



Health and Well Being Overview and Scrutiny Committee

Date:	Monday, 5 November 2012
Time:	6.00 pm
Venue:	Council Chamber, Wallasey Town Hall

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AGENDA

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

Members of the Committee are asked to declare any disclosable pecuniary and non pecuniary interests, in connection with any application on the agenda and state the nature of the interest.

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 - 12)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 10 September 2012.

3. CONSIDERATION OF FINDINGS - WHAT REALLY MATTERS CONSULTATION

Report to follow

4. DELIVERING THE CORPORATE PLAN: 2012/13 SECOND QUARTER PERFORMANCE AND FINANCIAL REVIEW (Pages 13 - 24)

5. WELFARE REFORM (Pages 25 - 40)

6. TRANSFORMATION OF DAY SERVICES - OSC SUB GROUP REPORT

To receive a Verbal Update Report

7. PROGRESS REPORT OF ACTIONS TAKEN TO IMPLEMENT OUTSTANDING RECOMMENDATIONS IN RELATION TO DASS: PERSONAL BUDGETS (Pages 41 - 50)

8. TACKLING THE LIFE EXPECTANCY GAP (Pages 51 - 64)

9. FORWARD PLAN

The Forward Plan for the period September to December 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.

10. WORK PROGRAMME

The Committee was requested to consider what issues should form the basis of its work programme for the ensuing municipal year.

11. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 10 September 2012

Present: Councillor S Mountney (Chair)

Councillors M McLaughlin
C Povall
M Hornby
C Jones
A Leech
T Norbury
D Roberts
A Brighthouse

Co-optees: S Lowe (Service users under OPP age group)
B Donaldson (Carers)
D Hill (Links)
T. Sullivan (Deputising for representative Older Peoples Parliament)
A. Mantgani (Accountable Officer (Designate) NHS Wirral CCG)
D. Allison (Chief Executive, Wirral University Teaching Hospital)

Apologies S. Saagar (BME)
S Wall (OPP)
G. Hodkinson (DASS)
P. Jennings (CCG)

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

Members of the Committee were asked to declare any disclosable pecuniary or non pecuniary interests, in connection with any item(s) on the agenda and state the nature of the interest.

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

Councillor Jones declared a prejudicial interest in the item, 'Cheshire and Wirral Partnership NHS Foundation Trust – Community Mental Health Service Redesignation' by virtue of her employment with the Cheshire and Wirral Partnership NHS Trust and involvement in the MARS offer, Councillor Jones left the room whilst the matter was considered (see minute 16).

Councillor Hornby declared a personal interest in the all agenda items by virtue of his appointment as a trustee/Director of the Voluntary and Community Action Wirral (see minute 16).

12 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee meeting held on 18 June 2012.

Responding to comments on the minutes concerning attendees, it was agreed that future records referred to attendees by surname not first name.

Also Councillor Brighthouse's designation be amended to 'Councillor' not Co-optee as stated and Mr D Allison, Chief Executive Wirral University Teaching Hospital be added to the list of attendees.

Resolved – That the minutes of the meeting of 18 June, 2012 be approved as a correct record, subject to the amendments referred to above.

13 **CHAIR'S ANNOUNCEMENT**

The Chair indicated that he would be bringing Items 9 – Vascular Services in Cheshire and Merseyside, 8 – Cancer Services in Cheshire and Merseyside and 10 – Cheshire and Wirral Partnership NHS Foundation Trust – Community Mental Health Service Redesignation, first to the agenda (Minute Nos. 14,15,16 refers)

14 **VASCULAR SERVICES IN CHESHIRE AND MERSEYSIDE**

Martin McEwan, Director of Communications & Engagement, NHS Cheshire, Warrington and Wirral provided a written report updating on Vascular Services in Cheshire and Merseyside.

The report indicated that the Boards of both NHS Merseyside and NHS Cheshire Warrington and Wirral had approved the final decisions on the Vascular Services Review.

The Boards each agreed the following decisions:

- that there should be 2 Arterial Centres for Cheshire and Merseyside
- that the North Merseyside centre should be based at the Royal Liverpool Hospital
- that the South Merseyside centre should be based at the Countess of Chester Hospital
- that for those patients in mid-Mersey who would previously have been referred initially into Whiston Hospital, there would be options to be referred to either centre.

The report indicated that the North Mersey network would be implemented from 3 September at the Royal Liverpool University Hospital NHS Foundation Trust. The South Mersey network was preparing for implementation on 1 April 2013, with the arterial centre based at the Countess of Chester Hospital NHS Foundation Trust. In

this context a copy of a recent letter from the Chief Executive of Wirral Hospital Trust detailing progress on local discussions was attached for information at Appendix A.

The report further indicated that the Joint Overview and Scrutiny Committee of Warrington, Halton & St Helens, and also Wirral Council intended to refer the decision relating to the location of the South Mersey network to the Secretary of State for Health; should a referral take place, the Secretary of State had the power to decide whether to accept the decision or require it to be reconsidered. It was possible that the Secretary of State may refer such a decision to an Independent Reconfiguration Panel for review, and for their advice on his decision.

Copies of the letter from the Chief Executive of Wirral Hospital Trust; Equality and the burden of vascular disease across the Cheshire Clinical Network (in place of Equality Impact Toolkit); and Addendum Equality and the burden of vascular disease across the Cheshire Clinical Network documents were appended to the report.

Mr David Allison, Chief Executive Wirral University Teaching Hospital indicated that he was working alongside Chief Executives, Managing Directors and Clinical Vascular Clinicians to balance the needs of patients and the need for improved services; providing better patient outcomes whilst maintaining the hospitals high level of patient care on the Wirral.

It was indicated that the original proposal would have meant all services being moved to Chester, this had now been revised meaning more services made available at Arrowe Park Hospital; a compromise greatly benefiting Wirral patients.

It was indicated that Chester Hospital would be responsible for both aneurysm and carotic surgical patients, with one of the sites to be identified to undertake the out of hours work. Responding to Members queries and indicated that arrangements in relation to staffing and the out of hours services was still on-and formed part of the consultation process.

In response to Members, it was indicated that the Board Members were aware of the strong opposition to the proposals but difficult decisions had to be made on behalf of the whole of Merseyside, which the Board acknowledge was not going to be thoroughly welcomed in Wirral and Warrington. Mr Allison indicated that there was no doubt that evidence was there that a better service could be provided through two arterial centres for Cheshire and Merseyside.

Resolved – That Mr M McEwan be thanked for his informative report.

15 **CANCER SERVICES IN CHESHIRE AND MERSEYSIDE**

Mr John Hayes Deputy Director of Clinical Networks Cheshire and Merseyside Networks and Mr Andrew Cannell, Chief Executive, Clatterbridge Cancer Centre provided a written report updating on Cancer Services in Cheshire and Merseyside

Prior to consideration of the report the Committee were presented with a short video in relation to the Cancer Centre.

The report provided information on the work that had been taken place in Cheshire and Merseyside to consider and bring forward proposals for the development of world class cancer services in Cheshire and Merseyside through the establishment of

a new Cancer Centre in Liverpool in conjunction with The Clatterbridge Cancer Centre NHS Foundation Trust, while retaining many services at Clatterbridge to ensure local access, and the further development of services across the area.

The report also sought to support the wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

Mr Hayes indicated that level of clinical consensus and the support of the patient groups was very strong, with the groups understanding that services needed to be improved to avoid falling behind other centres around the country.

In response to Members comments in relation to the need improve to preventative care. Mr Hayes indicated that the whole of society needed to embrace preventive measures to enable them to prevent some cancers.

Dr Abi Mantgani, Accountable Officer (Designate) NHS Wirral CCG indicated that there was a perception that the Wirral had poor outcomes in relation to cancer and vascular diagnosis however he urged Members not to be alarmed as a lot of amazing work had been undertaken to challenge the equalities, information on which could be reported to a future meeting of the Committee.

In response to members concerns, Mr Cannell reassured Members that the high level of standards would be carried through to the new centre encompassing the ethos of Clatterbridge.

Resolved – That Mr J Hayes and Mr A Cannell be thanked for their informative report.

16 **CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - COMMUNITY MENTAL HEALTH SERVICE REDESIGNATION**

Ms Val McGee, Deputy Director of Operations – Cheshire and Wirral Partnership NHS Foundation Trust and colleagues provided a written report and gave a presentation updating on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Community Mental Health Service Redesign.

The report provided an outline of the forthcoming consultation on the proposed changes to trust-wide community mental health services provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Ms McGee indicated that the CWP were proposing to introduce the ‘Stepped Approach to Recovery’ (StAR). This model had emerged as the preferred model of service delivery following an assessment of a number of alternative models in use nationally, and consideration of the outcomes of the various stakeholder engagement and improvement events held earlier in 2012. The assessments and events identified that improvements were required in respect of access to services; enhancing the focus on recovery and making more effective use of staff resources.

Ms McGee indicated that the StAR model was firmly based on the concept of recovery, already adopted across CWP focused on enabling a person’s recovery as they progress through the pathway. If approved, the proposed changes would have a

significant impact on the way the community mental health service met the needs of service users in the future.

The model focused on:

- Recovery, health and well-being – to include new well-being centres and nurse-led clinics
- Community teams structured in line with a stepped approach to recovery care pathway: 'Access', 'Recovery', 'Review'
- Matching the staff skill required with the needs of our service users; and wherever possible by people working in multi-disciplinary teams around individuals and their families
- Local variation to meet local needs (rather than a rigid model, local areas can adapt the model to meet the needs of local people)
- Evidence based interventions – this includes psychosocial interventions, cognitive behavioural therapy, individual counselling and family work aimed to deliver positive outcomes and demonstrate value for money
- Care Programme Approach - this was the framework which supported individual care, promoting social inclusion and recovery

The report indicated that the proposed changes to trust-wide community mental health services would go through consultation with both the public (running for three months from September 10th to December 3rd 2012) and with affected Trust staff (for three months starting 3rd October 2012). The public consultation would seek feedback from service users, carers, our foundation trust membership and partner organisations. The outcomes of the consultations would inform decisions on the way forward and subsequent changes will be implemented from January 2013.

The review was part of the NHS efficiency saving requirements, of which the Trust had to achieve over £13m of savings over the next three years. The review of the community mental health service was part of the process, and was in keeping with CWP's earlier consultation where support was received for redesigning care pathways and new ways of working (for example nurse-led clinics) in the public consultation in 2010: "Developing high quality services through efficient design."

The scale of the proposed changes was such that the staff employed within the service would be reduced and new ways of working introduced. Measures would be taken to reduce the need for any compulsory staff redundancies. Ms McGee indicated that it was hoped that the reduction in staffing would be covered by voluntary redundancies and staff redesignated throughout the Trust. Discussions with affected staff would continue into December 2012.

The public consultation on the proposed changes would take several forms. This would include a paper based document and questionnaire, an on-line questionnaire, and a series of public meetings held locally. Invitations to these would be extended to anyone with an interest in the developments. The meetings would be hosted and attended by senior officers from the Trust who would present an overview of the proposed changes, and would answer any arising questions and queries.

The local meeting for Wirral would be held on Wednesday 7th November, 10.30am at The Lauries Centre, 142 Claughton Road, Birkenhead, Wirral CH41 6EY. The full consultation document would be circulated to committee Members on Monday 10th September.

In response to Members Ms McGee indicated that saving would be made by having less acutely ill patients, a reduction in staffing levels and changes made to the assessment process.

In relation to evidence, Ms McGee indicated that a lot of research had been undertaken and evidence gathered and integration work completed to support these proposals. It was hoped that the consultation would tease out where services were lacking.

Ms Chris Beyga, Head of Personal Support, Adult Social Services indicated that the Director of Adult Social Services would be responding on behalf of the Authority.

Dr Abi.Mantgani indicated that a lot of work had been undertaken in the past in relation to creating a single point of contact and improving access to services for patients. He indicated that he shared the Council's concerns regarding the lack of consultation but felt this was an issue to be discussed by the CCG and members of the Committee to agree a way forward.

In response to Members, Ms McGee indicated that in relation to day care services there were no plans to dispose of the service which was run by the Authority.

In relation to the Joint Scrutiny Committee with the CWP Ms McGee indicated that she was aware of the discussions regarding the continuation of the Committee however no issues had been resolved.

Resolved - That

- (1) the report regarding CWP's approach to the Community Mental Health Service Redesign public consultation commencing in September 2012 be noted ; and**
- (2) Ms Val McGee and colleagues be thanked for their informative report and presentation.**

17 BRIEFING NOTE - "CARING FOR OUR FUTURE," THE CARE AND SUPPORT WHITE PAPER, DRAFT CARE AND SUPPORT BILL AND PROGRESS REPORT ON FUNDING REFORM

The Director of Adult Social Services submitted a briefing note informing of the proposals for the future of adult social care as set out in the White Paper, Caring for our Future: reforming care and support; and to highlight any policy issues for the Council.

The paper indicated that on 11 July 2012 the Government published a series of documents on the future of adult social care. Most prominent were:

- The White Paper, Caring for our Future: reforming care and support - outlining its overarching vision for adult social care.
- A draft Care and Support Bill which legislates for measures in the vision, particularly responding to the Law Commission's call for streamlining social care

- Caring for our Future: progress report on funding reform – how the government intends to respond to the Dilnot Commission’s recommendations

Steve Rowley, Head of Finance and Performance, Department of Adult Social Services reported that it was intended to implement a number of the White Paper proposals including a consultation on safeguarding intervention powers and expressions of interest for residential direct payments during 2012. The legislative changes proposed in the draft Bill, however, would not be introduced to Parliament until April 2013 and would not be implemented till 2015.

Resolved – the briefing note be noted.

18 DELIVERING THE CORPORATE PLAN: 2012/13 FIRST QUARTER PERFORMANCE AND FINANCIAL REVIEW

The Director of Adult Social Services submitted a report detailing the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to June 2012 and provided an overview of performance, resource and risk monitoring.

The report also sought Members’ views on a proposal to establish a “Task and Finish” group to consider a broader range of indicators that would inform committee about the activity within the overall health and wellbeing system beyond those detailed within the report.

In response to Members concerns, Mr Steve Rowley, Head of Finance and Performance, Adult Social Services Department indicated that the department had seen an increase in demand and budgets had to be allocated in a certain way making it difficult to met specific targets set, but improvements were needed to be made.

Members indicated that during a visit to services on 5 September, they had enjoyed a visit to Best Bites and spoke to staff who had seemed happy in their employment; members asked how we faired as an employer and also how many employees we had with learning difficulties working for the Council. In response Chris Beyga – Head of Personal Support indicated that at present there were not a high percentage of employees with learning difficulties but it was something that Council was addressing to redress the balance.

Mr Rowley concluded by answering questions in relation to the report, performance indicators and carers assessments.

Resolved – That

- (1) **the report in relation to the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to June 2012 be noted; and**
- (2) **the Director of Adult Social Services be requested to establish a “Task and Finish “ group consisting of Councillors Brighouse, Mountney and**

McLaughlin; Mr Brian Donaldson representing the Carers Association and relevant officers from the Adult Social Services Department to agree the most appropriate form and content of performance reports that should be considered by the Committee.

19 UPDATE - AKA - IMPLEMENTATION OF RECOMMENDATIONS

The Director of Adult Social Services submitted a report informing of the completion by the Department of Adult Social Services of various recommendations made by Anna Klonowski Associates (AKA).

The report indicated that it was approved, under delegated authority, by the Leader of the Council on 16 July 2012 and had been subject to the relevant call in period and was now presented to Committee for information.

The report considered only those issues identified by AKA as the responsibility of the Department of Adult Social Services; other recommendations would form part of the overall corporate involvement planning process.

The AKA Report described in detail a number of serious and long running failures on the part of the Council that resulted in detriment to vulnerable service users. The department, as part of its improvement planning, was working to ensure the underlying causes and culture that led to those failures occurring are being addressed.

A copy of the delegated decision by Leader/Cabinet Portfolio holder in relation to the AKA implementation of recommendations was appended to the report.

In response to Members queries in relation to Member training being offered specific to safeguarding adults, Ms C McKenna, Head of Safeguarding Adults and Children indicated that she had attended the Members Training Sub-Group and agreed to introduce a programme to assist new Members and existing Members.

Resolved –

- (1) That the recommendations agreed by the Leader of the Council regarding the AKA report be noted; and**
- (2) the Director of Adult Social Services and the Head of Safeguarding Adults and Children and their staff be congratulated and thanked for all their hard work in relation to the improvements made within the Department.**

20 ADULT SOCIAL SERVICES - SAFEGUARDING PEER CHALLENGE AND ADULT SOCIAL CARE PEER REVIEW

The Director of Adult Social Services submitted a report informing of the Safeguarding Peer Challenge that was undertaken in May 2012 and the Peer Review conducted in June 2012 on wider aspects of Adult Social Care.

Wirral's Department of Adult Social Services (DASS) requested a Peer Challenge to ascertain progress in safeguarding adults since the Care Quality Commission (CQC) inspection in May 2010 found its performance in relation to safeguarding to be poor with uncertain capacity for improvement. A further Peer Review of adult social care took place in June 2012 which considered the wider work of DASS and its partners.

The Safeguarding Peer Challenge and wider Peer Review were conducted by the Local Government Association (LGA) with support and involvement from Association of Directors of Adults Social Services (ADASS). The report sought to inform on key areas highlighted within each of the reports. Both reports would be available on the Council's internet site.

Resolved – That

- (1) the progress being made in Safeguarding and the outcome of the peer review of adult social care be noted;**
- (2) the actions proposed for Members service training programme be approved; and**
- (3) a further report regarding the outcome of the presentation to the Towards Excellence in Adult Social Care Board be submitted to a future meeting of the Committee.**

21 BRIEFING UPDATE FROM CLINICAL COMMISSIONING GROUPS

Dr Abhi Mantgani, Accountable Officer (Designate) NHS Wirral CCG gave an update on the latest position with regard to the commissioning of services.

In relation to the authorisation, Wirral CCG was part of phase 4 of the national process conducted by the National Commissioning Board. Dr Mantgani indicated that the CCG were collating evidence for submission and this included a 360 degree feedback survey from all stakeholders and was being conducted by IPSOS / MORI. There were planned consultation events including a follow up to the last event in April, in addition consultation was taking place through patient councils, and arrangements were being made for a joint event with Age UK, etc.

In relation to the governing body it had been meeting in public for past two months and the CCG had now appointed two lay members following an open recruitment process; Mr James Kay with Audit responsibility and Mr Simon Wagener as patient champion. The CCG were currently in process of recruiting external clinical appointments consisting of a Consultant and Nurse Governing Body members.

Dr Mantgani indicated that in relation to the Clinical Strategy Group / QIPP Groups clinical leads had been identified in ten areas to revive the QIPP groups and continue the service redesign work in partnership with all stakeholders and providers.

Further to brief report at the last meeting, the CCG was working with Primary Care Directorate and the Cluster PCT in a range of schemes to improve infrastructure, make strategic investments in services and to improve patient centred services.

- Improvements to general practice premises to meet CQC and Infection Control requirements, patient facilities
- Investment in dental, optician and pharmacy premises including Defibrillators / Resuscitation equipment in all facilities
- Medical equipment to improve standards and meet NICE guidance.
- Upgrading of IT infra structure in primary care.
- Improving patient interface and communication – through patient Kiosks and TV's in waiting rooms.
- Investment in WUTH and Wirral CT to integrate urgent care services.
- Investment to start new services at St Catherine's Hospital.
- Investment to improve Alcohol services – shared care through GP, increase number of key workers, increase capacity to spot purchase detoxification places and scheme to manage through an MDT approach patients with alcohol problem frequently admitted to hospital.
- Dementia - shared care scheme to discharge stable patients to GP care, increase capacity to see new patients, appointment of nurse practitioners to follow up patients admitted with memory problems, implement IT diagnostic tools – Cantabmobile (developed by Cambridge University).
- Investing in Social Care Fund through CCG divisions.
- Improving Cancer / End of life care in general practice and Nursing Homes through training and achievement of Charter Standards (in partnership with DASS)

Dr Abhi Mantgani answered questions on the report

Resolved – That Dr Mantgani be thanked for his update presentation.

22 WIRRAL UNIVERSITY TEACHING HOSPITAL UPDATE

In response to previous requests from Members, Mr D.Allison, Chief Executive, Wirral University Teaching Hospital presented a report in relation to the waiting times of ambulant patients and disabled toilet facilities at the hospital.

Mr Allison indicated that it was vital that ambulances were not excessively delayed at hospitals, as the sooner they were able to discharge patients into the hospital's care the better ambulance response times could be. The steps required were, ambulance arrival at hospital; paramedics to take the patient into initial assessment in the A&E department; clinical handover to take place and the patient transferred to the care of A&E staff; the ambulance crew then clean/prepare the ambulance for the next patient, take any breaks/visits to the toilet and when ready, radio in for another assignment

Ambulance waiting times were often expressed as the time from 1 to 4 as this was the most straightforward data to measure. On this basis in the first quarter of the year WUTH had an average turnaround of 28.2 minutes – a slight improvement on last year's average. For quarter one, within the North West, 17 hospitals had a better turnaround time than WUTH, while 15 had a worst performance. However, it was very important to note that hospitals can only influence steps 1 to 3 – the time it took for ambulances to declare themselves ready within step 4 is outside of the hospital's control.

Mr Allison indicated that he had met with the North West Ambulance service to discuss turnaround times for July, who confirmed that the hospitals average turnaround time for steps 1 to 3 was 14.7 minutes against a national target of 15 minutes. At the request of the hospital, data was to be produced on a monthly basis and to ensure that appropriate steps were taken to ensure that the national target is delivered and ambulances were not delayed by our A&E department.

In relation to disabled toilet facilities, Mr Allison indicated that the Trust took its responsibility to provide suitable facilities for staff, patients and visitors who have disabilities very seriously. The Trust had a Disabled Access Champion who had undergone formal training and qualification in assessing and providing accessible environments.

All new capital developments and refurbishments of existing facilities at both hospital sites were reviewed at design stage by the Disabled Access Champion to ensure full compliance with all relevant legislation, NHS guidance and good practice. For the more major capital schemes, such as those being undertaken as part of our Site Strategy, it was the responsibility of the appointed architect to ensure the design was compliant with legislation.

Arrowe Park Hospital had four accessible toilets located in the main building; ground floor at the entrance to main Outpatient Department near main entrance; the main building, ground floor - Emergency Department adjacent to Majors area; ground floor opposite Clinical Skills Centre and in the Womens & Childrens building, ground floor, off the main entrance waiting area. Clatterbridge Hospital had one accessible toilet located in the main entrance waiting area. In relation to the specific issue of accessible toilet facilities for visitors and the public, following a recent review, one additional accessible toilet had been provided on the Arrowe Park Hospital site, opened July 2012, which brought the total number of accessible toilets for visitors to five across the two sites as indicated.

Resolved - That Mr Allison be thanked for his update in response to Members queries.

23 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.

24 WORK PROGRAMME

The Committee was requested to consider what issues should form the basis of its work programme for the ensuing municipal year.

Members indicated that they would like the following items be looked at:

- Cancer Services - Look at the health and inequalities gap

- Domestic Violence (incomplete from previous work programme)
- Budget Forecast (Task Group to be set up)
- Transformation of Day Services (Councillor Povall to summarise this)
- End of Life Care (Request for report)
- Medicine Management in Hospital Trusts (To be submitted to a future meeting)
- Dementia – Effects on services and carers (Request for report)

In relation to dementia care Dr Abi Mantgani indicated that he would submit a report to a future meeting on what work was being carried out by the CCG at a future meeting of the Committee.

In relation to the relationship between the Health and Well Being Board and Health and Well Being Overview and Scrutiny Committee, Ms Fiona Johnstone, Director of Policy and Performance and Public Health indicated that work needed to tease out our joint relationship.

RESOLVED:

That the above items be added to the current Work Programme.

25 **BUDGET CONSULTATION - SCRUTINY WORKSHOPS**

Lucy Barrow, Corporate Performance Manager , gave the Committee a presentation that outlined details of the budget consultation – Consultation and Engagement to inform improvements, budgets and plans. The budget consultation was intended to engage the public, staff and stakeholders in developing a 3 Year Corporate Plan and a 3 Year Financial Plan. The presentation outlined key milestones, the questionnaire, Scrutiny Workshops and the key points in the budget consultation. The workshop for the health and Well Being Overview and Scrutiny Committee would be held on 19 September, 2012.

Resolved – That the presentation be noted.

5 NOVEMBER 2012

SUBJECT:	Delivering the Corporate Plan: 2012/13 Second Quarter Performance and Financial Review
WARD/S AFFECTED:	All
REPORT OF:	Director of Adult Social Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Chris Jones

1.0 EXECUTIVE SUMMARY

1.1 This report sets out performance in relation to the Adult Social Services 2012/13 Departmental Plan for the period April to September 2012.

1.2 In addition the “Task and Finish” group has been established to consider a broader range of indicators that would inform committee about the activity within the overall health and wellbeing system beyond those detailed in this report.

2.0 BACKGROUND AND KEY ISSUES

2.1 The Adult Social Services 2012/13 Departmental Plan was developed from local priorities identified in the Corporate Plan, the Department’s improvement programme and the Department of Health’s 2012/13 Adult Social Care Outcomes Framework (ASCOF).

2.2 The ASCOF is a set of outcome measures which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care.

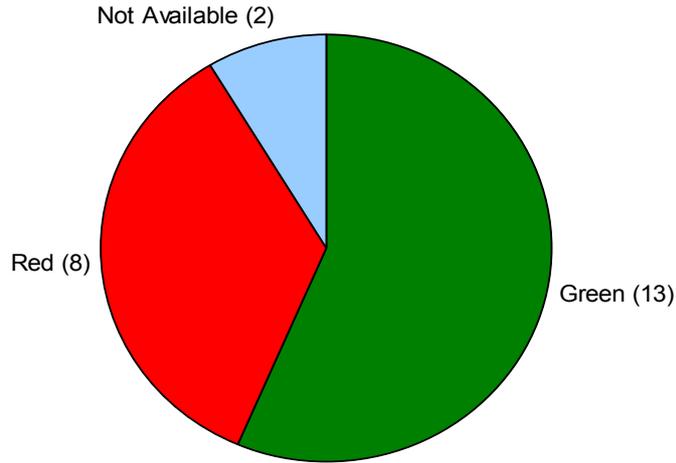
- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, one of the key uses is for benchmarking and comparison between areas.

2.3 PERFORMANCE INDICATOR ASSESSMENT

There are 27 performance indicators in the Adult Social Services Departmental Plan. Of these, 17 are specifically identified in the ASCOF and the Department has added a further 10 indicators. Nine of the 27 indicators are calculated annually from information obtained through the Adult Social Care and Carers surveys (eight of the 9 are specified in the ASCOF). The most recent results from the Adult Social Care survey are reflected in this report. The results of the Carers survey are currently, however, being analysed and the data for the 4 indicators in this category will be available for Quarter 3, it is anticipated that the year end targets will be met for these indicators. The Quarter 2 performance for the remaining 23 indicators is shown overleaf and further detail is provided in Appendix 1.

2.3.1 It should be noted that at an operational and branch level significant work is undertaken to make best use of this management information through “Performance Surgeries”. These meetings consider in detail the underlying issues that have affected performance and put in place action to rectify indicators that are not on target.

Quarter 2 Performance Indicator Summary



Performing well

13 of the 23 Performance Indicators (57%) are currently performing well (green), and 16 (70%) are forecast to achieve their targets by year end.

Performing adequately

No indicators are currently performing adequately within 5% of the target (amber), although 7 (30%) are currently projected to narrowly miss their targets by year end.

Performing Poorly

8 (35%) are currently performing below the target (red) with all but 1 expected to improve by the year end.

Not Available

Performance information for 2 indicators (9%) was not available at quarter 2 but will be available for reporting at quarter 3. Further details are provided in the table below.

Information not available at quarter 2 for the following Indicators:

Title	Reason information not available	2012/13 Year End Target
Percentage of young adults transition plans are put in place	Discussions are being held on this new indicator, and full performance information will be reported on at Quarter 3.	100%
Percentage of people discharged from hospital into reablement/rehabilitation in 2012/13 are still at home after 91 days	The information used to calculate this indicator is reliant on returns from the two intermediate care providers. The Quarter 2 data is currently being queried with the providers and will be reported at Quarter 3.	96%

2.4 PERFORMANCE HEADLINES

2.4.1 Performance Issues – Indicators

The following targets have been assessed as **red** (missed the quarter two target by more than 10%).

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of carers receiving a needs assessment or review	47%	16.3%	47%	Fair
<p>Performance Analysis – Performance has improved from Quarter 1 by 3.5% but the level of improvement remains below the levels required to meet the year end target.</p> <p>Corrective Action - Improvement in the recording of reviews of carers to ensure that existing, as well as newly established services are re-stated in reviews will count towards the achievement of this target. Guidance is being developed in order to achieve this improvement.</p>				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of people with mental health issues known to the Department in 2012/13 in paid employment	5%	4.1%	5%	Good
<p>Performance Analysis – The percentage of people with mental health issues known to the department in paid employment has missed the Quarter 2 target by 0.9%. This NHS-derived figure only counts those people who have mental health issues who are subject to a Care Programme Approach (complex needs) and does not include those people known to 'Working Life' to be in paid employment. The low figure also in part reflects the national employment situation.</p> <p>Corrective Action - Discussions with NHS Wirral, Cheshire and Wirral Partnership Trust and Economic Regeneration are ongoing to address a number of issues associated with supporting people with mental health issues to obtain employment. A second element of the discussions will determine a more accurate method of recording and measuring this target to capture the employment status of adults in contact with secondary mental health services, irrespective of whether they are on the Care Programme Approach.</p>				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of people with a learning disability known to the Department in 2012/13 in settled accommodation	88%	76%	88%	Good
Performance Analysis – Reported performance is close to that targeted and achieved in the previous year. Through the ongoing focus on reviews in this sector it is expected that the year end target will be met.				
Corrective Action – Improvement is targeted through ongoing work to capture accommodation data consistently in annual reviews, as part of a wider push on the completion of reviews.				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Proportion of people admitted into residential and nursing homes in 2012/13 (per 1,000 population)	1.5	2.06	1.5	Fair
Performance Analysis – Performance for the same period in 2011/12 was 2.02 which is comparable to the Quarter 2 actual for 2012/13. Performance against this indicator has fallen since Quarter 1 by 0.53.				
Corrective Action – A review of commissioning arrangements is currently underway in relation to domiciliary care and reablement provision with a view to enhancing available capacity to reduce the need for admissions to residential and nursing homes.				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Proportion of people who are recorded as 'delayed transfers of care' from hospital per 100,000 people	1.5	1.76	1.5	Fair
<p>Performance Analysis - The rate of delayed transfers of care per 100,000 population has fallen by 0.04 when compared with Quarter 1 and by 0.44 when compared to year end 2011/12. It has missed the Quarter 2 target by 0.26. The target of 1.5 equates to an average of 4 delays per month.</p>				
<p>Corrective Action - The national method of calculation of this indicator has changed to produce the outcome for a rolling year. Under the new calculation performance is in line with Q2 for the previous year. However, there will be a continued focus on reducing delays.</p>				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of Social Care clients who are Self Directing their own support.	90%	77.9%	90%	Fair
<p>Performance Analysis – Although performance has improved by 6.8% since Quarter 1 2012/13, the Quarter 2 target has been missed by 12.1%. Current performance is 11.2% higher than the 2011/12 year end position.</p>				
<p>Corrective Action – Work is ongoing to audit each service area to identify what further action may be taken to increase the percentage of people receiving self-directed support.</p>				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of assessments undertaken within 28 days	100%	84.3%	100%	Fair
<p>Performance Analysis – The percentage of social care clients receiving an assessment within 28 days has improved from 83.55% at the end of 2011/12. Quarter 2 performance remains at a comparable level to Quarter 1.</p>				
<p>Corrective Action – Ongoing focus via Locality Performance Surgeries to highlight the timescales of completed assessments to drive improvement against the year end target.</p>				

Title	2012/13 Quarter 2		2012/13 Year End	
	Target	Actual	Target	Likelihood of meeting target
Percentage of Personal budgets that are Direct Payments	40%	7.2%	40%	Poor
<p>Performance Analysis – This is a new performance indicator for 2012/13 so there is no data available for comparison purposes. Current performance is significantly under target. Whilst the percentage of people self directing their own support is high (77.9%) the majority of people still opt for a Council commissioned service.</p> <p>Corrective Action – Improvement against this indicator is anticipated via ongoing promotion of direct payments as an alternative to traditionally commissioned services.</p>				

2.5 RESOURCE IMPLICATIONS

2.5.1 **Revenue Budget** – The financial monitoring statement as at September 2012 is shown in Appendix 2; significant pressures of £10.2 million have been identified by the Adult Social Services Department. This includes:

- Underlying care and demand pressures totalling £8.8 million,
- A further £1 million of pressures relating to the loss of health income and
- £0.4 million vacancy control pressures.

The outcome of consultation with care home providers in respect of fee rates for 2012/13 was reported to Cabinet on 18 October 2012 and a follow up report will be presented on 29 November 2012. This could add further to existing pressures.

2.5.2 **Capital Budget** - The capital monitoring statement as at September 2012 is shown in Appendix 3. The Capital Programme includes funding for the reform of Day Services. The analysis of the Day Services Consultation exercise is complete and the outcome and further options will be reported shortly. A further capital scheme relates to development of an Integrated IT system (£1.5m). This project will be delivered as part of the Efficiency and Improvement review of the Department.

3.0 RELEVANT RISKS

3.1 Safeguarding adults remains a key focus for the Department and is a clear priority within the Council's Improvement Plan. The Adult Safeguarding Peer Challenge has highlighted a number of areas for development, which are currently being considered by the Department and will be addressed with appropriate actions overseen by the Safeguarding Adults Partnership Board.

3.2 The demand pressures from an ageing population requiring greater levels of support and more complex needs having to be managed continues to present one of the Council's greatest challenges. Added to this is the need to deliver greater levels of personalisation and choice to individuals requiring support.

4.0 OTHER OPTIONS CONSIDERED

4.1 Not applicable to this report.

5.0 CONSULTATION

5.1 There are no specific legal implications arising from this report.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 The plan sets out commitments and clear actions in relation to working with voluntary, community and faith sector organisations to improve outcomes for local people.

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

7.1 The financial implications are set out in the report. There are no other specific resource implications arising from this report.

8.0 LEGAL IMPLICATIONS

8.1 There are no specific legal implications arising from this report.

9.0 EQUALITIES IMPLICATIONS

9.1 A number of the activities and projects set out in the Adult Social Services Departmental Plan impact on health inequalities with a clear focus on ensuring that all of Wirral's diverse communities are equally able to access services.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no specific carbon reduction implications arising from this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 There are no specific planning and community safety implications arising from this report.

12.0 RECOMMENDATIONS

12.1 The Committee is requested to note the contents of this report.

13.0 REASONS FOR RECOMMENDATION/S

13.1 This report provides an update on progress in delivering the Adult Social Services Departmental Plan including performance of relevant indicators and associated financial and risk monitoring information.

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APPENDICES

Appendix 1 - DASS Performance Indicators as at 30 September 2012

Appendix 2 - DASS Financial Monitoring 2012/13 position as at 30 September 2012

Appendix 3 - DASS Capital Monitoring 2012/13 position as at 30 September 2012

REFERENCE MATERIAL

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Overview and Scrutiny Committee	10/09/12
	12/03/12
	08/11/11
	13/09/11
	20/06/11
	22/03/11
	18/01/11
Social Care, Health and Inclusion Overview and Scrutiny Committee	01/11/10
	09/09/10
	21/06/10
	25/03/10
	19/01/10
	10/11/09
	08/09/09

DASS PERFORMANCE INDICATORS AS AT 30 SEPTEMBER 2012

Title	Qtr 1 Actual	Qtr 2 Actual	Qtr 4 Target	Likelihood of meeting target
1. Percentage of people who report their services make them feel safe and secure	Annual Indicator	97.2%	93%	Good
2. Percentage of Safeguarding Alerts completed within 24 hours	95.5%	98.4%	100%	Good
3. Percentage of Safeguarding Referrals completed within 28 days	85%	83.6%	80%	Good
4. Percentage of scheduled reviews (inspections) for residential homes completed	Not yet available	46%	75%	Good
5. Percentage of young adult transition plans that are put in place 3 months before moving to Adult Social Care Services during 2012/13	Not yet available	Not yet available	100%	Fair
6. Percentage of people finding it 'fairly' or 'very' easy to find information about services	Annual Indicator	50.3%	55%	Good
7. Percentage of carers finding it 'fairly' or 'very' easy to find information about services	Annual Indicator	Annual Indicator	40%	Good
8. Percentage of people who report being included in arranging their care	Annual Indicator	60.5%	55%	Good
9. Percentage of carers who report being included in arranging care	Annual Indicator	Annual Indicator	55%	Good
10. Percentage of people who report being 'quite', 'extremely' or 'very' satisfied with their services	Annual Indicator	89.5%	93%	Good
11. Percentage of carers who report being 'quite', 'extremely' or 'very' satisfied with their services	Annual Indicator	Annual Indicator	58%	Good
12. Percentage of people feeling in control of their care services	Annual Indicator	85.7%	77%	Good
13. Percentage of Carers reporting 'alright' or 'better' quality of life as a result of services	Annual Indicator	Annual Indicator	90%	Good
14. Percentage of carers receiving a service	56.6%	59.1%	60%	Good
15. Percentage of carers receiving a needs assessment or review	12.8%	16.3%	47%	Fair
16. Percentage of people with a learning disability known to the Department in 2012/13 in paid employment	4%	7.4%	5%	Good
17. Percentage of people with mental health issues known to the Department in 2012/13 in paid employment	4.01%	4.1%	5%	Good

Title	Qtr 1 Actual	Qtr 2 Actual	Qtr 4 Target	Likelihood of meeting target
18. Percentage of people with a learning disability known to the Department in 2012/13 in settled accommodation	79%	76%	88%	Good
19. Percentage of people with mental health issues known to the Department in 2012/13 in settled accommodation	81.24%	81.5%	80%	Good
20. Proportion of people admitted into residential and nursing homes in 2012/13 (per 1,000 population)	1.53	2.06	1.5	Fair
21. Percentage of people discharged from hospital into reablement/rehabilitation in 2012/13 are still at home after 91 days	95.92%	Not yet available	96%	Good
22. Proportion of people who are recorded as 'delayed transfers of care' from hospital per 100,000 people	1.8	1.76	1.5	Fair
23. Percentage of all those who approach the Department for support in 2012/13 are self directing their support	71.1%	77.9%	90%	Fair
24. Proportion of people per 100,000 of the population that are supported to live at home	3,048	3,085	3,200	Good
25. Percentage of assessments undertaken within 28 days	84.3%	84.3%	100%	Fair
26. Percentage of support packages commenced within 28 days	93.8%	93.9%	93%	Good
27. Percentage of Personal Budgets that are Direct Payments	Not yet available	7.2%	40%	Fair

**ADULT SOCIAL SERVICES DEPARTMENT
FINANCIAL MONITORING 2012/13**
POSITION AS AT 30 SEPTEMBER 2012
SUMMARY

Policy Options	Savings Target	Agreed Budget	Changes Agreed	Changes Not Agreed
£000	£000	£000	£000	£000
500	2,567	66,660	0	10,200

Estimated financial pressures remain at £10.2m from an underlying overspend in 2011/12, additional staff turnover target (£0.4m) and reduced Health funding (£1.0m) in 2012/13 and further demand pressures on older people and learning disability budgets. Consultation with care home providers in respect of fee rates for 2012/13 is ongoing and the outcome will be reported to Cabinet once completed. This is likely to result in additional costs, which will add to the pressures already identified. The Director is presently reviewing the projections.

POLICY OPTIONS FOR 2012/13 ONLY – DELIVERY OF THE INVESTMENT

Details	£000	Comments / progress on implementation
Fernleigh	500	The investment allows for the continuation of mental health services at Fernleigh

SAVINGS TARGETS – ACHIEVEMENT OF THE SAVINGS

Details	£000	Comments / progress on implementation	RAGBY
Commissioning Of Services	1,600	The Department is currently reviewing how services are commissioned to deliver savings of £1.6m. An overarching commissioning strategy has been developed and was presented to 21 June Cabinet	R
Prevention Services	500	The Department is currently undertaking a review of all voluntary sector contracts and is seeking to re-commission this activity at a more efficient cost.	R
Employee Budgets 2%	400	This saving is in addition to the Department's existing staff turnover target of £496,100. The shortfall against the total target of £896,100 is estimated at £700,000.	R
Procurement	26	It is anticipated that this saving will be achieved	G
Austerity – Supplies	24	It is anticipated that this saving will be achieved	G
EVR Scheme	17	Saving have been achieved in full	G

CHANGES NOT AGREED – VOLATILE AREAS, PRESSURES AND MITIGATING ACTIONS

Details	£000	Comments / actions to address any issues
Community Care	6,550	Pressure from an underlying overspend, shortfall in re-provision budget allocation in 2011/12, anticipated increase in demand for services in 2012/13 and reduced income.
EVR / VS savings	1,350	Slippage against Corporate savings target due to retention of essential posts following 2011/12 EVR/VS.
Market Review Savings	1,600	Slippage against 2011/12 savings target due primarily to homes that have not accepted new rates.
Employee Budgets	700	Slippage against 2012/13 savings target (£0.4m) and shortfall against existing staff turnover target (£0.3m)

**ADULT SOCIAL SERVICES DEPARTMENT
CAPITAL MONITORING 2012/13**
POSITION AS AT 30 SEPTEMBER 2012
SUMMARY

Following approval in the Capital Programme of the business case in respect of the reform of Day Services, the analysis of the Day Services Consultation exercise is now complete. The outcome and further options will be reported to the Leader of the Council in July 2012. It is anticipated that this programme will begin in October 2012.

A Further Business Case also approved in December 2011 outlined the proposals for an Integrated IT system (£1.5m). This project was originally expected to be delivered as part of the Efficiency and Improvement review of DASS 2012/13; however it is now anticipated that implementation will be in 2013/14.

APPROVED PROGRAMME

Scheme	Approved Programme 2012-13	Approved Adjustments 2012/13	Total Approved Programme 2012/13	Actual to Date	Projected Outturn 2012-13	Approved Programme 2013-14	Approved Programme 2014-15
	£000	£000	£000	£000	£000	£000	£000
Transformation of Day Services	1,250	-	1,250	-	625	-	-
Integrated IT	1,500	-	1,500	55	100	-	-
Total Programme	2,750	-	2,750	55	725	-	-
Financing:							
Grants - Other	2,750	-	2,750	55	725	-	-
Total Resources	2,750	-	2,750	55	725	-	-

APPROVED BY COUNCIL / CABINET - DECISIONS TO VARY THE PROGRAMME

Date	Detail	£000
21 June 2012	Agreed the slippage from 2011/12 capital programme	2,015
	Total	2,015

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

5 NOVEMBER 2012

SUBJECT:	WELFARE REFORM
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON, DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR CHRISTINE JONES

1.0 EXECUTIVE SUMMARY

- 1.1 This report outlines the significant impact of the Welfare Reform Act 2012 which legislates for the biggest change to the welfare system for over 60 years.
- 1.2 The Act introduces a wide range of reforms contained within the Coalition Agreement to make the benefits and tax credits systems “fairer and simpler” by:
- creating the right incentives to get more people into work
 - protecting the most vulnerable in society
 - delivering fairness to those claiming benefit and to the taxpayer.
- 1.3 Members are asked to consider some of the implications for vulnerable local residents and also for health and social care services; and to agree what actions are required to respond to these.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Welfare Reform Act received Royal Assent in March 2012 and is now an Act of Parliament; the changes within the Act will impact significantly on the residents of Wirral and Council services.
- 2.2 The main elements of the Act as stated by the Government are:
- the introduction of Universal Credit to provide a single streamlined payment that will improve work incentives
 - a stronger approach to reducing fraud and error with tougher penalties for the most serious offences
 - a new claimant commitment showing clearly what is expected of claimants while giving protection to those with the greatest needs
 - reforms to Disability Living Allowance, through the introduction of the Personal Independence Payment to meet the needs of disabled people today
 - creating a fairer approach to Housing Benefit to bring stability to the market and improve incentives to work
 - driving out abuse of the Social Fund system by giving greater power to local authorities
 - reforming Employment and Support Allowance to make the benefit fairer and to ensure that help goes to those with the greatest need

- changes to support a new system of child support which puts the interest of the child first

2.3 Attached at Appendix 1 is a briefing report produced by the Director of Regeneration, Housing and Planning for the Executive team that considers the implementation of the welfare reforms and the impact on the Council. With regard to the responsibilities of the Health and Wellbeing Overview and Scrutiny Committee the main issues to highlight are:

- i) The impact on charging for services of both the reforms to the Disability Living Allowance, through the introduction of the Personal Independence Payment and the introduction of Universal Credit
- ii) The need to ensure that data sharing between DASS and the DWP is robust so as to safeguard vulnerable people's welfare
- iii) The transfer of responsibility for community care grants and crisis loans from the DWP to local authorities potentially offers DASS and CYPD both an extra source of funds for low level needs for vulnerable groups and potential extra responsibilities.

2.4. CURRENT ACTIVITY

In addition to the corporate work being undertaken to ensure a co-ordinated approach to welfare reform in Wirral, a number of key initiatives are being progressed by relevant departments. These could impact directly and indirectly on some of Wirral's most vulnerable residents, current activity includes:

- Housing implications: scrutiny work is underway to assess and respond to the impact of Welfare Reform on both private and social housing sectors and in particular, on under-occupancy in the social sector;
- Social Fund reform; Finance department is leading on the development of a new local welfare assistance scheme to offer support to individuals in urgent financial crisis from April 2013;
- Council Tax Reform: a public consultation is underway to help inform the design of a new policy;
- Development of community learning and training sessions to advise people of the changes and develop support with financial literacy, debt advice, access to credit unions
- officers are now responding to an increasing number of requests from local groups e.g. carers association, landlords; family support groups to provide more detailed briefings on the specific Benefits changes and the implications for their groups.

2.5. HEALTH AND WELLBEING IMPLICATIONS

Of particular relevance to the Health and Wellbeing Overview and Scrutiny Committee, is how financial assessments will be impacted by these changes and how we will be expected to conduct assessments under Universal Credit. Linked to this is the issue that if the Severe Disability Premium is abolished, as the Universal Credit proposals indicate, then there is a need to review the existing Fairer Charging Guidelines in order to address the potential significant loss of income to the Council.

In addition, consideration should be given to the potential impact of replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) – both in terms of a person's support needs as well as for local service charges and

future social care policy. The new PIP assessment is currently focusing on the 'functional impact' of a person's disability as the key driver of living costs, rather than a social care perspective.

- 2.6 Reports on Welfare Reform have been received by the Economic and Regeneration Overview and Scrutiny Committee and the Council Excellence Overview and Scrutiny Committee since March 2012. In order to keep residents abreast of developments the following weblink is regularly updated and provides some guidance on the changes and how they may affect individuals
<http://www.wirral.gov.uk/my-services/advice-and-benefits/benefits/housing-and-council-tax-benefits/welfare-and-benefit-reforms-latest-updates>

3.0 RELEVANT RISKS

- 3.1 The Council must give due regard to the potential impact of the changes in Welfare Reform so as to ensure that it is prepared and can respond appropriately to the needs of Wirral citizens.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 This report highlights the background to the emerging Welfare Reform policy; options for developing the necessary action to implement the policy will be considered over time.

5.0 CONSULTATION

- 5.1 This report deal with describing the potential impact of Government policy; consultation will be carried out as the policy is implemented.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 There may be implications as the policy is implemented.

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

- 7.1 None identified in this report

8.0 LEGAL IMPLICATIONS

- 8.1 None identified in this report

9.0 EQUALITIES IMPLICATIONS

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

(a) No – this is a key policy area that will impact on many members of the community, including those in protected groups. This report, however, is background information for members; the implementation of the policy will be subject to detailed equality impact assessments.

10.0 CARBON REDUCTION IMPLICATIONS

- 10.1 None

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 11.1 There are no planning implications arising directly from this report.

12.0 RECOMMENDATIONS

12.1 That the Overview and Scrutiny Committee notes the report; and

12.2 That further updates are brought back as specific social care policies are developed in response to the changes outlined earlier.

13.0 REASON FOR RECOMMENDATION/S

13.1 This report is brought to Committee to highlight the potential health and wellbeing implications of the Welfare Reform Act 2012.

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APPENDICES

Appendix 1 - Wirral Council Executive Team - 24 April 2012 - Welfare Reform Update

REFERENCE MATERIAL

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Wirral Council Executive Team 24 April 2012

Report of

Kevin Adderley, Director of Regeneration, Housing & Planning

Subject:

Welfare Reform Update

Summary

This report updates colleagues on the latest implementation of the Government's welfare reform agenda and its impact on the Council, our partners and local residents. It summarises the key changes, including potential new responsibilities for the Council, and highlights a number of issues that require further discussion.

Background

Following agreement by both Houses on the text of the Welfare Reform Act, it received Royal Assent on 8 March 2012. The Act is now an Act of Parliament (law). These changes will significantly impact on Wirral residents and Council services. There is a need to take a co-ordinated approach across the Council to consider the implications for a number of policies and services, particularly in terms of:

- Working strategically to make a comprehensive assessment of which service areas and client groups are likely to be most affected by welfare reforms; and
- Considering appropriate departmental & corporate policy and resource responses

To inform this, an internal working group have met, and colleagues have responded by supplying some very detailed and helpful information; a summary of emerging issues and implications is set out below.

1. New Local Welfare Assistance

- 1.1. The Welfare Reform Act will abolish Community Care Grants (CCGs) and Crisis Loans (CLs) for living expenses. Funding is to be made available instead to unitary and upper-tier local authorities in England to enable them to provide new locally-administered assistance to vulnerable groups. Final guidance is expected to be issued imminently to each LA outlining the level of resource to be allocated and how it can be administered. **The new arrangements are to be in place from April 2013.**
- 1.2. There will be no statutory duty on Local Authorities to reproduce the existing financial assistance schemes. The current budget of £178m will be devolved for the period of the Comprehensive Spending Review (CSR) – i.e. 2013/14 and 2014/15, and funds will not be ring fenced. Indicative analysis estimates that Wirral's allocation could be approx £1.5m.
- 1.3. DWP will carry out a review of each Local Authority in 2014 to assess spend and impact, and will be an opportunity to demonstrate the need for additional future resources post 2015.

- 1.4. DWP consultation with Local Authorities in 2011 indicates that the majority of Councils already provide some emergency provision, but rarely in the form of cash. The groups who were most likely to receive emergency support included:
- Families with children
 - Homeless people and rough sleepers
 - Vulnerable older people
- 1.5. Considerations for Wirral
Potential adverse impact, especially on vulnerable adults and families: due to the lack of other credit, families may have recourse to high cost credit providers
- Children and families experiencing crisis or requiring emergency provision may have no recourse to emergency funds and suffer severe hardship – there may be H&S issues for children as a result of lack of cooking or refrigeration equipment.
 - Impact on Council's S17 Child in Need budget – increase in requests to bridge the gap when benefits are not processed.
- 1.6. There are therefore a number of issues that the Council needs to consider, including:
- a) A need to review all internal discretionary welfare assistance schemes including Discretionary Housing Payments; financial support to families in hardship; food banks; local charitable support;
 - b) Consider whether these should all become one corporate scheme incorporating the new Local Assistance funds
 - c) Agree what kind of local assistance scheme Wirral wants to establish i.e. Purpose
 - What it will be used for
 - Whether it will offer grants or loans?
 - Who are the priority groups

Administration and Delivery

- Clear eligibility criteria and whether will there will any appeal process
- Where and how it will be delivered e.g. in-house? (if so by which department) or
- Whether it will be outsourced for delivery by a third party (if so, Council needs to consider procurement process and timescales)
- What systems and processes will be required to administer it
- How it fits with other external support e.g. credit unions; food banks; local charities assistance in emergency situations
- Possible cash provisions, with associated security of cash and staff; mechanisms to manage repeat applications and to recoup repayments.

2. Housing Benefit and Local Housing Allowance

2.1. Main Housing Benefit (HB) changes include:

- Local Housing Allowance Reform - all current LHA Reform – changes starting April 2011
- April 2011 – Introduction of legislation deferring changes for up to 9 months (Transitional Protection)

- Changes for Single Claimants under 35 - Shared Accommodation Rate – January 2012
- April 2012 – Data Sharing Regulation changes
- April 2012 – Government DHP grant increased, permitted total increased for 2012/13
- April 2013 Benefit Reform changes – Size restriction for RSL tenants, Total Benefit Cap, LHA rates to be based on CPI.
- April 2013 – Abolition of C' Tax Benefit, introduction of Localised Council Tax Rebate scheme
- April 2013 – Move to a Single Fraud Investigation Service (phase one)
- April 2013 – Abolition of Social Fund move to local welfare assistance October 2013 – Transition to Universal Credit starts (impacts on HB service through to 31 March 2017)
- April 2015 – Review of Pension Credit payments to include 'housing element'

2.2 Household Benefit Cap

From April 2013 the Government will put a limit on the total amount of benefit that working age people can receive. This means that households claiming out of work benefits will no longer receive more in benefits than the average wage paid to those who are working. Total benefit payable will be limited to a maximum of £500 each week for couples and lone parents and £350 for single people, though entitlement to certain other benefits will exempt claimants from the Household Benefit cap.

2.3. Local authorities will be responsible for applying the Household Benefit cap to new and existing claims from April 2013, through Housing Benefit deductions closely supported by DWP colleagues. From October 2013 new claims will start to be taken through Universal Credit and the cap will be applied directly to those claims. Detailed implementation plans are being made, in partnership with representative local authorities.

2.4. Further detailed design work is ongoing. The first contact with claimants potentially affected by the Benefit cap will be through the issue of a direct mail letter. This will be sent by DWP to all claimants affected over a two week period from the end of April 2012 and will provide them with a helpline number for any enquiries. DWP will provide each LA with a list of these claimants.

2.5. Impact for Wirral's Housing section and Finance Department (Housing/Council Tax Benefit)

A number of separate briefing reports have already been produced (see Economy and Regeneration OSC 8 March 2012 and Council Excellence OSC 26 March 2012).

2.6. The department's Benefit caseload is currently 42,605 (and cumulatively increasing).

Key impacts include:

- In general terms the changes collectively mean lower levels of support through LHA/HB/UC for housing costs i.e. rent.
- Increased contribution required from any non-dependant adults in household or the claimants bears the shortfall personally
- Decrease in disposable household income
- Rent arrears – lower level of help with rent and under UC no capacity to pay landlord directly
- Landlords may choose not to accommodate benefit claimants
- Reliance on short term , hardship payments such as DHP in order to manage
- Need to move to affordable accommodation, together with any associated impact on education/ work
- Need to move to smaller accommodation (which may not be available and could be more expensive)
- Reduction in support for Council Tax (unless of pensionable age or other vulnerable group)
- Difficulty for individual's ability to budget i.e. UC payment frequencies – one 4 weekly payment in arrears
- Housing Support element of UC, out of sync with local rental markets

2.7. Implications for service delivery

- Delays at national level may prevent IT systems and procedures being delivered on time
- Training implications at all levels
- Impacts on back of house benefits service area and front of house customer service advisor staff
- Resource implications in establishing new schemes (CTR) and responding to change programme
- Skills and resource retention, in administering a diminishing HB service, viability of same through to final UC roll-out
- Ability to plan and manage – elements to remain with LA benefit services post 2017 still not properly quantified
- Assets – as staffing establishments will be affected
- Budget implications – grant implications (10% reduction for CTR spend, real reduction 20 % - pensioners not to receive a reduced level of assistance)
- Affordability of local CTR scheme as caseload increases against available budget in general fund
- Payment direct of grant element to presenting authorities
- Council Tax collection issues

3. **Housing and Homelessness Prevention**

Recent benefit changes and reforms under the Localism Act and the Welfare Reform Act are already impacting on housing strategy and policy, and changing the way that housing costs are subsidised and social housing is allocated. Key changes include:

- Requirement for Tenancy Strategy (Jan 2013) *RPs in Wirral will be affected by the Local Authority's Tenancy Strategy which is designed to give RPs direction following the introduction of new tenancy types. Will affect all 23 RPs who operate in Wirral with over 23,000 properties.*

- Succession Rights for Secure Tenancies changing (April 2012). *This will affect those tenants on secure tenancies with RPs and for Wirral Council; the client group in this case are the tenants of 23 households with a Wirral Council Tenancy. Numbers are unknown at present as it is problematic to obtain this type of information.*
- Community Right to Buy (April 2012)
- Planning Reform (April 2012) Neighbourhood Development Orders and Right to Build Orders *This enables communities to have a greater say on both development and growth in their areas. This may affect development of new housing and affordable housing in the future and may restrict developments occurring in areas.*
- Reduction and Capping of Local Housing Allowance for new claimants (April 2011): *For tenants of private landlords, there will be a reduction and capping of Local Housing Allowance (which will eventually be integrated into Universal Credit). Lower rent payments may impact on the numbers of evictions and homelessness. This will result in an increase in empty properties and homelessness. Paying benefits to tenants may increase the number of tenants in arrears and increase in evictions and homelessness in the private sector.*
- Under-Occupation Tax (April 2013); *Introduction of Lower rent payments to households who under occupy their social property by at least one bedroom in the form of a 'bedroom tax'*
- Shared Room Rate extended to under 35s (Jan 12); *The age limit for the shared accommodation rate for single claimants increased from 25 to 35. There is not enough shared accommodation in Wirral to accommodate the increased demand that this will create. (Benefit for some will halve). This will result in an increase in Houses in Multiple Occupation and therefore an increased workload for the Housing Standards Enforcement Team within Private Sector Housing, and an increase in homelessness. In Wirral there are currently 802 single people under 35 claiming Local Housing Allowance.*
- Tenure Reform - Flexible Tenancies (April 2012); *In order to free-up social properties when a tenant's circumstances improve, the Government have introduced the ability for RPs to issue flexible tenancies of 2, 5, 10 or 15 years. .*
- Changes to Support for Mortgage Interest (Jan 2013); *It has been suggested that there are time limits on how long mortgage interest payments can be made, which has resulted in mortgage lenders not reducing the offer of mortgages for those on long term support for mortgage interest such as those with disabilities. The consultation for this change closed in February and actual changes have not yet been made available*
- Abolition of Housing Benefit and introduction of Universal Credit (Oct 2013); *Lower rent payments may impact on the numbers of evictions and homelessness. This will result in an increase in empty properties and homelessness. Paying benefits to tenants may increase the number of tenants in arrears and increase in evictions and homelessness in the social sector.*

- Under-Occupation Tax (April 2013); *Lower rent payments to households who under occupy their social property may impact on the numbers of evictions and homelessness in the social sector. This will result in an increase in empty properties and homelessness. This may increase the number of tenants in arrears and increase in evictions and homelessness in the social sector. The knock on effect is reduction for RPs in rental income and less money available to increase the number of social housing units and developments. In Wirral we have information relating to 17,370 social housing units. 13.74% will be affected due to under occupying their property by one bedroom, and a further 5.87% have two spare bedrooms.*
- Tenure Reform - Flexible Tenancies (April 2012); *In order to free-up social properties when circumstances improve, the Government have introduced the ability for RPs to issue flexible tenancies of 2, 5, 10 or 15 years. This may result in less stability in the community, and an increase in the turnover of social properties. This could mean more properties available for Choice Based Lettings and more social mobility.*
- Changes to Support for Mortgage Interest (Jan 2013); *Changes made in 2010 have resulted in a number of households no longer able to repay their mortgage interest payments and an increase in the number of repossessions. This will result in an increased need for social accommodation*

4. Children and Young People's Department

4.1. Child Benefit changes:

Some significant changes were introduced from 6 April 2012 and will reduce the levels of benefits to Wirral residents.

(a) Child Tax Credit: Previously people could get some Child Tax Credit, as long as their income was not over the limit of £41,300; from 6 April 2012, this limit is lower for most people.

From 6 April 2012, the income limit will depend on individual situations; as a very rough guide, people might not be able to get Child Tax Credit if: they have one child, and annual income is more than around £26,000 or they have two children, and an annual income is more than around £32,200

(b) Working Tax Credit: Previously if you had responsibility for at least one child and were working at least 16 hours a week, you could get Working Tax Credit. From 6 April 2012, the rules for couples with at least one child changed. In most cases, to qualify for Working Tax Credit your joint working hours will need to be at least 24 a week. This will mean:

- if you both work your joint weekly hours must be at least 24, with one of you working at least 16 hours a week
- if only one of you works, that person must be working at least 24 hours a week

(c) Numbers affected: According to Treasury figures obtained by Labour MP Cathy Jamieson, at Dec 2011, there were 5,650 families in Merseyside, North Cheshire and West Lancashire currently receiving working tax credit, but working fewer than 24 hours a week.

<http://www.parliament.uk/deposits/depositedpapers/2012/DEP2012-0031.doc#>

The data for Wirral constituencies is set out below which indicates how many households and children were in receipt of tax credit but are working less than 24 hours a week and may therefore lose all of their tax credit after April - a maximum loss of around £4,000 per year.

Fig 1: Number of couples with children and children benefiting from Working Tax Credit and working between 16 and 24 hours as of December 2011

Constituency	Number of Households	Number of children in those households
Birkenhead	325	810
Wallasey	365	745
Wirral South	135	270
Wirral West	165	275

4.2. Children & Young People's Services

The department provides universal and targeted services for 74,500 children and their families. A significant % of those live in the areas of 30% disadvantage. Welfare reform changes will have significant impact on children's social care, and are already having an impact on CYPD budgets. One obvious example relates to the Council's statutory duties to provide assistance to vulnerable families. This area is governed by Section 17 of the Children Act 1989 and has been refined by case law in the decades since.

4.2.1. The Council has provided financial support to families for one –off payments or assistance with items of basics such as beds, cookers, food, gas, electric where the social fund or a crisis loan wasn't available. Recently the demands on Children's Services for welfare assistance have expanded with the benefits agency increasingly refusing requests and directing families to the Council for financial support under S17.

4.2.2. The reforms could have a severe impact on many of those families already living in poverty, specifically:

- Children living in unsuitable/unsafe housing
- Children being made homeless
- Increased parents needing emergency financial support e.g. furniture, gas, electric etc
- Increased demand on the Food Banks (already very busy in the Birkenhead area)
- Increased levels of stress on parents, leading to criminal behaviour, domestic violence and alcohol abuse
- Raised levels of child protection and safeguarding issues, possibly leading to increased referrals to CADT

4.2.3 Impact of Household Benefit Cap: The family cap applies regardless of the number of children in the household.

- Larger families are more likely to be affected. The degree of effect will depend upon the number of children in the family and other factors including housing costs. The cap is likely to affect where different family types can live.
- An increase in child poverty, with associated poor health, emotional and physical wellbeing and educational outcomes
- Children losing their homes as a result of it becoming unaffordable
- Disproportionate impact on children living with kinship carers and foster carers who have a higher rate of larger family units

- Disproportionate impact on disabled children and children of disabled parents. DWP have forecast that about half of capped households will contain a person who is disabled
- Disproportionate impact on BME families - children from some BME groups are more likely to live in larger family units and also more likely to be in receipt of benefits.
- Incentivising family breakdown – where two separate households would allow for a greater overall amount of benefit income

4.2.4. Impact of Universal Credit (UC)

- A single payment to a nominated individual could worsen outcomes for children. If the UC payment is made to the individual who is not the main carer for the children then evidence shows that it is less likely to be spent on children's needs or in situations where the perpetrator of domestic violence or abuse is nominated as the recipient of UC.
- In situations of relationship breakdown where one partner leaves the family home families may be left without UC while a new claim is made.
- The 'lump sum' single monthly payment is likely to render children more vulnerable in the case of administrative error resulting in late payment or non-payment
- Disproportionate impact on disabled children – there will be two levels of payment available to disabled children. Those on the higher rate will lose 75p per week, others £27.09 per week.
- Disproportionate impact on children of disabled lone parents – loss of benefits may encourage children of disabled lone parents to take on more caring responsibilities because of formal care becoming unaffordable.

4.3. Implications for service delivery

CYPD Services (including Children's Centres) provide support groups, counselling and family support in the home for families. Implications include:

- Increased staff time advising and supporting individual families in the home with issues such as debt management, housing, safety, healthy eating etc
- Increased specialised training needed for staff on specific needs e.g. domestic violence, alcohol abuse
- Children's Centres may need to be open for longer hours in order to meet increased capacity
- Additional resources and finances will be needed to meet the increased need for support
- Under current homelessness legislation families becoming homeless due to the benefit cap should be rehoused by the LA.
- Requests from social landlord to the LA to act as a guarantor for rented property – the legal implications of this are unknown.
- It is possible that there will be additional pressure on local authority, education and health services
- HR and financial capacity to respond to families in crisis

5. **Department of Adult Social Services:** Key changes include:

- April 2012 - Information-sharing in relation to welfare services etc
- April 2013 – 2016 - Reforms to Disability Living Allowance, through the introduction of the Personal Independence Payment.
- October 2013 - The introduction of Universal Credit

- 5.1. DASS current caseload of 3,800 service users could potentially be affected (2,200 under Fairer Charging and 1,600 under Charging for Residential Accommodation (CRAG). As both the value and type of client income will change, clients will have to undergo a re-assessment of their assessed charge for social care services
- 5.2. The relationship between Social Services functions and those of DWP will need reviewing. Management of the relationship between members of Social Services client groups and the DWP will become more central to safeguarding vulnerable people's welfare. There will clearly be implications for management and sharing of data.
- 5.3. Existing 'Fairer Charging' arrangements, and the finance thereof are clearly time limited and will be displaced by Universal Credit. DASS may no longer have to manage its own means test but may have to manage without some of the income it receives, in particular from the severe disability premium and from DLA. Whether DASS service users will continue to benefit from a complete disregard of all earnings, and of DLA mobility component under any replacement for Fairer Charging must be doubtful.
- 5.4. The transfer of responsibility for community care grants and crisis loans from the DWP to local authorities potentially offers DASS and CYPD both an extra source of funds for low level needs for vulnerable groups and onerous extra responsibilities.
- 5.5. The replacement of DLA with the new Personal Independence Payment (PIP) from April 2013 will further impact on DASS charging income and will create demands for support through the assessment process for the new benefit. The criteria for PIP are likely to be closer to FACS criteria than the present DLA tests creating potential for the use of FACS assessments in PIP assessments and vice versa.
- 5.6. Discussions are taking place surrounding the potential relocation of the Council's Welfare Rights advice function within the Customer Service section of the Finance Department. This may allow for review of benefits advice provision, and may present a better likelihood of the authority meeting demand with regard to welfare benefits information, advice and advocacy.

6. Conclusion

In terms of changes to service delivery and resources, there are clearly a number of strategic issues that Executive Team are asked to consider, including:

6.1. Discretionary Welfare Assistance

A proposal to review all internal discretionary welfare assistance schemes including Discretionary Housing Payments; financial support to families in hardship; food banks; local charitable support. Consideration should be given to whether these should all become one corporate scheme incorporating the new Local Assistance funds.

Who should lead on the above and the development of any new scheme in readiness for delivery from April 2013?

6.2. Legal implications

Given the extensive and fundamental changes outlined above, it is clear that there are significant implications for the Council. Initial analysis indicates that the Legal Services Department may be called upon to advise on:

- a) property arrangements in respect of service delivery for new admin services.
- b) advising on partnership arrangements for delivery of UC
- c) any legal aspects relating to data transfer to the new centralised admin system
- d) any ancillary matters that arise out of implementation of the new arrangements including staff redeployment for affected teams such as housing benefit teams
- e) any policy development and lawfulness of it in relation to admin of discretionary housing payments

6.3. Staff resources, training and development implications include:

- a) Significant impact on the housing benefits team and staff requirement
- b) Possible increased requirement for services of Housing Options
- c) Potential adverse impact on families and a consequent increase in workload for CYPD department and DASS
- d) a requirement for training in One Stop Shops and other frontline officers on the benefits changes with particular relationship to council tax and housing costs
- e) need for training in respect of admin of discretionary welfare assistance payments – need for development of policy and criteria

6.4. IT and data systems

DCLG have been engaging with local authorities to understand what new or adapted systems may be required by the reforms. They have made available a design tool to enable LAs to understand the impact of any proposed changes to how council tax liability is assessed upon the Council Tax Benefit caseload.

This should help to better quantify any resulting further changes that need to be made to administrative systems, including IT systems and levels of staffing. The tool is available at

<http://www.communities.gov.uk/localgovernment/localgovernmentfinance/counciltax/counciltaxsupport>

6.5. Adult Services Charges

The introduction of Universal Credit will have significant implications to how the Council carries out financial assessments to determine charges for adult social care services for both residential and non residential services.

A key issue therefore, is how financial assessments will be impacted by these changes and how we will be expected to conduct assessments under Universal Credit. Linked to this is the issue that if the Severe Disability Premium is abolished, as the UC proposals indicate, then there is a need to review the existing Fairer Charging Guidelines in order to address the potential significant loss of income to the Council.

6.6. Equality issues

The welfare reforms could increase economic inequalities for some groups. The changes are most likely to impact on people with a disability, older people and people with young families.

In addition, there is a likelihood of increased 'digital exclusion' since the introduction of Universal Credit is 'digital by default' – in reality this could present wide ranging issues for many claimants, for example in terms of accessing support and entitlement.

6.7. External partners

It will be essential to build and enhance existing partnerships e.g. with Housing partners to address changes to Housing Benefit and Housing Policy. Other key partnerships include Job Centre Plus, the Voluntary Sector and other job-service providers to enhance support to clients who are facing pressures to find work from the assessment process and from housing unaffordability.

Colleagues are asked to advise on the most effective way to engage and consult with external partners on these issues – for example through presentations to existing Thematic Partnerships; or by holding a joint workshop

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

5 NOVEMBER 2012

SUBJECT:	PROGRESS REPORT OF ACTIONS TAKEN TO IMPLEMENT OUTSTANDING RECOMMENDATIONS IN RELATION TO DASS: PERSONAL BUDGETS
REPORT OF:	GRAHAM HODKINSON - DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE HOLDER	PORTFOLIO COUNCILLOR CHRISTINE JONES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to respond to a request from the Audit and Risk Management Committee on 19 September 2012 that a progress report regarding the actions taken to implement the outstanding recommendations in relation to the Department of Adult Social Services (DASS) Personal Budgets Audit Report, in line with the revised target dates, be presented to the next meeting of both the Audit and Risk Management Committee and the Health and Wellbeing Overview and Scrutiny Committee.

2. BACKGROUND

- 2.1 The Audit and Risk Management Committee on 19 September 2012 were presented with comments by the Chief Internal Auditor regarding an audit report that had been carried out in June 2011 in relation to the use of Personal Budgets in DASS.
- 2.2 Whilst it was acknowledged that there had been slippage from the original dates planned for compliance, Members expressed a view that, when issues were brought to the attention of the Committee as a high priority, an action plan, with named responsible officers, should be presented and that there should also be an automatic referral to appropriate Overview and Scrutiny Committees.
- 2.3 The items of note concerning DASS: Personal Budgets showed that eleven recommendations had been made: six of high priority and five of medium priority. The recommendations related to:
- The production of a checklist to provide evidence that the service user understands the choices and rules relating to their personal budget. **(HIGH)**

- A review of the resource allocation system so as to ensure that this is still the most appropriate. **(HIGH)**
- A review of the Indicative budget following the completion of phases 1-3. **(MEDIUM)**
- Review of information capture to ensure consistency. **(MEDIUM)**
- Review of the carers' Resource Allocation System (RAS) on a six monthly basis. **(MEDIUM)**
- Review of the allocation system to ensure this is still the most appropriate system. **(HIGH)**
- Updating Members annually on the resource allocation system and any amendments made to it. **(MEDIUM)**
- Introduction of a feedback form monitoring system. **(HIGH)**
- Review of the funding formula used for the voluntary sector. **(HIGH)**
- Enquiries with the voluntary sector to ensure sufficient staff resources. **(MEDIUM)**
- Endorsement of a quarterly report presented to the Safeguarding Adult Partnership Board, and actions arising clearly minuted. **(HIGH)**

2.4 The original implementation timescales indicated that all recommendations would be implemented by April 2012. The follow up audit was commenced during June 2012, and although an assurance had been provided that one recommendation had been implemented and the remaining ten in the process of being implemented, evidence of implementation progress had not been provided. Revised target dates for implementation have been set, of September and October 2012, representing significant slippage from the original dates indicated.

2.5 Since this time DASS has undertaken a thorough review of the audit recommendations and agreed response with the Internal Audit section. Attached at Appendix 1 are the various Audit Findings and the Departmental response to the Audit report showing revised comments following the "Follow up Audit" and timescales.

3.0 RELEVANT RISKS

3.1 The "personalisation agenda" represents a paradigm shift in the way social care is accessed by those people who are deemed eligible to receive support. The audit of the process is welcomed and supportive and has helped identify areas of risk that are considered in this report.

4.0 OTHER OPTIONS CONSIDERED

4.1 The proposed responses to the audit recommendations are considered to be the most relevant and have been developed having considered various other options available to the Department.

5.0 CONSULTATION

5.1 None.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 Voluntary, community and faith sector are integral to the development of the personalisation agenda.

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

7.1 No implications have been identified at this stage.

8.0 LEGAL IMPLICATIONS

8.1 None identified.

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
No impact has been identified at this stage.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 None.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Planning permission is not required.

12.0 RECOMMENDATIONS

12.1 That committee comment on the Departmental response to the audit.

13.0 REASONS FOR RECOMMENDATIONS

13.1 To respond to the request of the Audit and Risk Management Committee to provide a report regarding the progress on the personalisation audit.

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APPENDICES

Appendix 1 - Audit Findings and the Departmental response to the Audit report

REFERENCE MATERIAL

Internal Audit Report – Department of Adult Social Services Personal Budgets – 22 June 2011

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Audit and Risk Management Committee – Items of note arising from June 2012 update	19 September 2011

Audit Findings and the Departmental response to the Personalisation Audit report

Ref	Recommendation	Comments	Timescale
1	<p>Finding: Although service users are provided with information on the choice and rules around spending their Personal Budget, currently there is no record signed by the service user to confirm that they have received all the relevant information. There is no national guidance as to what is acceptable.</p>		
	<p>(i) Consideration should be given to producing a "Checklist" which details the information which should be provided and explained to the service user.</p> <p>(ii) The "Checklist" should be signed and dated by the social worker and countersigned by the service user to confirm they fully understand the choices and rules around spending their Personal Budget.</p>	<p>The Self Directed Assessment now has detailed consents and permissions sections inserted into it so that the customer is aware of what they are agreeing to and who will have access to the information they are sharing with the Department of Adult Social Services.</p>	<p>Completed</p>

2	Finding: Wirral did not consider alternatives but had received a positive verbal feedback from a consultant from the OLM Group		
	The current system should be reviewed within 6 months to ensure that it is still the most appropriate system.	<p>The Resource Allocation System (RAS) has been under continual review. An evaluation of the financial element of the system has been completed, but work is still outstanding on reviewing the systems and processes to support the customer journey. This review is now underway with testing and modelling based on the lessons learnt from the financial analysis highlighted above.</p> <p>A paper outlining the proposed changes will be presented to Strategic Leadership Team and to Cabinet in February 2013. Any changes agreed by Cabinet will be implemented from 1st April 2013.</p>	February 2013
3	Finding: DASS are currently undertaking a review of phase 1 and 2. For phase 3 DASS are involved in a national survey with Lancaster University and the results will be due in October 2011		
	Once the results of phases 1 to 3 have been analysed, DASS should undertake a review of the RAS Indicative Budget and make any necessary adjustments.	<p>Since June 2011 the process of analysing phases 1 to 3 has been superseded by the RAS review referred to in point 2 above.</p> <p>An evaluation of the financial element of the system has been completed, but work is still outstanding on reviewing the systems and processes to support the customer journey. This review is now underway with testing and modelling based on the lessons learnt from the financial analysis highlighted above.</p> <p>A paper outlining the proposed changes will be presented to Strategic Leadership Team and to Cabinet in February 2013. Any changes agreed by Cabinet will be implemented from 1st April 2013.</p>	February 2013

4.	Finding: DASS are currently undertaking a review of phase 1 and 2. For phase 3 DASS are involved in a national survey with Lancaster University and the results will be due in October 2011		
	Once the results of phases 1 to 3 have been analysed, DASS should undertake a review to ensure that support information is being capture consistently.	The customer journey has been reviewed leading to changes, based on the information captured through this process. The information on support plans will be consistently quality assured through a central panel, from December 2012, which will consider all personal budgets / direct payments in future.	December 2012
5	Finding: Evidence has not been provided to confirm whether the identified risk [that the annual budget] may not be sufficient to provide services has been addressed.		
	To ensure the budget for carers is adequate the carers RAS should be reviewed at 6 monthly intervals.	<p>A full review of the Carers budget is in progress this is being carried out in consultation with Carers and the Wirral Carers Association. The consultation runs from Monday 15th October and closes Friday 14th December.</p> <p>The results of the consultation will be evaluated, and the proposed changes revised in light of the evaluation. The evaluation will include the carers' consultation group which includes the chairs of the Carers Development Committee, Links and the Carers Association. The evaluation will include the results of the annual carers survey and the results and recommendations of the evaluation will feed into the carer's strategy</p> <p>A paper outlining the proposed changes will be presented to Strategic Leadership Team and to Cabinet in February 2013. Any changes agreed by Cabinet will be implemented from 1st April 2013.</p>	February 2013

6	Finding: DASS considered separate allocation systems but decided on one system for all care groups.		
	The current allocation system should be reviewed within 6 months to ensure that it is still the most appropriate system.	An evaluation of the financial element of the system has been completed, but work is still outstanding on reviewing the systems and processes to support the customer journey. This review is now underway with testing and modelling based on the lessons learnt from the financial analysis highlighted above. A paper outlining the proposed changes will be presented to Strategic Leadership Team and to Cabinet in February 2013. Any changes agreed by Cabinet will be implemented from 1st April 2013.	February 2013
7	Finding: Information is obtained from the service users and is used to produce reports for SLT. However, the information is not available to Members or the public.		
	Annually, DASS should update Members on the RAS allocation system.	Once the review of the RAS is completed an update will be provided to members. In future the annual update will feature as part of the budget setting process.	February 2013

8	Finding: Although social workers have verbally indicated to managers that "Feedback Forms" have been issued, but on an ad-hoc basis, to service users, none have been returned to DASS.		
	<p>(i) A "Feedback Form" monitoring system should be introduced. It should include details of date issued, date returned, name of social worker, name of service user, an analysis of the responses and details of any follow up action.</p> <p>(ii) Periodically the monitoring system should be reviewed by a Manager, confirmed by signature and date and detail any supervisory action.</p>	The Department is currently working with people who use services and carers to develop the feedback form; this is being piloted in residential care which is informing the development.	Partially completed
9	Finding: DASS have indicated that there is no expectation that funding to the voluntary sector will reduce.		
	Due to the take up of Personal Budgets, DASS should review the formula used when calculating the funding to the voluntary sector.	Cabinet agreed in December 2012 that a review should take place of the funding by the department of the Voluntary, Community and Faith Sector. Recommendations are now in development and will form part of the 2013 Budget Consultation exercise. Therefore this audit recommendation is no longer relevant.	February 2013

10	Finding: Evidence has not been provided to confirm whether the identified risk has been addressed.		
	Enquiries should continue with the voluntary sector to ascertain whether they have sufficient staff resources to provide services to service users.	This work is covered by the work outlined in point 9 above Therefore this audit recommendation is no longer relevant.	February 2013
11	Finding: A quarterly report is presented to the Safeguarding Adult Partnership Board. However, it does not indicate what action, if any, is undertaken to assure itself that safeguarding, fraud and reputational risk have been minimised.		
	The Safeguarding Adult Partnership Board should endorse the quarterly report and minute what action is agreed.	The Safeguarding Adult Partnership Board business plan (2011/12) contains a workstream: "To improve the functioning and accountability of the Board". This outlines 7 actions to address the audit recommendation; these have been completed and the workstream has been reviewed and refreshed for the annual report and business plan 2012/13.	Completed

WIRRAL COUNCIL OVERVIEW AND SCRUTINY COMMITTEE

5 NOVEMBER 2012

SUBJECT:	<i>TACKLING THE LIFE EXPECTANCY GAP</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF POLICY, PERFORMANCE, AND PUBLIC HEALTH</i>
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report provides the members of the Overview and Scrutiny Committee with an overview of the key issues associated with the recognised measure of Life Expectancy within the Authority boundary. The report will describe how the measure is constructed, what is likely to affect it, what the measure tells us about our local population and the programme of investments we are delivering through the Public Health Annual Plan to improve life expectancy in Wirral.
- 1.2 The activities described in this report are those identified for the final year of the delivery of NHS Wirral's Strategic Commissioning Plan, and for a number of other existing public health programmes.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 Life expectancy at birth – the most commonly used measure used for examining the health of a population – takes into account deaths at all ages. There is an assumption underlying the measure, which is underlined below: the life expectancy figures below are estimates of the average number of years a baby born in that period would survive if he or she experienced the particular area's mortality rate in the years described throughout his or her life. The measure does not reflect what the life expectancy of a person would be if they moved into the area from elsewhere.
- 2.2 The inequality in life expectancy is also a vital measure of health status within a particular population. The most commonly used measure of inequality is the Slope Index of Inequality (SII). This measure represents the range in life expectancy across the whole population of the local authority – from the most deprived to the least deprived. As an example, a SII of 10 years indicates that life expectancy for the least deprived in the local authority is 10 years longer than for the most deprived. The greater the value, the greater the inequality within the area.
- 2.3 It is important to note that life expectancy is amenable to change – it can be improved (as has been the case over the past 10 years) and the life expectancy inequality gap can also be narrowed.

Life expectancy in Wirral 2000-02 and 2005-07

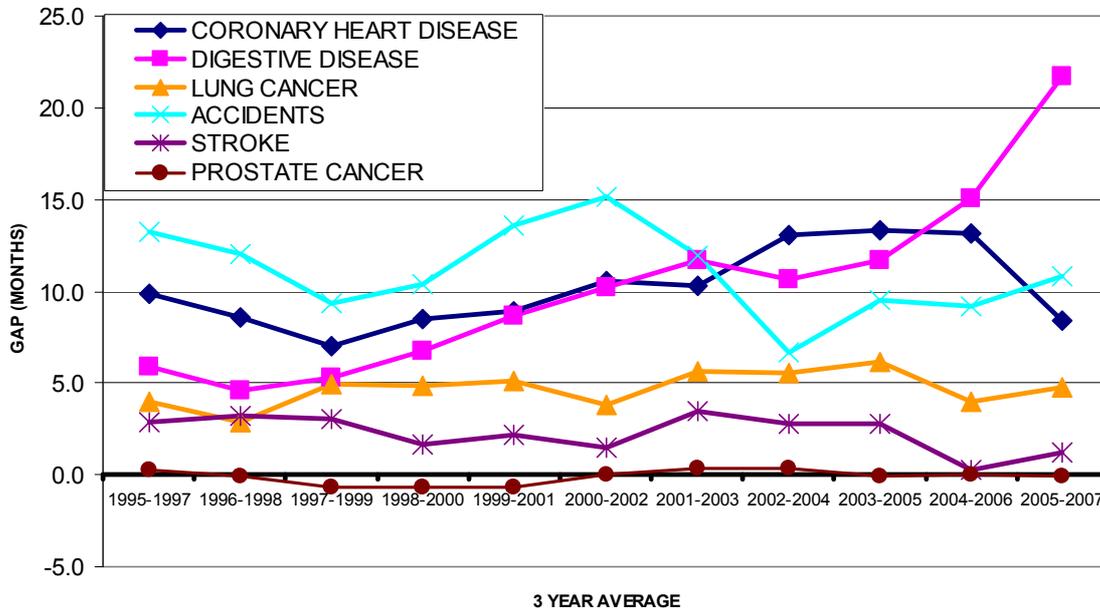
	2000-02	2005-07
Male	74.9 (1.1)	75.7 (2)
Female	79.9 (0.9)	80.9 (0.9)

Life expectancy in Wirral, other selected local authorities and England

	2012					2011			
	Male life expectancy at birth	Inequality in male life expectancy	Female life expectancy at birth	Inequality in female life expectancy		Male life expectancy at birth	Inequality in male life expectancy	Female life expectancy at birth	Inequality in female life expectancy
<i>Time period:</i>	2008-2010	2006-2010	2008-2010	2006-2010		2007-2009	2005-2009 ⁵	2007-2009	2005-2009 ⁵
Name	LE Male	LE SII Male	LE Female	LE SII Female		LE Male	LE SII Male	LE Female	LE SII Female
Knowsley	76.3	8.3	80.2	8.2		75.9	9.1	79.8	8.6
Liverpool	74.8	11.0	79.2	8.1		74.5	11.5	79.2	7.8
St. Helens	76.3	11.5	81.0	8.4		75.9	11.4	80.3	7.7
Sefton	77.0	11.9	82.0	9.4		77.2	10.8	81.6	9.4
Wirral	77.0	14.6	80.8	9.7		76.3	14.6	80.9	9.5
Halton UA	75.5	11.1	79.6	10.8		75.0	10.6	79.2	11.5
Warrington UA	78.0	9.7	81.6	7.0		77.6	9.3	81.2	6.7
Cheshire West and Chester UA	79.2	10.0	82.3	7.7		78.8	10.0	82.0	7.5
England	78.6		82.6			78.3		82.3	

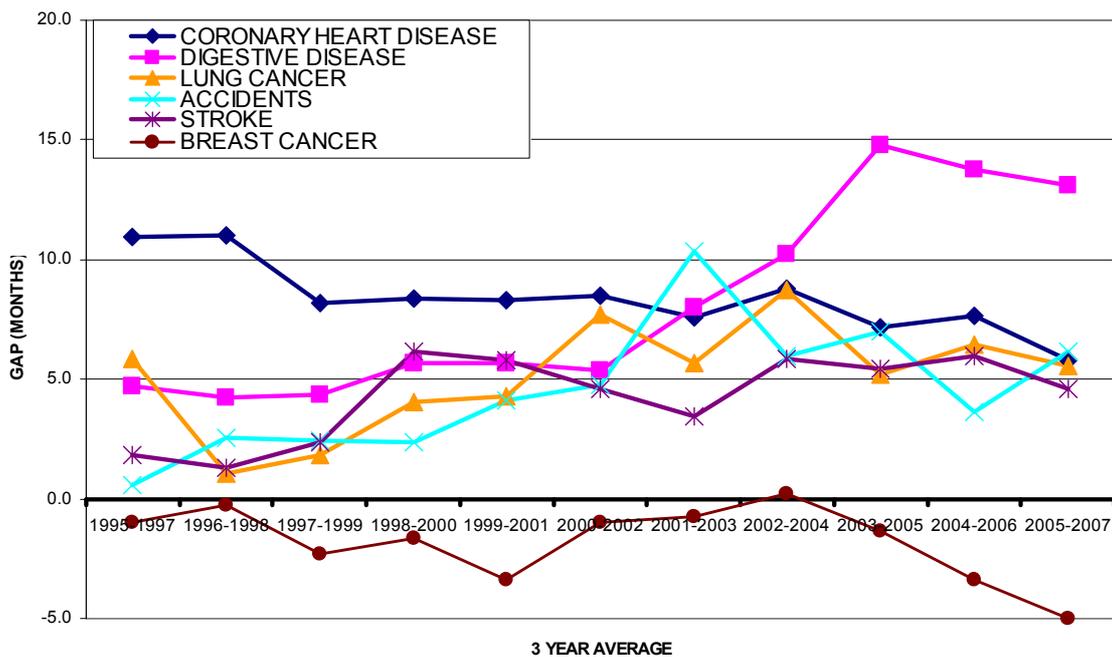
2.4 From the information available we know the major causes of death in Wirral and which causes of death contribute most to the gap in life expectancy. The charts below describe the diseases which contribute to the life expectancy gap in Wirral.

2.5 The gap in Life Expectancy for men in Wirral over ten years from 1995-7 to 2005-07 (the gap is measured in months of life)



We can see that the significant causes of death contributing to the inequality gap are associated with coronary heart disease, digestive diseases (diet and alcohol consumption) and accidents.

2.4 The gap in Life Expectancy for women in Wirral over ten years from 1995-7 to 2005-07 (the gap is measured in months of life)



We can see that the significant causes of death contributing to the inequality gap are associated with coronary heart disease, lung cancer and digestive diseases (associated with diet and alcohol consumption). We can also note that the investment we have made in breast cancer detection and treatment is helping to achieve a narrowing of the life expectancy gap in Wirral.

2.5 WHAT INVESTMENTS ARE BEING MADE TO IMPROVE LIFE EXPECTANCY

2.6 The NHS Wirral Strategic Commissioning Plan (SCP) for 2010-13 identified the health needs of the local population and set out a number of programmes to address these. Ten programmes were developed, all of which are linked to public health outcomes. The ten SCP programmes are:

- Smoking cessation
- Early diagnosis of COPD
- Alcohol brief intervention
- Bariatric surgery
- CVD Risk
- Stroke Units
- Extending bowel cancer screening
- Extending breast cancer screening
- COPD influenza vaccinations
- COPD Pneumococcal vaccinations

2.7 In addition there are a number of other public health programmes that have been in place for some years and which are regularly reviewed to ensure they are still delivering value to our local population. These include: accidental injury prevention, mental wellbeing, drug misuse, physical activity, workforce health, sexual health and the healthy child programme.

2.8 This current year – 2012-13 – is the final year of the SCP and the Primary Care Trust will be abolished on the 1st of April 2013, with responsibility for public health moving to the Local Authority from that point. For the remainder of 2012-13, and hopefully well beyond that point, we will continue to deliver our objectives of increasing life expectancy and improving the health status of the people who live and work in Wirral. A small selection of the programme developments we have in place are set out below:

- Developing a “Shared Care scheme” for alcohol users that builds on the structures already established and operating effectively for drug users.
- Enhancing the prison through-care process to engage with prisoners leaving custody who have had problems with alcohol and to connect them effectively with the appropriate community based services on their release.
- Continuing to strengthen the crisis intervention response, with particular reference to establishing a link nurse between Wirral University Teaching Hospital, General Practitioners and in patient detoxification services.

- To deliver a Health Advocate service to provide additional support and capacity to the Health Trainer programme.
- To continue to promote the breastfeeding programme and encourage all local NHS Trusts to achieve Stage 3 in their UNICEF Baby Friendly Initiative status (Wirral Community Trust has already achieved this and we hope that Wirral University Hospital will achieve this by mid 2013).
- More Secondary school staff will be trained in Personal Social and Health Education (PSHE).
- We will continue to integrate the provision of Sexual and Reproductive Health (SRH) services.
- Increase access and availability to Emergency Hormonal Contraception.
- Increase access to, and retention of, Long Acting Reversible Contraception methods
- Increase promotion of and access to HIV testing to ensure reduced undiagnosed rate and to reduce late diagnosis.
- We will support the Local Authority to introduce the Healthier Homes Fostering Standard to Wirral's foster carers via pilot projects including therapeutic foster carers.
- We will work with housing associations such as Forum to adapt the above "Health Challenge Champions" into a format which can improve the lifestyles of young people moving towards independence via supported living.
- We will deliver more quit attempts through local community providers to deliver smoking cessation along with weight management and exercise sessions.
- We will reduce availability of tobacco products to children and young people through tackling illegal and illicit tobacco.
- We will organise the system of support services available to people in recovery from drug misuse so that they are able to stay abstinent and out of contact with treatment services for at least 6 months after completing treatment (in line with new National Treatment Agency (NTA) outcome targets).
- We will reduce the percentage of the in-treatment cohort who have been in treatment for 6 years or more (in line with NTA identified priorities).
- We will strengthen the links between the Drug Treatment and Recovery Programme with the Department of Work & Pensions Work Programme to increase the number of people accessing education, training and employment.
- We will reduce offending and improve offender health through effective treatment delivered as part of the prison through care and Integrated Offender Management programmes.

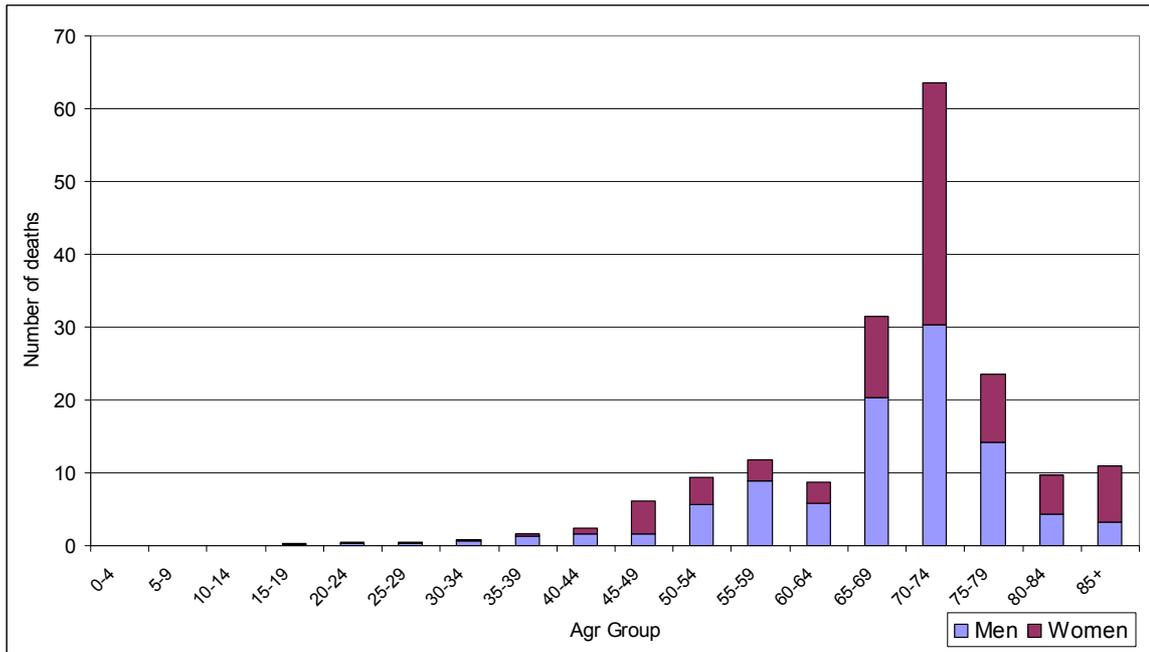
2.9 The Public Health Department are also intending to deliver a number of other strategic and tactical health improvement services in 2012-13. These include:

- A review of the School Nursing specification with the intention of commissioning the revised service specification from 2013.
- To further develop – with our partners in the Local Authority – our physical activity programme.
- To further develop the workforce health programme.
- To pilot a health champion model within BME communities.
- To repeat the third sector public health innovation fund opportunities – building on the lessons learned from 2011-12.
- To explore potential community activities to support older people experiencing social isolation and dementia.

2.10 DOES THE INVESTMENT IMPROVE HEALTH AND LIFE EXPECTANCY?

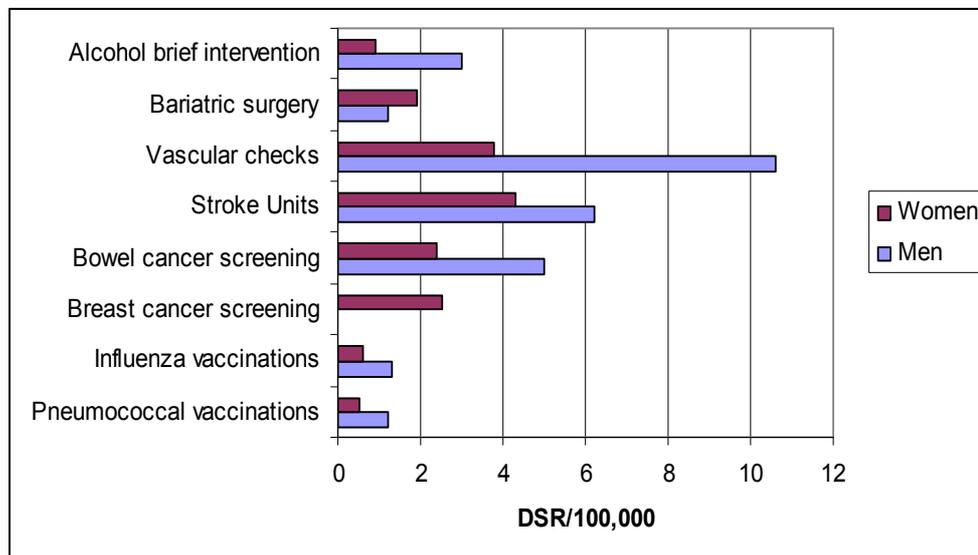
2.11 In order to be assured that the investment in achieving these public health outcomes is having a measurable impact, the Primary Care Trust invested in the development of Research and Development and Public Health Intelligence services. The work of these teams has demonstrated that we have been having a positive and encouraging effect on health status and life expectancy. These outcomes are described in brief below:

2.12 The Number of deaths prevented during the years of the SCP: 2009 to 2013



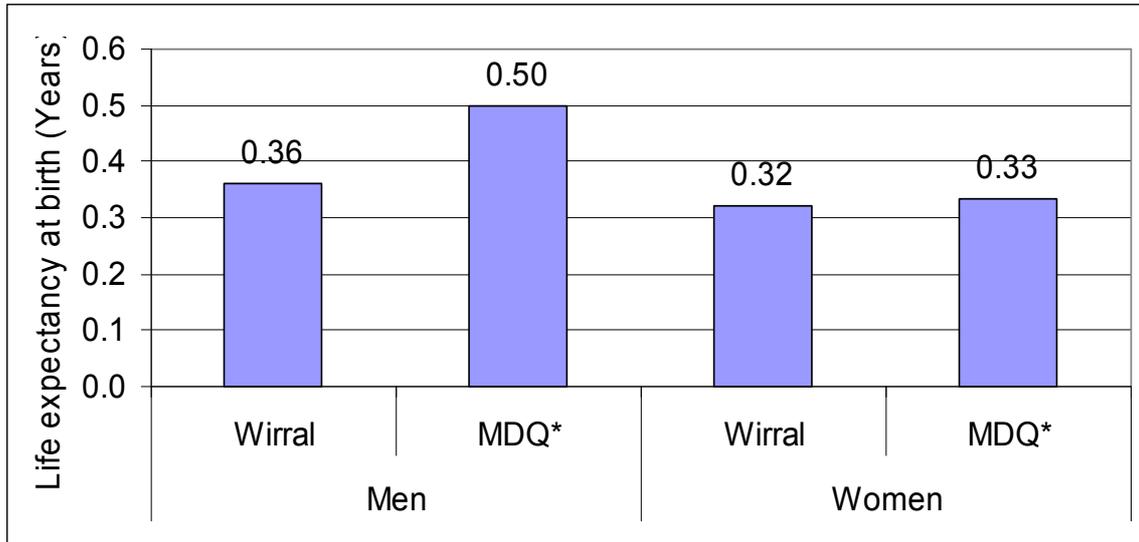
During 2009 – 13 it is estimated that the number of premature deaths will be reduced by at least 170. This obviously represents the most radical improvement in health status, i.e. staying alive but there has been a significant improvement in health status alongside the lives saved.

2.13 Impact of key public health interventions upon the local mortality target during 2009-11



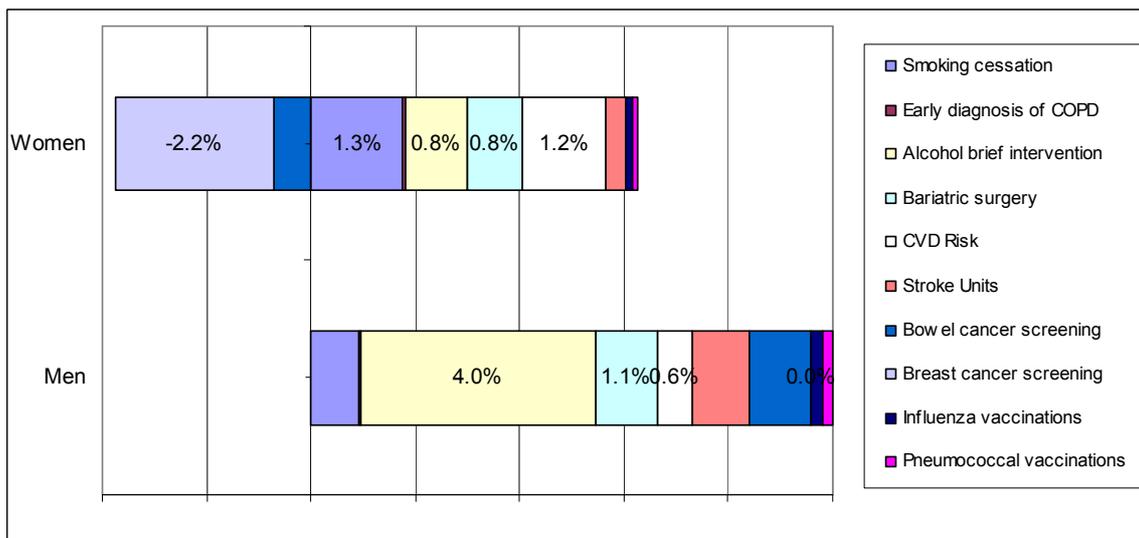
In the year 2000, every PCT was set a target concerning its mortality rate. The rate is measured by the death rate per 100,000 of the population. Along with the majority of PCTs, Wirral almost achieved the target it was set and made a significant impact on the key causes of premature death.

2.14 The impact of SCP public health initiatives upon health inequalities gap projected to the year 2013.



* MDQ – the Most Deprived Quintile (20% of the Population)

2.15 The impact of the SCP public health initiatives upon the health inequalities gap in the MDQ projected to 2013 (Men = 9% reduction in the gap and Women = 2%)



We have also had an impact on the inequality gap by focusing our efforts on the 20% of the population who are most deprived. We expect that by 2013 the life expectancy of people living in the most deprived areas of Wirral will have increased by 0.50 years largely as a consequence of the work we have undertaken since 2009.

3.0 RELEVANT RISKS

- 3.1 Any risks associated with delivering the outcomes established for the public health service are fully understood and any necessary mitigating actions are put in place, as appropriate.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 Other options are not applicable. The goals and outcomes established for the Public Health Department are determined by national strategic direction. These are described in, amongst other relevant documents, “Healthy Lives, Healthy People” and the NHS Outcomes Framework 2012-13.

5.0 CONSULTATION

- 5.1 The mode of delivery of the outcomes of the public health business plan in Wirral is strongly influenced by a locally driven programme of service user ‘in-sight’ and engagement and a formal programme of research, development and evaluation.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 There are no direct implications for voluntary, community and faith groups although Public Health commissions a range of services from this sector.

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

- 7.1 There are no direct resource implications for the Council contained within this report.
- 7.2 The outcomes described within the Public Health Annual Plan 2012-13 are fully funded by the Department of Health. During 2012-13, the reform of the NHS will mean that the Council will need to become fully involved in the determination of future investment to ensure that the commitments made to develop, maintain and improve local health services fits with the public health grant received by each Local Authority from April 2013.

8.0 LEGAL IMPLICATIONS

- 8.1 Any legal implications relating to the delivery of the Public Health Annual Plan in 2012-13 will be addressed, as appropriate, by the Department of Public Health and the Cheshire, Warrington and Wirral PCTs Cluster Board.

9.0 EQUALITIES IMPLICATIONS

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

(c) No because of another reason which is:

As part of the Equality Duty 2010, the NHS has a legal responsibility to give due regard to the impact of its policies and decision on people who share protected characteristics. In developing the Public Health Annual Plan 2012-13, the Department of Public Health

has addressed the equalities implications as appropriate and the impact assessment has been completed and is deposited with the Public Health Governance Committee

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no direct implications contained within this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 There are no direct implications for planning and community safety within this report.

12.0 RECOMMENDATION/S

12.1 The panel is asked to note the information presented and to receive regular progress updates.

12.2 A session to be organised for members to illustrate the processes followed within Public Health from the initial identification of need through completion of a needs analysis to the development of a specification and the commissioning of an appropriate service to meet the identified need.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 Regular progress updates will ensure that members are aware of emerging issues and trends, both locally and nationally.

13.2 Using a case study will enable members to appreciate the robust process that underpin any Public Health commissions.

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(Director of Policy Performance & Public Health)
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email: fiona.johnstone@wirral.gov.uk

APPENDICES

None

REFERENCE MATERIAL

Healthy Lives, Healthy People; our strategy for public health in England (2010) Department of Health, England.

NHS Outcomes Framework (2012-13) Department of Health, England.

Public Health Wirral Annual Business Plan (2012-13).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Equality Impact Assessment Toolkit (from May 2012)

Section 1: Your details

EIA lead Officer:

Email address:

Head of Section:

Chief Officer: Fiona Johnstone

Department: Public Health

Date: 24/10/12

Section 2: What Council proposal is being assessed?

Tackling the Life Expectancy Gap; an overview of the key issues associated with the recognised measure of Life Expectancy within the Authority boundary.

Section 2b: Will this EIA be submitted to a Cabinet or Overview & Scrutiny Committee?

Yes If 'yes' please state which meeting and what date
.....5 November 2012.....

Please add hyperlink to where your EIA is/will be published on the Council's website (see your Departmental Equality Group Chair for appropriate hyperlink)

.....

Section 3: Does the proposal have the potential to affect..... (please tick relevant boxes)

- Services**
- The workforce**
- Communities**
- Other** (please state eg: Partners, Private Sector, Voluntary & Community Sector)
All of those stated.

If you have ticked one or more of above, please go to section 4.

- None** (please stop here and email this form to your Chief Officer who needs to email it to equalitywatch@wirral.gov.uk for publishing)

Section 4: Does the proposal have the potential to maintain or enhance the way the Council (please tick relevant boxes)

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity
- Fosters good relations between groups of people

If you have ticked one or more of above, please go to section 5.

- No** (please stop here and email this form to your Chief Officer who needs to email it to equalitywatch@wirral.gov.uk for publishing)

Section 5:

Could the proposal have a positive 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)?

You may also want to consider socio-economic status of individuals.

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

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Which group(s) of people could be affected	Potential positive or negative impact	Action required to mitigate any potential negative impact	Lead person	Timescale	Resource implications
All of the above protected characteristics excluding marriage and civil partnership are targeted within services commissioned	Potential positive impact	Ongoing contract monitoring and evaluation and any emerging key issues identified to be fed into the JSNA and addressed as appropriate	John Doyle?	Ongoing	There is currently an allocated Health Improvement budget within Public Health
Those living in the 20% most deprived Lower Super Output Areas	Potential positive impact Targeted services commissioned informed by needs assessments to increase access to services to improve lifestyle behaviour	Services are required to be delivered in a non-judgemental way to mitigate against a perceived ‘victim-blaming’ approach to health promotion	John Doyle?	Ongoing	There is currently an allocated Health Improvement budget within Public Health

Section 5a: Where and how will the above actions be monitored?

All commissioned services to address health inequalities are monitored through quarterly contract monitoring with existing providers and any issues are reported through the Public Health Department governance structures.

Any emerging issues fed into the JSNA will be addressed as appropriate through the Public Health Department Strategic Group.

Section 5b: If you think there is no negative impact, what is your reasoning behind this?

Commissioned services are underpinned by local evidence of need to tackle health inequalities and thereby positively discriminate protected characteristics.

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

Healthy Lives, Healthy People

NHS Outcomes Framework 2012-13

Wirral JSNA

Public Health Outcomes Framework

Appropriate Public Health NICE Guidance, including:

(PH 6) Behaviour change at population, community and individual level

(PH9) Community Engagement to improve health

(PH 35) Preventing type 2 diabetes – population and community interventions

(PH 25) Prevention of Cardiovascular Disease

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

Yes / No – (please delete as appropriate)

If 'yes' please continue to section 8. Yes

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

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

Section 8: How will consultation take place and by when?

Public Health commissions are informed through ongoing consultation with the community, service users and key stakeholders and consultation undertaken as part of the JSNA process.

Before you complete your consultation, please email your preliminary EIA to equalitywatch@wirral.gov.uk via your Chief Officer in order for the Council to ensure it is meeting it's legal requirements. The EIA will be published with a note saying we are awaiting outcomes from a consultation exercise.

Once you have completed your consultation, please review your actions in section 5. Then email this form to your Chief Officer who needs to email it to equalitywatch@wirral.gov.uk for re-publishing.

Section 9: Have you remembered to:

- a) **Add appropriate departmental hyperlink to where your EIA is/will be published (section 2b)**
- b) **Include any potential positive impacts as well as negative impacts? (section 5)**
- c) **Send this EIA to equalitywatch@wirral.gov.uk via your Chief Officer?**
- d) **Review section 5 once consultation has taken place and sent your completed EIA to equalitywatch@wirral.gov.uk via your Chief Officer for re-publishing?**