to achieve a vaccination uptake of at least 75% in people under the age of 65 with clinical conditions which put them more at risk from the effects of flu, and pregnant women.

The health of carers

“Carers play a vital role in supporting people to stay at home. The Department of Health carers’ strategy sets out how we will support carers to recognise the value of their contribution, involve them in how care is delivered, support their mental and physical health and enable them to have a work, family and community life. As part of this, the Government is making an additional £400 million available through the NHS over the next four years to support carers’ breaks.”

‘Healthy Lives, Healthy People’

Six million carers save the economy an incredible £87 billion every year - the same cost as running the NHS. Carers provide unpaid care for someone who is ill, frail or disabled. Some carers are children and young people.

There are more than 37,500 carers in Wirral, according to the 2001 census, but that figure is expected to be higher when the results of the 2011 survey are published. Issues vary from not being able to cope looking after a loved one - from a practical or emotional view - to financial worries.

Callers to the Carers Helpline at WIRED are encouraged to talk through their issues before being directed to the appropriate support, including signposting to services that may be available to them through the Local Authority. They can also join the Wirral Carers Register, which keeps them updated through a regular newsletter (funded by NHS Wirral); participate in awareness events such as National Carers’ Week and get involved in local Carers’ Forums.

Example of good practice

In June 2010, Wirral Council and the Carers Agencies Network marked national Carers Week (June 14-20) with a series of events. The theme, ‘A life of my own’, acknowledged that Wirral’s estimated 37,000 carers have very little time to themselves. Events included free pampering sessions, the launch of a new Wirral Carers website and a picnic in Birkenhead Park.

The challenges for Living Well

Supporting people to stop smoking will continue to be a high priority for public health in Wirral and we must continue to strive to create environments that both discourage smoking and help bring about cultural change to make the habit less attractive to children, young people and adults. **It is recommended that resources are targeted to address the availability of illegal and illicit tobacco and increase the number of smokefree pledges made locally.**

Frontline Health and Social Care staff should be further supported to identify and address obesity issues with patients/clients. Referrals into the wide range of local weight management services must be increased and monitored. **It is recommended that public health, working with the wider NHS and Council, ensure support/training for staff and thereby increase referrals into the wide range of local weight management services.**

Common mental health disorders such as depression and anxiety are on the rise and the current economic climate will inevitably make this worse. Health and social care professionals will require support to identify mental health issues in the patients and clients with whom they work, and to provide an appropriate response (including referral to local support services). **It is recommended that training is given to health and social care professionals so that they can provide appropriate support or referral to local services.**

Carer support concerns everyone and addressing the needs of Wirral carers is one of the most difficult and complex challenges ahead. With an ageing population, the UK will need more care from families and friends in the future. **It is recommended that the local needs of carers are identified through the Joint Strategic Needs Assessment and that appropriate action plans and partnerships are developed to tackle the identified issues.**

Increasing uptake of the cervical, breast and bowel cancer screening programmes is a priority. The challenge here will be to address issues such as fear, embarrassment, lack of knowledge about the procedures as well as ensuring good accessibility to services. **It is recommended that the Wirral Cancer Steering group continue to monitor screening performance and ensure that the actions put in place to improve rates are delivered.**

Ensuring that people under the age of 65 with clinical conditions, which put them more at risk from the effects of flu, receive the seasonal flu vaccination is a key challenge. From this year, the vaccination uptake target to achieve for ‘at-risk’ groups is 75%. **It is recommended that the Wirral Immunisation Steering Group should ensure the effective implementation of the annual flu programme.**

Working Well

“The health and wellbeing of people of working age is critical to supporting the economy and society. Being in work is in general good for health, while being out of work can lead to poorer physical and mental health.”

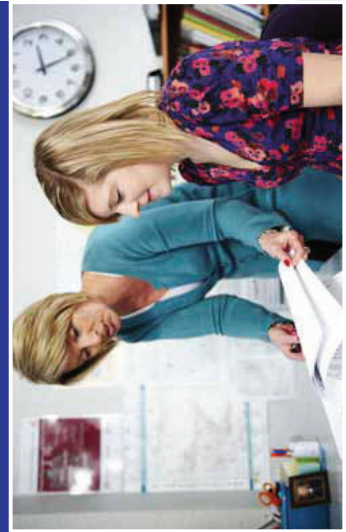
‘Healthy Lives, Healthy People’

While many Wirral residents enjoy an excellent quality of life – they have a job and good quality housing and living environment – there are still many people living in deprivation. Wirral is ranked 60th most deprived out of 326 Local Authorities, according to the Index of Multiple Deprivation 2010 (see full explanation on page 49).

Delivering a strong, vibrant economy with high levels of employment is a key priority for Wirral Council and our partners. Wirral’s Investment Strategy focuses on ambitious aims for increasing economic growth and tackling ‘worklessness’ - defined as people claiming out-of-work benefits, including Job Seekers, Incapacity Benefit/Employment and Support Allowance (ESA), lone parents and other income related benefits - across the borough.

The Strategy aims to deliver a borough founded on a strong, vibrant economy, with high levels of employment and investment, where businesses flourish, and all Wirral residents have the skills and opportunities to work. Wirral’s approach is built on a number of drivers that we will use to develop the employment and entrepreneurial skills of Wirral people, and to make Wirral the most business friendly place to invest and locate. It is focused on three themes: People; Places and Business.

This approach has enabled Wirral to focus on addressing some of the fundamental problems associated with worklessness and to tackle barriers so that people move from benefits into employment. This has included funding a range of projects that have provided effective outreach and engagement activity in order to directly target those people and groups who may be ‘hard to reach’, who may not access mainstream services or who may have specific multiple barriers to accessing employment.



Economic Challenges

On 24 March 2011, Communities for Local Government released the Index of Multiple Deprivation (IMD) 2010. The IMD combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. All data used to calculate the IMD 2010 is from 2008.

Wirral is currently ranked 60th most deprived out of 326 Local Authorities, the same ranking as calculated in the previous IMD 2007. In the 2007 IMD Wirral was ranked 8th worst nationally for employment deprivation; this has since improved to 10th in the 2010 update.

There are currently 33,090 people claiming out-of-work benefits in Wirral (November 2010). This includes Job Seekers, Incapacity Benefit/ESA, lone parents and other income related benefits. This is approximately 17.3% of the working age population¹. Of the 33,090 benefit claimants 55% are male and 45% female, with 42% of people also claiming over five years. This is largely attributable to Incapacity Benefit/ESA claimants who account for 58% of all claimants.

Working Neighbourhoods Funding

In 2008, Wirral Council launched Working Wirral as part of a strategic approach to developing a strong local economy. Government funding for the initiative was available until March 2011 and provided an opportunity for organisations from all sectors to work together to tackle worklessness, improve skills, increase employment opportunities, boost enterprise and support business growth and competitiveness. The initiative supported a diverse range of projects and as a result of the Working Wirral programme some 1,900 people entered employment and over 3,000 people increased their skills.

¹ This figure is not based on NI 152 which uses a 4-quarter rolling average but a static in-quarter figure to allow for comparisons with other Local Authorities.

The Wirral Apprentice Programme

The Council has developed the Wirral Apprentice Programme, which supports businesses and ensures that young people leaving school can access a job or training.

There has been a particular focus on supporting NEET* and other vulnerable young people and the Wirral Apprentice Programme has been commended as a model of good practice nationally and regionally, and is increasingly being recognised as an exemplar of effective partnership working. Most recently, in May 2011, the Programme received a number of awards at the NW Regional finals of the National Apprenticeship Awards. These included one Wirral Apprentice employer winning the Small Business Award and another achieving a commendation. The Council itself won a Special Recognition Award for its innovative model.

* A government acronym for people currently Not in Education, Employment or Training.

Tackling worklessness through the European Social Fund

The current European Social Fund (ESF) Programme runs until December 2013 and provides opportunities to improve the employability and skills of unemployed people and to develop a skilled and adaptable workforce.

Wirral Council is maximising resources available through ESF by commissioning initiatives like the ReachOut Partnership, which developed the 'door-knocking' approach to engage with hard-to-reach clients in areas of deprivation across the borough. It is in these areas in particular that people often endure

barriers to employment, such as ill-health or debt. Another approach is through community drop-ins for work clubs, where residents can access a wide range of advice and support to help them back into work.

Members of the team signpost and refer individuals to a number of partner organisations that can provide support to help them overcome barriers to work. The activity primarily supports residents in receipt of Incapacity Benefit, Employment Support Allowance and some Job Seeker Allowance customers into employment.

The ReachOut Partnership is delivered through a consortium of organisations drawn largely from the voluntary sector and led by Involve North West. The latest funding is expected to engage 1,755 participants and deliver 702 job outcomes (of which 456 will be sustained at six months) by May 2012. Where appropriate, referrals will be made to Jobcentre Plus and other mainstream provision.

The project works with trusted bodies, such as the Fire Service and NHS Wirral, to offer practical help as well as advice and guidance to those who might consider themselves to be too removed from the labour market. People with a disability, those with drug and alcohol problems, BME clients and others who may be experiencing barriers to employment will be offered specialist support through partner agencies.

"Taking a preventive approach to mental health presents a significant opportunity for reducing absence from work: 9.8 million working days were lost in Britain in 2009/10 due to work-related stress, depression or anxiety alone."

'Healthy Lives, Healthy People'

The number of people claiming incapacity benefit in Wirral is highest in Wards with greater levels of deprivation and the most common reason for claiming is mental illness. Wirral has a higher prevalence of severe mental illness than the North West and England average.

Mental health problems can affect anyone, although they are more common among people from ethnic minorities, those in poor living conditions, people with a disability, the homeless and offenders. People with high levels of mental wellbeing are more likely to be in paid full-time work, paid part-time work, self-employed or in full-time education than those with low mental wellbeing. This was borne out by the findings of the 2009 North West Mental Wellbeing Survey (covered extensively in the Living Well section).

Example of good practice

Wirral Working 4 Health programme was set up in 2009 as a community based support service for people with a long-term health condition who wanted to get back into work, education or training.



Jointly funded by NHS Wirral and Wirral Council's Working Wirral fund, the programme formed a central element of NHS Wirral's strategy to address health inequalities within its Strategic Commissioning Plan 2008 – 2013. It offered one-to-one advice and practical support to help participants manage their condition more effectively, as well as support for employers to help them deal with sickness and absenteeism.

The majority of service users were experiencing a range of health issues and depression was particularly prevalent. After a slow start, referrals grew steadily, with numbers having tripled by the end of 2010. Evaluation of the scheme shows that 27 people returned to employment, 42 were taken on in a voluntary role, 54 moved onto education or training and 59 were retained in employment. Those identified as 'returned to employment' were people who had not worked for many years.

The service achieved the New Heartlands, Strictly Regeneration, Excellence in Innovation award in August 2010. The award was given for innovation in working with employers and for setting up 'fit note' clinics located in GP surgeries.

The most successful elements of this programme have been taken forward into Wirral's Investment Strategy.

Condition Management Programme

Another support mechanism was the Condition Management Programme, a short voluntary programme aimed at helping people to better understand and manage their health condition or disability. The aim was to help participants improve their quality of life, regain control and realise their aspirations with a view to returning to work. It was open to anyone on Incapacity Benefit (IB).

NHS Wirral worked in partnership with Jobcentre Plus in hosting the programme on behalf of the Greater Merseyside PCTs. Although the programme finished on 31 May 2011, in future the new national Work Programme is intended to provide support for people moving from benefits into work. Lessons learned from previous local programmes will influence this development.

The healing power of Tag literature

Other initiatives include Wirral's 'Read Yourself Well' scheme, run in partnership with the Library Service. The scheme is based around a collection of resources; self-help books, DVDs, advice and guidance to enable people to better manage their condition and find solutions for themselves. There is also 'Get into Reading' for people with mental health issues, carers, those living with a long term condition and people affected by substance misuse. Group members meet regularly to share the health benefits of poetry and literature.

Example of good practice

Evaluation by NHS Wirral has shown that young unemployed men are particularly drawn to exercise based health schemes which have a clear health benefit. In March 2011, a mental health and wellbeing programme for young men suffering from low self-esteem and depression was launched at Prenton Park, the home of Tranmere Rovers Football Club.

The project used the rules and language of football to engage with service users (known as team players) and helped them to share their experiences and set realistic personal goals. It ran for 11 weeks in partnership with the crime reduction charity Nacro, NHS Wirral and Tranmere Rovers Football Club.

"With more than 1.4 million staff, the NHS is the largest employer in the UK and can lead by example in looking after the health and wellbeing of its staff..."

'Healthy Lives, Healthy People'

It is important that staff feel valued and empowered. Both NHS Wirral and Wirral Council have signed up to the Mindful Employer Charter, which aims to increase awareness of mental health at work and provide support for businesses in recruiting and retaining staff.

The Charter's four main aims are to:

- Raise awareness of mental health issues;
- Promote good practice among its workforce;
- Make the workplace safe;
- Have in place supportive policies, structures and culture.

Also backing the charter are Wirral Partnership Homes, Advocacy in Wirral, Wirral MIND, Cheshire and Wirral Partnership Trust and Clatterbridge Centre for Oncology.

NHS Wirral's efforts to encourage staff to use alternative transport are having an impact. The findings from the 2010 travel survey showed that staff travelling to work by single occupancy vehicle was down 6% on 2009 figures, with an increase in bus and train usage. The PCT continued to promote cycle training across all NHS Wirral sites and a 'bicycle to work' scheme, in which staff receive a percentage discount on the purchase price of a new bike.

More than 200 people attended a staff wellbeing event in March last year to mark the launch of NHS Wirral's Wellbeing Plan. They learned how to improve their wellbeing by taking part in various healthy workshops, from relaxation sessions to Tai Chi. There was also information about staff benefits, and representatives from TravelWise were on hand to discuss sustainable transport choices.

NHS Wirral has also signed up to the 10:10 Commitment, a nationwide campaign encouraging organisations and individuals to commit to reducing carbon emissions from energy consumption and travel by 10% during one 'action' year. To date we have achieved a 14.4% reduction in our carbon emissions, compared with the first half of 2009-10.

The challenges for Working Well

We need to continue to support people on long term health-related incapacity benefit or ESA to secure and maintain sustained employment. **It is recommended that the Wirral Economic Development and Skills partnership ensures that services being delivered under the Work Programme are tailored to local needs and benefit from good practice developed in recent years in Wirral.**

In order to secure high levels of workforce wellbeing for employees, especially during this period of economic challenge, **it is recommended that all employers in Wirral work to promote and deliver increased health and wellbeing within the workforce.**

Ageing Well

Ageing well – in mind and body - is as important as starting life well, says 'Healthy Lives, Healthy People.'

The number of older people is set to increase considerably over the next two decades. By 2031 it is estimated that 26% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. This could also affect the number of family carers in Wirral.

Falls amongst older people is a key concern and the risk of falling increases with age. It is estimated that the annual incidence of falls amongst older people in Wirral totals more than 18,000. With the projected rise in the older population and the greater risk of falling associated with increasing age, the number of falls in Wirral would be expected to rise concurrently if new interventions and prevention strategies are not adopted.



At the time of writing, The Royal College of Physicians has completed a National Audit of Falls and Bone Health in Older People, which has identified an unacceptable variation in the quality of NHS services for care and prevention of falls and fractures. It says that in many areas, there is a major gap between what NHS organisations state they provide, in terms of commissioning, protocols or structure, and what clinical audit reveals in terms of actual care provided. The audit shows that older patients with fractures do not routinely receive key aspects of care for falls prevention or bone health, needlessly exposing them to a greater risk of further falls and fractures. The local situation is currently being assessed.

The new public health strategy advocates strong partnerships between communities, business and the voluntary sector to help address a range of health challenges such as depression and winter deaths. This approach is evident at a number of levels in Wirral, but perhaps one example which best illustrates the strength of partnership working is the 'Healthy Homes' initiative.

In October 2010, Wirral Council joined forces with NHS Wirral, Merseyside Fire and Rescue Service, Merseyside Police Partnership, Social Services and a number of community and voluntary organisations to launch 'Healthy Homes', a scheme designed to cut the number of deaths and accidents in the home.

The initiative offered free home assessments to identify potential problems, such as fire hazards or lack of insulation, advice on how to resolve them and signposting to relevant services if necessary.

Follow-up from the initial pilot projects showed that a large proportion of referrals were made to partner agencies, the highest being to the Fire Service. A number of properties were identified as a 'category 1 hazard' for excess cold and many more were deemed to be at risk. Although this initiative was not specifically targeted at them, many older people will have benefited from the scheme because circulatory and respiratory diseases are exacerbated by cold homes.

During the winter months NHS Wirral included the Home from Hospital Service in Wirral in its Winter Planning. Home from hospital services provide flexible short term support to elderly people who have been discharged home from hospital following surgery, ill health, or an accident. This included the production of an information booklet for patients and volunteers over the Christmas period. The booklet has since been extended to include emergency numbers and details of important contacts for people living alone or looking after a loved one.

“Maintaining social networks, being part of a community and staying active all benefit health and wellbeing in later life. By 2024, an estimated 50% of the population will be over the age of 50, due to a combination of increased life expectancy and low birth rates...”

‘Healthy Lives, Healthy People’

A number of organisations inspired by older people are flourishing in Wirral. A prime example is Wirral Older People’s Parliament (Wirral OPP), a voluntary organisation set up with the support of Wirral Council and Age Concern in 2007.

Wirral OPP works closely with statutory and voluntary agencies and has a say in policy making across the borough through representation on relevant committees within health, social care, community safety, safeguarding vulnerable adults and transport groups, to name but a few.

Such is the diversity of Wirral OPP that it even has a group representing the interests of grandparents who care fulltime for their grandchildren. Many older people in this situation have financial worries, endure overcrowding and ill-health. The group championing grandparents works tirelessly both locally and nationally to raise awareness of these and other issues and is supported in its efforts through partnership working with, for example, Wirral Children’s Services Department.

Several grandparents have, as a result, been supported to claim previously unclaimed tax credits and child benefit and others have successfully applied for Area Forum funding to work with schools in identifying households where grandparents are the full time carers.



In May 2011, Wirral OPP and Wirral Council staged a two-day event at The Floral Pavilion Conference Centre to show what Wirral has to offer its older population.

Also working to influence and shape local health and social care services is Wirral LINK, a volunteer led network made up of individuals, community groups and organisations. It has powers of ‘Enter and View’ and can use its powers to make recommendations for changes in service, influencing, for example, the Acute Care Model for Older People’s Mental Health. Other achievements have included encouraging participation in training events such as Dementia Awareness, Alcohol Awareness, Smoking Cessation and Dying Matters.

Voluntary and Community Action Wirral (VCAW) is an organisation which supports voluntary, community and faith sector groups by offering training, support and advice through its Third Sector Assembly (3SA). It has selected delegates who sit on the Local Strategic Partnership who can speak on behalf of the groups they represent (this applies to people of all ages and not just older people). VCAW can signpost individuals to the wide range of voluntary, community and faith sector groups through its new Wirral Well project, an information hub where groups can upload and maintain their information and can be rated by service users.

Wirral Council provides a host of activities to keep older people fit and active through its parks and countryside section and leisure and community centres. Its ‘Active Ageing’ programme is designed specifically for older people who want to stay fit and healthy, with activities ranging from water-based exercises to salsa aerobics. A scheme known as ‘Wirral Passport’ provides discounted membership opportunities.

Other initiatives keeping older people active - and helping to improve mobility - include popular chair-based exercise in which NHS Wirral instructors incorporate strength and balance exercises (crucial to preventing falls) into their sessions. These are delivered in a variety of settings, such as sheltered accommodation, rest homes and nursing homes as well as being available in local leisure and community centres.

Wirral Council’s Promoting Older People’s Independence Network (POPIN), which is available to people over the age of 65, gives advice on staying healthy and strives to help people stay independent within their own home.



Example of good practice

Getting active and staying active was the theme for an Active Age open day in Birkenhead in October 2010, coordinated by Age Concern Wirral. The event was held to mark UK Older People’s Day and coincided with the UN International Day of Older Persons. It highlighted the benefits of physical activity by showcasing a range of activities enjoyed by older people in the borough, from ballroom dancing to Tai Chi and yoga.

“Dementia affects around 750,000 people in the UK and numbers are expected to double by 2030.

The annual cost of dementia in the UK amounts to £17 billion. Half of dementias have a vascular component; by improving diet and lifestyle in earlier life we can significantly reduce their impact.”

‘Healthy Lives, Healthy People’

In Wirral, it is estimated that there are more than 4,000 older people with dementia (POPPI, 2009). This is significantly higher than the number of people currently recorded on GP registers as having dementia, since it is likely that some patients will not have been diagnosed. In 2008/09 the number of emergency hospital admissions for dementia was nearly 54% higher than expected against the national average.

The challenges for Ageing Well

It is estimated that there are 11,269 older people living in fuel poverty in Wirral, which has a serious impact on health and wellbeing. In 2007/08 there were 184 excess winter deaths, which could be linked to inadequate heating and poor housing. It is recommended that the Affordable Warmth Steering Group ensures that all of the key actions in the revised Affordable Warmth Strategy are implemented.

With the projected rise in the older population, issues such as higher rates of nursing home admissions/the number of falls and dementia rates will also increase. It is essential therefore that we have appropriate targeted preventative interventions and adequate provision to meet the demand. It is recommended that local needs be identified through the JSNA and appropriate action plans and partnerships are put in place to tackle the identified issues.

We need to tackle the levels of social isolation in our communities which can result in poor mental and physical health, and increased vulnerability. It is recommended that a strategic overview of current provision is carried out to improve links between appropriate initiatives to reduce social isolation whilst improving mental and physical wellbeing

In Wirral, there are many excellent organisations working with or on behalf of local people - far too many, in fact, to list within this report. The examples highlighted merely give a flavour of the tremendous work carried out by the statutory, voluntary and community sectors in Wirral.

I would like to thank everyone who has contributed to making a positive difference to Public Health and to this report.

I hope you found this report both interesting and informative. For further information about health statistics in Wirral, visit www.wirral.nhs.uk and click on the link entitled ‘Joint Strategic Needs Assessment’.

For information about Wirral’s Community Programme (a range of free health and wellbeing activities designed to help local residents become more active and lead healthier lifestyles) visit www.wirral.nhs.uk/yourhealth/healthandwellbeing



If you would like a copy in another format, such as braille, large print, audio cassette or CD, or in another language, please telephone us on: 0800 085 1547 or email: haveyoursay@wirral.nhs.uk

الترجمة متوفرة عند الطلب.	(Arabic)
অনুরোধ জানালে অনুবাদ পাওয়া যাবে	(Bengali)
如有需要，我們可提供中文譯本。	(Chinese)
अनुरोध करने पर अनुवाद मिल सकता है।	(Hindi)
درخواست کرنے پر ترجمہ فراہم کیا جائے گا۔	(Urdu)
Baûn vaên phieân dòch luôn coù saün khi coù söi yeâu caàu.	(Vietnamese)

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PRESENT: Councillor Andrew Dawson (Chairman)

Councillors Paul Dolan, Louise Gittins, Charles Fifield,
Gordon Baxendale, Gill Boston, Carolyn Andrew,
Brian Silvester, Jacquie Weatherill, Wendy Clements,
Patricia Glasman, Cherry Povall and Bob Wilkins (Reserve)

Apologies for absence were received from Councillors Keith Butcher, Ann Bridson,
Tony Smith and John Salter

Reserve Member: Councillors Bob Wilkins

Officers in attendance:	Ros Francke	– CWP Director of Finance NHS Foundation Trust
	Avril Devaney	– Director Of Nursing, Therapies and Patient Partnership
	David Jones	– Scrutiny Team
	Deborah Ridgeley	– Democratic Services Officer

14 DECLARATIONS OF INTEREST

Members did not declare any personal or prejudicial interests.

15 MINUTES

Members were informed that references to Councillor Gill Bidston was recorded in error and should read Councillor Gill Boston.

DECIDED: That

subject to the above amendment, the minutes be confirmed as a correct record

16 CHIEF EXECUTIVE OFFICER'S REPORT

Ros Francke, Director of Finance, CWP Trust, presented the Chief Executive's Report on behalf of Sheena Cumiskey, Chief Executive, who was unable to attend. Work with regard to integrating community care within Western Cheshire was progressing well. The post transaction plan had been completed, and the focus had now turned to residents to ensure they did not suffer from changes in service provider. Work was also underway on achieving the expected level of savings, which required the engagement of all GP's in the Trust's area along with health care providers such as the Countess of Chester Hospital.

An overview was provided of the services currently being tendered, under the 'Talking Changes' umbrella. The transfer and transition of services that were no longer being delivered was being planned, which would involve TUPE arrangements for staff, who had been kept fully informed of the changes.

Members were informed of two “spot checks” that had taken place by the Care Quality Commission in the last three weeks, of the Learning Disabilities Inpatient Services Unit, which were the first visits following the Winterbourne View Unit in Bristol incidents. No formal feedback had yet been received, but the Joint Committee would be informed as soon as the information was available.

Members welcomed the report, and additional information provided.

DECIDED: That

the report be noted.

17 CHESHIRE AND WIRRAL PARTNERSHIP FOUNDATION NHS TRUST - ANNUAL REPORT AND SUMMARY ANNUAL PLAN

Ros Francke, Director of Finance, provided Members with an overview of the Annual Report and Summary Annual Plan, which had been made available for Members to view online. The document had been produced on a disc, had an interactive element to it; and had been nominated for a communications award.

The Annual Report covered three key sections; Quality Accounts; Financial Accounts and a Narrative section which covered the Directors' Reports.

Work was still on-going on Specialist Services, in particular the Eating Disorder Service, as there was still a gap between demand and supply and working with a nationally re-knowned clinician it was hoped this service would be developed.

Reference was made to the staff survey recently undertaken, which targeted a specific group. Using this information as a benchmark, it was hoped to see an improvement in performance next year. The next staff survey would cover all employees, and managers were confident staff would find the CWP a good place to work.

The membership of the Foundation Trust currently stood at 1,500 members, which was described as a good engagement at different levels. The CWP had received a Financial Risk rating of 4, where 1 was poor and 5 was best. The Governance Rating was arranged in a traffic light formation, ranging from red to green. The CWP had received a Green rating, which meant they were performing reasonably well.

Ros Francke set out the 10 key priorities in the Annual Plan, which had been referred to at the training for Members in August 2011. These covered specific projects undertaken and completed and those on-going; the skills needed by staff; enhancement of data quality; incentives for good performance and assistance with regard to the move to payment by results.

The capital investment programme for the next five years was outlined, including expected expenditure on inpatient care.

Plans in progress included the likely areas of consultation, one example being Future Inpatient Service Configuration, which the Chairman suggested could be the subject of a report back to the Joint Committee at its meeting in January 2012.

Also suggested as a future agenda item was the 7 day follow up post discharge benchmark, which recently slipped from 95% to 92%, and was listed amongst the Areas for Improvement, along with access to physical health care for those with a mental illness/physical disability.

There then followed an opportunity for Members to ask questions about the Report and Plan, which included:-

- Had the CWP considered tendering for more services than they currently do?
- Is there a contingency plan if services were lost through tendering?
- An overview of stretch targets would be welcomed
- How the quarterly reports are reported to the Joint Committee – could be a discussion before the next meeting, for Chairman, Deputy Chairman and Spokesperson.
- Further information on mandatory, voluntary and other targets.

Members welcomed the presentation and the opportunity to ask direct questions.

DECIDED: that

- 1 the presentation be noted and welcomed;
- 2 two items from the presentation be considered at the next meeting of the Joint Committee:- Future Inpatient Service Configuration and the 7 day follow up post discharge benchmark.

18 TASK GROUPS - UPDATE

Members were reminded of the three Task Groups established at the last meeting of the Joint Committee. A Clinical Adviser had been assigned to each Group. The first meeting would consist of discussion of the proposed scoping document and a master class in the specific area, to which all Members of this Committee would be invited to attend.

It was expected that the Task Groups would need to provide an update report back to the Joint Committee in January 2012, with a final report in April 2012. Members were requested to be as flexible as possible with their availability to permit this.

DECIDED: That

- 1 the update be noted
- 2 Members confirm their availability for the task groups as soon as possible; and
- 3 attendance at the first meeting and master class be open to all Members of the Joint Committee.

19 TRAINING SESSIONS - FEEDBACK

Members were referred to the two training sessions held on 22 and 24 August 2011, which involved an overview of the responsibilities of the Trust and provided examples of pathways through the various services.

Members welcomed the sessions, which the Chairman described as the best he had attended, and the Deputy Chairman thanked the officers concerned for the training. Further sessions would be arranged for those who were unable to attend.

DECIDED: That

the feedback be noted.

20 FUTURE SCRUTINY ROLE OF CHESHIRE AND WIRRAL JOINT SCRUTINY COMMITTEE

The Joint Committee discussed a report setting out issues around the future scrutiny role of the Cheshire and Wirral Joint Scrutiny Committee. The current terms of reference were described as being quite specific but possibly too simplistic in the current climate.

The Chairman reminded Members that the Committee had not had the continuity of Chairmen as this alternated on an annual basis. The future shape of the NHS was also discussed, and whilst changes were expected within the next three months, the footprint of the services involved in this area were expected to remain the same.

The questions considered by the Joint Committee included:-

- Do the current terms of reference, procedures and protocols reflect the current and future responsibilities of the CWP?
- Is the Joint Committee too large?
- Should the Chairmanship rotate every two years?
- What should the Committee's work plan concentrate on? Need to define which aspects are appropriate for the Joint Scrutiny Committee and which would be for individual Health and Wellbeing Committees
- Should health pathways be scrutinised rather than just services?
- How does the Committee address links with the new public health function and Health and Wellbeing Boards?
- How far does the Committee look beyond just health and include social care?

The CWP reported that only 44% of mental health care services within the three local authorities were provided by them and further investigations would be undertaken by the CWP with regard to who provided the remaining 56%.

The need to avoid duplication was then discussed, as was the fact that some services were provided by the CWP to specific areas only,

DECIDED: That

the Chairman, Deputy Chairman and Spokesperson meet with officers to discuss the issues raised, and a report be considered at the next meeting of the Joint Committee, with a view to developing a work plan.

21 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT.

There were no items of urgent business.

Chairman

Date

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