



Health and Well Being Overview and Scrutiny Committee

Date:	Monday, 14 January 2013
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

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

Members of the Committee are asked to declare any disclosable pecuniary and non pecuniary interests, in connection with any items 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 - 14)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committees held on 5 November 2012 and 4 December 2012.

3. BUDGET 2013/16 - INITIAL PROPOSALS (Pages 15 - 20)

At its meeting on 20 December 2012 (minute 144 refers), the Cabinet agreed in principle, to savings options for 2013/2016 totalling £29.6 million, subject to the outcome of further consultation where required.

Cabinet minute 144 is attached and the Committee is asked to consider those items, which fall within its remit.

4. CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP) LEARNING DISABILITY SERVICE REDESIGN (Pages 21 - 28)

To consider a report of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in relation to the redesigning of the Learning Disability Service.

5. MEDICINES MANAGEMENT (Pages 29 - 32)

To consider a report of the Chief Executive, Wirral University Teaching Hospital in response to a request by the Committee in relation to Medicines Management.

6. DEVELOPMENTS IN DEMENTIA CARE (Pages 33 - 36)

To consider a report of Dr Abhi Mantgani, Clinical Chief Officer, Wirral CCG, in response to a request by the Committee in relation to developments in Dementia Care.

7. NHS WIRRAL CCG UPDATE - JANUARY 2013 (Pages 37 - 40)

To consider a report of Dr Abhi Mantgani, Clinical Chief Officer, Wirral CCG

8. A STRATEGY TO TACKLE ALCOHOL RELATED HARM IN WIRRAL (2013-2016)

To consider a presentation from the Director of Policy, Performance and Public Health.

9. FORWARD PLAN

The Forward Plan for the period January to April 2013 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

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HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 5 November 2012

<u>Present:</u>	Councillor	S Mountney (Chair)	
	Councillors	C Povall M Hornby A Leech	T Norbury D Roberts A Brighthouse
<u>Co-optees:</u>		S Wall S Saagar	D Hill B Donaldson
<u>Deputy:</u>	Councillor	J Salter (in place of M McLaughlin)	

26 COUNCILLOR ANNE MCARDLE

The Chair referred to the recent death of Councillor Anne McArdle and the Committee stood in silent tribute to Anne's memory.

27 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 Salter declared a personal interest in the item, 'Transformation of Day Services – OSC Sub Group Report' by virtue of him being a trustee of the Lonsdale Trust (see minute 32).

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

Councillor Roberts declared a personal interest in all the agenda items by virtue of her appointment on the Management Committees of Arch Initiatives and Wirral Council for Voluntary Service.

28 MINUTES

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 10 September, 2012.

In respect of minute 14, Vascular Services in Cheshire and Merseyside, Councillor Hornby remarked upon the campaign against relocating the service from Arrowe Park Hospital to the Countess of Chester. The Secretary of State had decided that an independent committee should look at the whole aspect of the proposed move and there would be an opportunity to make representations to the Secretary of State.

Resolved – That the minutes of the meeting of 10 September, 2012 be approved as a correct record.

Before moving on to the next item of business and in response to a Member's comment, the Chair explained the process which had been followed in moving the meeting from its original scheduled date of 6 November to 5 November at the request of the Director of Adult Social Services and assured the Committee that both spokespersons had been consulted.

The Director confirmed that it was at his request that the Committee date be moved and offered his apologies; he assured the Members that it would not happen in the future.

The Chair confirmed that the next special meeting for the budget consultation process would be on Tuesday 4 December, 2012.

Councillor Salter asked on behalf of Councillor McLaughlin that future agendas contain a copy of the work programme. The Chair confirmed that he would be meeting with the Director and spokespersons to formalise this.

29 CONSIDERATION OF FINDINGS - WHAT REALLY MATTERS CONSULTATION

The Committee considered a report of the Chief Executive which was to be presented to Cabinet on 8 November with the results of the first stage of the consultation process. The consultation results contained within the report were intended to provide a good understanding of residents', partners' and employees' views on the Council's future priorities and appropriate methods in which savings should be delivered. All of the comments provided through the consultation had been analysed and summarised within the report, and all comments would be published on the Council website during November 2012.

Subject to Cabinet approval, the report would be followed by a second stage of consultation which would begin in November 2012. This second stage would involve consultation with residents, employees and other stakeholders to gather views on a range of detailed options for achieving the necessary budget savings for 2013/14.

The Committee received a presentation from Kevin MacCallum, Corporate Marketing Officer, in the Chief Executive's Department, on the process and findings of the consultation. Over the period of six weeks the team of 10 people had spoken to just over 13,000 residents. There had been 6,921 responses to the questionnaire, of

which 1,133 were staff responses. Responses were geographically and demographically representative.

There was broad approval for each of the four main themes:

- Increasing income
- Alternative delivery
- Shaping Community Services
- Stopping or reducing

Charges for some services should be raised but not to disadvantage people and being careful not to create a domino effect of an overall loss of income. People were very strongly in favour of shared services, although with any service which was outsourced there was a need to retain control. The results also showed that the Council should look at consolidating services into a smaller number of buildings but without leaving any community isolated. Officer options for savings would be published at the end of week to be followed by a further period of consultation through to January and Overview and Scrutiny Committees would be meeting again in December to consider these options.

The three top priorities were ranked in order as:

- Protecting our vulnerable adults and children
- Creating jobs and attracting investment
- Tackling poverty and inequalities in health

Members thanked all the officers involved in the consultation process for all their work in what at times could be a difficult and challenging task.

Resolved – That the presentation and report be noted.

30 WELFARE REFORM

The Committee considered the report of the Director of Adult Social Services outlining the significant impact of the Welfare Reform Act 2012 which legislated for the biggest change to the welfare system for over 60 years.

The report indicated that the Act introduced 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

Members were asked to consider some of the implications for vulnerable local residents and also for health and social care services; and to agree what actions were required to respond to those.

Rose Boylan, Principal Economic Officer, gave a presentation on the welfare reforms and elaborated in respect of the changes, including:

- Housing Policy, Housing Benefits and Under Occupation
- Localised Council Tax Support
- Local Welfare Assistance
- Benefit Cap Thresholds
- Personal Independent Payment (PIP)
- Universal Credit

Responding to Members' comments, Rose Boylan informed the Committee that PIPs would contain a daily living element and a mobility element. Changes would be made in how assessments were carried out although final details of these were yet to appear from the Government. In relation to changes to Local Welfare Assistance, a Wirral scheme was currently under development. There would be a certain amount of start up and management costs and delivery and administration issues were being worked up in advance of the April 2013 implementation date.

Rose Boylan commented that she would circulate further detailed information in response to Members' questions in respect of the PIP medical assessment, Under-occupancy and older people and LHA and private landlords.

The Chair suggested that visits could be undertaken to other Pilot authorities who were further on with implementation; or that a member of staff could be embedded within another Pilot authority for a period, to learn from that authority's experiences.

The Director suggested that the Committee would need to consider how it monitored and responded to the impact of the reforms.

With regard to the housing changes, there would be a need to establish the scope of the review which was already being undertaken into this aspect of the reforms by the Economy and Regeneration Overview and Scrutiny Committee.

On a motion by the Chair, duly seconded, it was -

Resolved – That

- (1) Cabinet be requested to ensure that the Council had enough resources to work through the reforms from January.**
- (2) The Scrutiny Programme Board be asked to look into the issue of a cross-cutting scrutiny review in respect of the implications of the welfare reforms, particularly in relation to housing matters.**
- (3) The report outlining the significant impact of the Welfare Reform be noted.**
- (4) Further updates be brought back to the Committee as specific social care policies are developed in response to the changes outlined within the report and the Chair and Spokespersons meet with the Director of Adult Social Services and Rose Boylan to discuss the impact in relation to this Committee's scrutiny role.**

31 **DELIVERING THE CORPORATE PLAN: 2012/13 SECOND QUARTER PERFORMANCE AND FINANCIAL REVIEW**

The Committee considered the report of the Director of Adult Social Services detailing the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to September 2012. The report highlighted issues which weren't achieving on target, and the corrective action being taken to address them.

The report indicated that the "Task and Finish" group had been established to consider a broader range of indicators that would inform committee about the activity within the overall health and well being system beyond those detailed within the report.

Responding to Members' comments, the Director remarked that in respect of indicators the Council had moved away from national indicators to enable indicators to be more Wirral specific. There was a need to know what was valued in Wirral and where resources should be targeted. It was acknowledged that there did need to be some benchmarking for comparison purposes. There was a statutory duty to offer care assessments and the Department did work closely with carer organisations.

The Director of Policy, Performance and Public Health suggested that there was scope to link into some public health outcomes and performance 'dashboards' relevant to Wirral were being developed.

Budget pressures of £10.2 million had been identified, which included:

- 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 would be presented on 29 November 2012. This could add further to existing pressures and very detailed discussions were being undertaken with care home providers.

The Director acknowledged that underlying pressures were significant and it was unlikely that the £10.2m overspend would be dealt with in-year. With savings identified for the budget consultation process, the Council was looking at the longer term context.

Brian Donaldson suggested that it would be beneficial if reports had an additional paragraph showing any implications for vulnerable adults or children. The Acting Director of Law, HR and Asset Management confirmed that the report template was universal and changes would require Cabinet approval.

Resolved –

- (1) That the report in relation to the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to September 2012 be noted.**

- (2) That Cabinet be requested to amend the report template with an additional paragraph on implications for vulnerable adults or children.**

32 TRANSFORMATION OF DAY SERVICES - OSC SUB GROUP REPORT

The Committee received a verbal update from Councillor C Povall in relation to the Transformation of Day Services sub-group review.

She commented that the staff working in the day centres with vulnerable adults were tremendously dedicated and expressed the hope that they would be given all the support they required. The issue of differing charges between day centres was something that needed to be addressed along with the issue of transport, whereby some service users were arriving at day centres at 11.00am and having to leave at 2.00pm.

Members had commented that the condition of some of the buildings was felt to be not fit for purpose. Some centres had management committees whereas others did not.

The Director, in response, stated that the report gave a useful insight into an area which was a key area for strategic change. Transport had historically been a difficult area and he also acknowledged the need for a different management model for day centres.

Councillor Norbury during the course of the discussion on this item declared a personal interest as an employee with Merseytravel and commented that Merseytravel were carrying out some innovative work with St Helens Council on transport provision.

Resolved – That the update be noted and the thanks of the Committee be accorded to Councillor Povall and Roberts and Diane Hill.

33 PROGRESS REPORT OF ACTIONS TAKEN TO IMPLEMENT OUTSTANDING RECOMMENDATIONS IN RELATION TO DASS: PERSONAL BUDGETS

The Committee considered the report of the Director of Adult Social Services following a request from Audit and Risk Management Committee on 19 September 2012 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.

Resolved – That the report be noted and the Committee receive a further report in March 2013.

34 TACKLING THE LIFE EXPECTANCY GAP

The Committee considered the report of the Director of Policy, Performance and Public Health which provided an overview of the key issues associated with the recognised measure of Life Expectancy within the Authority boundary.

The report explained how the measure was constructed; what was likely to affect it; what the measure indicated about the local population and the programme of

investments to be delivered through the Public Health Annual Plan to improve life expectancy in Wirral.

The activities described in the report were 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.

The Director elaborated upon the details in the report and responded to comments from the Committee. Tackling alcohol related issues was one of the key priorities. She stated that although there would be a £22m budget for public health there was a need to look at the totality of the Local Authority budget to tackle health inequalities. She suggested that the Committee could look at the Joint Strategic Needs Assessment and the need to scrutinise that the authority was getting value for money.

Members emphasised the need to encourage a healthy lifestyle as a key priority for the Council and to ensure targeting of the most deprived wards and BME communities.

Resolved – That

- (1) the report on tackling the life expectancy gap be noted;**
- (2) update reports be submitted to the Committee on a regular basis; and a presentation on tackling alcohol related diseases be made to the next meeting.**
- (3) a session be organised for Members to illustrate the processes followed within Public Health from the initial identification of need through the completion of a needs analysis to the development of a specification and the commissioning of an appropriate service to meet the identified need.**

35 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.

36 WORK PROGRAMME

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

The Chair informed the Committee that he would be meeting with the party spokespersons to agree future items for the work programme.

Christine Beyga, Head of Personal Support, would be drawing up a schedule for further visits to facilities and the Director of Policy, Performance and Public Health suggested that this could also include some public health services.

Resolved - That the comments of the Chair and officers be noted.

37 ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

Brian Donaldson co-opted member for the Carers Association suggested the need to include induction / scrutiny training for new co-opted members and the Acting Director of Law, HR and Asset Management stated that this would be referred to Organisational Development and the Scrutiny Officers.

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 4 December 2012

Present:

Councillor S Mountney (Chair)

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

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

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

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

Councillor Roberts declared a personal interest by virtue of her being By virtue of her appointment on the Management Committees of Arch Initiatives and Wirral Council for Voluntary Service.

Councillor Hornby declared a personal interest by virtue of him being a trustee/Director of Voluntary and Community Action Wirral.

Councillor McLaughlin declared a personal interest by virtue of her being a Carers Champion.

Councillor Brighthouse declared a personal interest by virtue of his appointment on the Management Committee of Wirral Citizen Advice Bureau.

39 **BUDGET OPTIONS**

The Committee received a presentation from Kevin McCallum, Marketing and Engagement Manager, Chief Executive's Department, on the process of the consultation and the progress made on Stage 2 of the consultation to date. Kevin McCallum reported that over 70 budget options had now been published and the savings identified were 25 per cent more than what was needed, giving Members

and the public a real choice as to where they should be made. She also went on to outline the role of Overview and Scrutiny members in the process.

At the suggestion of the Chair the Committee then considered the 14 budget options relevant to its own remit in turn.

1. Assessment and Care Management

Graham Hodkinson, Director of Adult Social Services, introduced this option. Responding to comments from Members he stated that the Department needed to be reorganised, remove specialisms and develop professional activities; Staff were working on a significant amount of projects which were not easy to deliver. Mr Hodkinson indicated that Social Workers were working closely with colleagues in the NHS.

In relation to joint working with Health, Dr Abi Mantgani, Accountable Officer Designate, NHS Wirral CCG indicated that he welcomed the idea of Social Workers being practice centred, working closer geographically, this was something that had been raised previously. He raised concern regarding the potential delays in relation assessments which may affect the pressures on the NHS and budget; He felt further discussions and a joint approach was needed. Graham Hodkinson indicated that the Department would be looking into joint investment with NHS, with Social Workers providing adequate support to assisting in getting people out of hospitals. This would require a detailed piece of work to look at how systems work.

Mr Hodkinson indicated that with the reduction in staffing and increased demand for services, this would prove a challenge but it was essential to undertake joint working with colleagues in Health.

2. Targeted Support

Graham Hodkinson, Director of Adult Social Services introduced this option. Responding to comments from Members he indicated that currently this was a system that was reactive but needed to be proactive to help and support people to manage their conditions and health to ensure they are being hospitalised for the right reasons.

Dr Abi Mantgani supported these initiatives which could assist in ceasing unnecessary admissions, which was why concern was raised regarding the delay in assessments. A number of initiatives were being undertaken to help people manage in their own homes.

In response to Members, Mr Hodkinson indicated that in relation to assistance from the multi community and faith sectors this was an area that both the Department and Health were looking at. In term of outputs Mr Hodkinson indicated that more focused outcomes along with performance were needed, people leaving the care system with less needs.

In response to Members, in relation to Dementia care, Dr Mantgani indicated that carers needed a lot of support and health was currently looking at this along with the

Carers Champion to offer assistance to those carers. Dr Mantgani agreed to submit a report on this to next meeting of the Committee.

The Chair, in summing up, expressed the Committee's general support for the department in working jointly with the NHS.

3. Support for Carers

Graham Hodkinson, Director of Adult Social Services introduced this option. Responding to comments he stressed the need to improve services for carers and distribute the funding more effectively. In response to concerns raised, Mr Hodkinson indicated that the policy had yet to be implemented. Carers will get a different approach to access services this will sit alongside the Carers Strategy. A range of services are to be commissioned to meet their needs this would replace personal budgets.

Funding is to be allocated to GP for short breaks; referrals can be made for people to access this

In summing up, The Committee expressed concern regarding the Department's ability to make the saving and indicated that individuals may lose out which may cost the Council in the long term.

4. Non-Residential Care Charges

Graham Hodkinson, Director of Adult Social Services introduced this option. Responding to comments indicated that the charges were in line with the National Criteria, people will be asked to contribute towards the services they access against their disposable income. This would be a stepped approach to help people adapt to the changes.

In response to Members, Mr Hodkinson agreed to provide case studies on the effect of changes to the charging policy. It was indicated that that disposable income would not include utility and food bills

With regards to hardship, Mr Hodkinson indicated that at present it was unclear as to what impact this would have; fair processes would be put in place and the Department was able to use its discretion when dealing with individual cases.

5. Assistive Technology

Graham Hodkinson, Director of Adult Social Services introduced this option. Responding to comments Mr Hodkinson indicated that the charge was quite low which would cover the cost of equipment. The charge would need to be reviewed on a regular basis.

6. Community Meals

Graham Hodgkinson, Director of Adult Social Services introduced this option. Responding to comments Mr Hodgkinson indicated that social isolation was a big issue and the Department was not looking to cease funding to luncheon clubs which offer a bit of contact for older people. At present the service is not being fully utilised as there were better options in local supermarkets etc. the service had some flexibility but this was a service in need of improvement. Consultation with services users was to be undertaken giving them the options.

The Chair, in summing up, stated that the Committee generally supported the option but raised concern regarding the rising costs. Members asked for the administrative costs to be highlighted within the proposal.

7. Day Services

Graham Hodgkinson, Director of Adult Social Services introduced this option. Responding to comments Mr Hodgkinson indicated that there had been a big shift in demand and some of the buildings were not fit for purpose. Currently undergoing the first stage of the consultation process and it was recognised that detailed consultation was need with day services but there was a need to downsize the service.

Mr Hodgkinson indicated that the Department would be looking at utilising leisure services facilities to offer different approaches i.e. sports and leisure activities. Ms Chris Beyga, Head of Personal Support, Adult Social Services indicated that although the demand was there, people wanted something different.

In response to Members suggestions, Ms Beyga indicated that discussions were being held with West Kirby Concourse, Beechwood and Leasowe Project to use their facilities for activities.

Members commented that it was pleased the Department were looking at this issue, as the Committee had done a lot of work on this with the Care Quality Commission. There was a need to increase choice and dispose of poor quality buildings.

Mr Hodgkinson indicated that some of the services were linked in with communities; these would need to be built on when working well. Members indicated that there was a need to raise the aspirations of services users and change the perception that day centre services were the only options available. Examples of this had been shown at Best Bites, Birkenhead College.

In relation to training Ms Beyga indicated that the Department had received a grant from sector led trainers Skills for Care who had given support to help those staff to fill the skills gap.

Impacts to services users were not yet known, needs would need to be re-assessed on an individual basis; this was a huge piece of work to be undertaken. The needs of carers would also need to be assessed as it was recognised that the day services were a respite for some carers.

In response to Members, Mr Hodkinson agreed to circulate the full Impact Assessment in relation to the proposed option.

The Chair, in summing up, stated the Committee's support of the proposed option.

8. Help and Advice for Older People

Graham Hodkinson, Director of Adult Social Services introduced this option. The Committee agreed to postpone discussion on this option to allow for further information to be circulated.

9. Residential Care for Learning Disabilities

Graham Hodkinson, Director of Adult Social Services introduced this option.

The Chair, in summing up, indicated the Committees support for the option

10. Review of Contracts

Graham Hodkinson, Director of Adult Social Services introduced this option

The Chair, in summing up, indicated the Committees support for the option

11. Review of Emergency Duty

Graham Hodkinson, Director of Adult Social Services introduced this option

The Chair, in summing up, indicated the Committees support for the option

12. Equipment Services

Graham Hodkinson, Director of Adult Social Services introduced this option and answered questions thereon.

The Chair, in summing up, indicated the Committees support for the option

13. Short Breaks (Respite)

Graham Hodkinson, Director of Adult Social Services introduced this option

In response to Members comments, Mr Hodkinson indicated that work had been undertaken with the independent sector which was currently on-going. There was a need to ensure the respite centres were of a decent condition.

Members expressed concern in relation to Fernliegh, in that services currently provided were not available in the independent sector last year and sought assurances that it would be in the future.

The Chair, in summing up, indicated the Committees support for the option but sought assurances that services provided at Fernleigh were made available in the independent sector.

14. Voluntary Sector Contract Review

Graham Hodgkinson, Director of Adult Social Services introduced this option in relation to investment with ARCH initiatives, Mr Hodgkinson indicated that this would need negotiating and commissioned by the NHS.

In relation to the ESF funding impacts, Mr Hodgkinson indicated that meetings were to be held with key voluntary sector agencies to gain a full a picture of the impacts.

Mr Brian Donaldson, representing the Carers Association asked about the transport policy for children and adults as this did not appear in the budget options. In response Mr Hodgkinson indicated that this was detailed in the options for Children and Young People as it included the adoption of a new transport policy relating to home to school transport. For adults we had already started (from September) implementing the transport policy that was there but had not been implemented. This was not subject to consultation.

The Chair thanked the Members for their input and congratulated the Director of Adult Social Services and his Department on a clear, concise and transparent approach.

CABINET

20 December 2012

144 BUDGET 2013/16 – INITIAL PROPOSALS

A report from the Interim Director of Finance provided the latest Budget Projections for 2013/16. The Budget Projections for 2013/16 included £11 million for growth arising from demographic changes, Government decisions regarding funding and local decisions relating to income.

It was proposed that an extraordinary Council meeting be convened before the end of January to approve the Council Tax Base and Business Rates Base as they had to be agreed by 31 January 2013. The Mayor had agreed to call this meeting on Monday 28 January, 2013 and all Members had been informed.

Budget Cabinet was scheduled for 18 February 2013 with Budget Council scheduled for 5 March 2013. The Council had to agree the Budget and set the level of Council Tax for 2013/14 by 10 March 2013.

The Chief Executive introduced the report and informed the Cabinet that following the Chancellor of the Exchequer's Autumn statement announcement, the budget gap for the next three years was now £109m. The Local Government Finance Settlement had been announced on 19 December and an initial analysis had been provided to the Cabinet by the Interim Director of Finance, this indicated that Wirral's loss of grant in 2013/14 would broadly be as estimated within Wirral's current budget projections, which was a loss of 6% equivalent to £8 million. Details regarding a number of grant areas were, however, still awaited. The Education Services Grant would only be known in late January and Public Health Funding had not yet been announced.

Joe Taylor, Unison Wirral Branch Secretary was invited to address the Cabinet. He welcomed the extension of the consultation period in respect of proposed changes to terms and conditions and emphasised that no savings had been agreed by any Trades Unions at this stage. With £6m in the salary budget for terms and conditions, the proposed reduction of £2.8m represented a 48 per cent cut, with an additional £1.5m saving if four days unpaid leave was introduced, a 1.5 per cent pay cut lasting three years.

Mr Taylor welcomed the extension of the consultation period in respect of the voluntary enhanced severance scheme and that the Administration would be speaking to the Government about possible capitalisation.

He re-emphasised the Trade Unions opposition to compulsory redundancies and that if any were put in place then the unions would ballot their members. Legal advice from UNISON's solicitors had been forwarded to the Administration and he hoped that following the senior management restructure no redundancy notices would be issued on 21 December, 2012.

Mr Taylor further commented that UNISON's national officer would be coming to Wirral on 16 January, 2013 and would be examining the Council's books in the hope of suggesting alternative savings. He went on to give particular examples on certain staff of the devastating cuts in pay if the proposed changes to terms and conditions were approved.

Mr Taylor further stated that immediate savings could be made now by making it a priority to cease the employment of consultants, advisors and agency staff. He urged the Administration not to smash communities and the people who voted the Administration into power.

Councillor Phil Davies informed the meeting that the proposed cuts were not of the Labour Group's making but had their origins with the Conservative / Liberal Democrat Coalition Government and were the result of their austerity policies. The previous Administration had also left a budget deficit of £17m. He had demanded a meeting with Eric Pickles, Secretary of State for Communities and Local Government and would be lobbying the Government with other Merseyside Labour Leaders.

He went on to state that, as Leader of the Council, he would not shirk his responsibilities in setting a legal budget and he had been elected to prioritise the needs of the poor, weak and vulnerable.

In moving a number of proposed savings options, he stated that they were on the basis that they related to the 'back office' rather than front line services and the consultation exercise had shown that the overwhelming majority of respondents supported saving money on these items. In the first part of December, each Overview and Scrutiny Committee had had the opportunity to discuss the budget options and question relevant officers. This approach would continue with further Overview and Scrutiny Committees to be held in advance of an Extraordinary Council meeting at the end of January.

It should be noted that no proposals relating to staff terms and conditions were being proposed at this time as negotiations with the Trade Unions were ongoing. The Administration was committed to working with the Trade Unions to try to reach agreement on these matters. It should also be noted that a number of these options required more formal consultation. Those relating to staff would be subject to further detailed consultation on the potential impact with employees as part of the statutory process. The outcome of this would be reported back to Cabinet.

The savings options proposed were set out in an appendix which showed the saving over the period 2013-16 amounting to £29.6 million. Of this sum, £14.5 million related to 2013/14.

On a motion by Councillor Phil Davies, seconded by Councillor Ann McLachlan, it was -

Resolved – That:

- (1) The Budget Projections 2013/16 and the increase in the Budget gap from £103 million to £109 million be noted.
- (2) The Budget Growth 2013/16 totalling £10.7 million be agreed and the detail be built into the Budget.
- (3) The savings options 2013/16, agreed to date of £11.2 million, be noted.
- (4) Cabinet notes that a special meeting of the Council has been convened for Monday, 28 January 2013 to approve the Council Tax Base and the Business Rates Base.
- (5) Savings options 2013/16 totalling £29.6 million be agreed, in principle, subject to the outcome of further consultation where required.
- (6) It be noted that with the savings agreed to date of £11.2 million these proposals take the total savings to £40.8 million. Of this sum £21.6 million relates to 2013/14 and represents 55% of the Budget gap for 2013/14.
- (7) These proposals be referred to special Overview and Scrutiny Committees for further consideration.

BUDGET SAVINGS PROPOSALS – DECEMBER 2012

Budget Option	2013/14 £000	2014/15 £000	2015/16 £000	Total £000	Requires formal staff consulta tion
FAMILIES AND WELLBEING					
Connexions – reduce contract costs	700	300	0	1,000	No
Transfer of PFI affordability gap to Schools Budget	0	0	2,300	2,300	No
Transfer PPM to Schools Budget	250	200	0	450	No
Academies charges for services	60	0	0	60	No
School Improvements	100	0	0	100	No
Housing Benefits – Maximisation of grant	2,000	0	0	2,000	No

TRANSFORMATION & RESOURCES					
Treasury management activities including borrowing costs	1,700	0	0	1,700	No
Rationalisation of IT	210	90	0	300	Yes
Power supplies – contract saving	11	0	0	11	No
Procurement					
- Procurement cards	40	0	0	40	No
- Services provided charged to Schools budget	80	0	0	80	No
- External Audit of Utility Payments	200	0	0	200	No
- Review and reduce suppliers	0	3,000	0	3,000	No
- Implementation of category management	0	0	5,000	5,000	No
- Review of VAT	0	1,000	0	1,000	No
Senior Management Re-structure					
- Directors/Heads of Service	1,000	0	0	1,000	Yes
- All managers above PO1	2,792	0	0	2,792	Yes
- Re-structure – Finance	621	0	0	621	Yes
- Re-structure - Technical Services	250	0	0	250	Yes
- Re-structure - Regeneration, Housing and Planning	337	0	0	337	Yes
- Consultants and Agency staff	500	0	0	500	Yes
Asset Management Re-structure	50	50	0	100	Yes
Closure of Acre Lane & Municipal Building	0	0	458	458	No
Move to 4 yearly elections	0	0	100	100	No
Re-structure - HR service	292	292	0	584	Yes
Re-structure - Legal Services	300	300	0	600	Yes
Review of Committee Services	175	0	0	175	Yes
Transforming Administration Support	500	1,000	1,000	2,500	Yes
Marketing & Public Relations	52	0	0	52	No
Destination Marketing	95	0	0	95	No
Reduction of External Audit Fees	140	0	0	140	No
Deletion of vacant posts					
- Customer Services	550	0	0	550	No

- Pest Control	30	0	0	30	No
- Education Psychologists	80	0	0	80	No
REGENERATION & ENVIRONMENT					
Charge for pre-planning advice	10	0	0	10	No
Invest Wirral support	352	0	0	352	No
Home Insulation Programme	986	0	0	986	No
SUMMARY					
To further staff consultation	7,027	1,732	1,000	9,759	Yes
Not subject to staff consultation	7,436	4,500	7,858	19,794	No
TOTALS	14,463	6,232	8,858	29,553	

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

14TH JANUARY 2012

SUBJECT:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP) LEARNING DISABILITY SERVICE REDESIGN
WARD/S AFFECTED:	ALL
REPORT OF:	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST (CWP)
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	NO

1.0 EXECUTIVE SUMMARY

This report is to brief committee members on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service redesign

2.0 BACKGROUND AND KEY ISSUES

- 2.1 This briefing provides an outline of the forthcoming consultation on the proposed changes to trustwide learning disability services provided by Cheshire and Wirral Partnership NHS Foundation Trust. The changes are proposed as part of the NHS efficiency saving requirements, of which the Trust has to achieve over £13m of savings over the next three years. The learning disability service redesign is part of this process
- 2.2 Learning Disability services comprise community learning disability teams, respite services and inpatient services (assessment and treatment; and low secure). In recent years we have seen a move towards more proactive support to service users and carers in their own homes, and working to prevent admission to hospital based services such as assessment and treatment.
- 2.3 The landmark publication 'Valuing People' (Department of Health, 2001) described how learning disability services make a critically important contribution to meeting people's health needs and have developed new roles and ways of working. More recent evidence shows, that despite these changes, unequal treatment continues. Following the investigation of events at Winterbourne View Hospital (Department of Health, July 2012), reducing admissions to learning disability hospital units and enhancing community services were confirmed as a national priority in the interim report and confirmed in the full report (Department of Health, November 2012). As

part of this response, the Government have produced a concordat: programme of action. This states:

The Government's Mandate to the NHS Commissioning Board sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people".

In the summary of the Government response, it is stated;

"The review makes it clear that the Government expects urgent progress to be made on improving standards. In your area you can expect that:

- NHS and social care commissioners will review all current hospital placements by June 2013;
- NHS and social care commissioners will support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1st June 2014;
- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviours which accords with the model of care by April 2014. " (*Department of Health - A national response to Winterbourne View – December 2012*).

2.4 In response to the challenges outlined above, the objective of the review was to ensure that:

"Quality services, with positive evidence based outcomes, are provided to meet the health needs of people with learning disabilities and are delivered as efficiently as possible within the available financial resource".

2.5 A review of Learning Disability Services provided by CWP was undertaken in 2011 that considered all community and inpatient services. Information from a review of national and local evidence regarding the needs of people with learning disabilities was used to inform the proposed way forward. The review also considered the views of the existing primary care trust (PCT) and the Care Quality Commission interim report on inspections of assessment and treatment services nationally. Other aspects of the review included alternative models of care in learning disability services nationally, an audit of service users needs, data collection, analysis of work activities and analysis of caseload weightings.

2.6 The findings of the review were that it was clear that the following improvements were required:

- Care Pathways: establish an improved clinical model with better service user outcomes
- Community learning disability teams: Redesign LD community services
- Inpatient Services: Reduce the reliance on inpatient facilities

3.0 Recommendations from the review

3.1 Care Pathways

The needs audit completed as part of the review process demonstrated that most of the needs currently being addressed by the Community Learning Disability Teams fall into four primary areas - **challenging behaviour, mental health, physical health including profound intellectual multiple disability, and forensic needs (offending behaviour)**.

As such the review recommended that each pathway be defined and include direct clinical, crisis intervention, transition, capacity building and strategic functions, in order to provide specialist support to best meet the needs of service users. Each pathway should:

- include care bundles (individualised packages of care) that are based upon evidence for clinical efficacy and best practice to ensure that there is clear focus for the work of staff in the teams; including for inpatient care, to ensure high quality multi-disciplinary care and reduced length of stay.
- include outcomes and outcome measurement.
- include crisis intervention and intensive work to prevent admission and/or out of area placement.
- include dedicated therapy resources.
- support for specific activities to improve partnership working, address inequalities and build capacity for working effectively with people with learning disabilities in other agencies and organisations.

3.2 Community learning disability teams

The review recommended a redesign of the current community teams to provide a core team in each area. This would reflect the level of need within each of the four care pathway areas to maximise the beneficial impact for service users. This would also ensure equal access to expert level clinical input and leadership. These changes would have no impact on where service users currently receive support from community teams, and will improve the quality of the service.

We are proposing enhanced community teams with more emphasis on specific professional disciplines, such as occupational therapy, psychology and speech and language therapy.

3.3 Inpatient services

The review recommended changes to bed-based inpatient services, involving the closure of one Assessment and Treatment Unit (Kent House), with a view to further reductions in the number of beds in the longer term. This shift in emphasis would enable Commissioners to reduce dependence on Assessment and Treatment Units and out of area placements, and concentrate resources where they are most needed to achieve good outcomes, as per national guidance and commissioner intentions.

Following the proposed closure of Kent House, the needs of service users in Wirral who require inpatient services would be accommodated at Eastway in Chester (if required, beds within Greenways in Macclesfield are also available).

The bed occupancy data considered as part of the review indicates that the average number of service users from Wirral and West Cheshire in Eastway and Kent House

(between April 2012 and July 2012) was 9 – all of whom could be accommodated at Eastway (which has 10 beds).

Kent House is the smallest commissioned Unit and is not on a hospital site with access to 24 hour emergency support if required. This means people cannot get help quickly in an emergency. Kent House is also not in a building which meets the needs of all people with a learning disability.

Learning Disability assessment and treatment units provide intensive, multi-disciplinary, therapeutic assessment and treatment, which is person-centred and tailored to the needs of each service user. An appropriate skill mix and staffing levels are crucial to the quality and success of the unit. Changes to the workforce in Assessment and Treatment, Respite and Low Secure Services are therefore also recommended in order to provide a clearer supervisory structure and appropriate skill mix and staffing levels to deliver safe, effective and efficient inpatient services.

3.4 Clear aims for the Service

A core statement of the purpose of CWP's specialist learning disability services was agreed in the course of the review – "To enable people with learning disabilities to achieve good health, live locally and be supported in a place of their choice in the community".

This should involve working:-

- directly with people to meet complex needs not otherwise provided for in the wider NHS
- in partnership with people with learning disabilities, their families, carers and others to provide direct support to ensure that people are able to benefit from other non-CWP services and;
- strategically to develop ability across the health and social care economy to effectively respond to the needs of people, address health in-equalities, and achieve health and well-being.

4.0 Options considered following review

Following the review findings and recommendations, we considered the following options.

4.1 Option 1) Make no changes to Learning Disability Services

The challenge of the national economic situation, together with the specific NHS savings requirements, means that 'doing nothing' to the way we currently provide learning disability services is not a viable option. CWP, like every other service provider in the NHS, is being challenged to 'do more for less'. In order to continue to provide quality and safe services, CWP has to respond to this challenge to remain a viable provider in the health economy.

4.2 In addition, by making no changes to services we would not be able to improve services based on the learning from the review we have undertaken. We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced

community support rather than over-relying on the provision of assessment and treatment beds.

4.3 Option 2) Introduce a care pathway model which promotes supporting people in the community, with access to enhanced community services and access to inpatient services for those who need it

We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced community support rather than over-relying on the provision of assessment and treatment beds. We also want to introduce improved access to a range of therapies when people do access inpatient services.

4.4 We think option 2 is the best option to improve outcomes for service users. Proposed changes to trustwide learning disability services will go through consultation - running for three months starting Monday 14th January 2013. The public consultation will seek feedback from service users, carers, staff, our foundation trust membership and partner organisations.

4.5 The public consultation on the proposed changes will take several forms. This will include an easy read paper based document and questionnaire, an online questionnaire, and a series of public meetings held locally. Invitations to these will be extended to anyone with an interest in the developments. The meetings will be hosted and attended by senior officers from the Trust who will present an overview of the proposed changes, and will answer any arising questions and queries. The dates of public consultation events for Wirral will be advised by officers at the Health and Well-being Scrutiny meeting on 14th January.

4.6 The full consultation document will also be circulated to committee members on 14th January 2013.

5.0 RELEVANT RISKS

There has been comprehensive impact assessment undertaken including Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the proposed service change to:

- demonstrate the benefits outlined in the consultation are achieved and
- potential adverse impacts are minimised.

6.0 RECOMMENDATION/S

6.1 That committee members note the report and comment on CWP's approach to the Learning Disability Service redesign consultation commencing in January 2013.

7.0 REASON/S FOR RECOMMENDATION/S

7.1 To progress the proposals and consultation as outlined in the report.

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Health & Wellbeing Overview and Scrutiny Committee
14 January 2013 @ 6:15pm

Mr David Allison, Chief Executive

Medicines Management

1.0 Background

Medicines management in hospitals encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.

Although the Chief Pharmacist in the Trust is accountable for the systems and processes to facilitate good medicines management, delivery requires strong collaboration with the Medical Director and Director of Nursing as doctors, pharmacists and nurses are all key players in the way medicines are used in a hospital, alongside a range of other healthcare professionals who may prescribe or administer medicines as a part of their role.

In January 2012, a CQC (Care Quality Commission) report stated that there were moderate concerns with medicines storage at Wirral University Teaching Hospital in light of information received following an audit of storage across the Trust. The medicines storage facilities had been developed as part of the original hospital build in 1982 and, unlike in many more modern hospitals, there were not bespoke areas where medicines were selected and prepared on most wards.

In April 2012, the Trust received an unannounced CQC inspection. The rating was reduced to minor concerns following their visit during which they noted improvements in the storage of medicines as a result of both behavioural changes and a significant on-going programme of investment in storage facilities at ward level. They did observe issues with the way medicines were reconciled when patients are admitted to the Trust and an over reliance on the pharmacy service to ensure that this is completed properly (medicines reconciliation is the process by which a medicines history is taken and then the correct medicines are prescribed on admission). They also identified that the bedside lockers used to store patient medicines were not fit for purpose.

In September 2012 a further unannounced CQC inspection occurred. Following the inspection the Trust was found to be fully compliant with the medicines management standard.

2.0 Programme of Work

A range of work has been undertaken to improve the way medicines are managed in the Trust.

2.1 Medicines Storage

- Over £500,000k has been invested to provide a medicines storage room on every ward with British regulation compliant medicines and controlled drug cupboards.
- Over £150,000k has been invested in new bedside lockers to support medicines administration by nurses and self-administration by patients where appropriate.
- Ward stock lists have been reviewed to separate medicines types and cupboards are organised and labelled alphabetically to support healthcare professionals to find the medicine they need.
- Pharmacy support staff now put away medicines on many of the Trust wards to release nurses to spend more time on patient care.
- A programme of education relating to medicines storage was delivered to nursing and healthcare workers at ward level.
- Pharmacy support staff now undertake unannounced medicines spot checks and check that fridge temperatures are regularly monitored.
- Checklists were introduced for ward sisters and monthly matron spot checks occur, and the results are monitored at the Trust Governance Committee.
- A range of publicity materials were developed - newsletters, flyers, etc which highlighted key issues and actions required.

2.2 Medicines Reconciliation

- A lead consultant was nominated to champion medicines reconciliation.
- Updated documentation was launched following feedback and an intensive period of education occurred at all junior doctor handover, to emphasise the importance of completing the paperwork appropriately.
- Medicines reconciliation was included in the junior doctor induction training.
- Additional pharmacy staff were placed on the admission area of the Trust to support prescribing.
- Pharmacy staff are now training 5th year medical students to undertake accurate medicines reconciliation.

2.3 Other Actions

- Additional medicines management training is being delivered by pharmacy staff on a range of topics.
- A small pilot of self-medication is occurring and will be extended in 2013.
- Funding for a Medicines Management Nurse has been approved to provide support to the medicines management agenda and to support the roll-out of self-medication in the Trust. It is hoped that an appointment will be made early in 2013.
- The way medicines are being administered is under review, to promote the management of medicines at the bedside where the nursing staff can spend more time with patients as they administer medicines.
- The Pharmacy obtained a Wholesaler Dealer's Licence in 2012; this allows the Trust to supply medicines to other organisations but also provides assurance regarding the medicines procurement and distribution services in the Trust.
- A new clinical guidance website is in development which, once live, will provide additional support for prescribers in one easy to find location.
- A pharmacy prescription tracker has been developed to support effective and safe discharge.

- Pharmacy staffing at the weekend and out of hours has been reviewed to provide additional cover at these times.
- The Trust resuscitation boxes have been redesigned to ensure that fluids needed in this situation are secured within a box and not left loose on resuscitation trolleys.
- Some areas of work will require a change in electronic prescribing system utilised in the Trust. The prescribing element of the new Cerner Millennium system has been delayed and the Trust is currently reviewing its options in light of this delay.

3.0 Next Steps

The Trust has made significant progress with the way medicines are stored and handled, but is not complacent and has a programme of work on-going to further improve and extend good practice in line with its policies and procedures.

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

14TH JANUARY 2012

SUBJECT:	<i>DEVELOPMENTS IN DEMENTIA CARE</i>
WARD/S AFFECTED:	ALL
REPORT OF:	NHS WIRRAL CCG
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	NO

1.0 EXECUTIVE SUMMARY

As requested at the last meeting of this Committee, this paper sets out some of the recent developments led by NHS Wirral CCG with regard to dementia care, and some of its plans moving forward.

2.0 BACKGROUND AND KEY ISSUES

2.1 Work to date

Dementia care has been identified as a main area of work and investment for the CCG. We have established a multi-disciplinary Dementia Strategy Group, spanning health and social care, and the NHS and voluntary sector, which has developed a plan for meeting the National Dementia Strategy. Some of our key areas of work are around integrating the efforts of health and social care, as we recognise that a growing elderly population means that we can no longer rely upon long term care, and that we need to work together to make the most of our shared resources. We aim to share and seek feedback on this plan as widely as possible, and to launch our strategy in the Spring. This work is led by Dr Peter Arthur, who is the CCG GP Lead for Dementia, and supported by Christine Campbell, one of the Chief Officers of the CCG. A Dementia Forum has been established and feeds into the Strategy Group brings together a wide range of people with an interest in dementia, including patients and carers, voluntary sector organisations, and champions for the elderly population such as the Older People's Parliament.

One of the key challenges will be to ensure that we can identify as many people with dementia as early as possible, so that people are able to live independent and fulfilled lives in the community. We have been working with the Memory Assessment Service to develop a shared care model with general practice, so that the role of the specialist service is to assess, diagnose and stabilise patients on any medication or care plans, and their own GP takes on the role of ongoing prescribing and monitoring. GPs are supported to do this through ongoing training and support from the service. This gives the service more capacity to offer more specialist care to a greater number of people, with reduced waiting times.

One of the three consortia has been working with its GP practices to pilot an over 65s Healthcheck, whereby each participating practice is required to invite each of its patients over 65 for an annual review, to include a brief memory assessment, and determining carer responsibilities, in order that appropriate referrals may be made and support given. This is currently being evaluated but it is hoped that it may be rolled out across the Wirral.

A tremendous amount of partnership working is taking place with the third sector, and this is something that we seek to augment through the dementia strategy. The CCG currently

commissions services including the following from the voluntary sector, which provides invaluable support to not only people with dementia, but also their families and carers:

- Dementia Outreach service
- Support Home from Hospital Service
- Early Onset Dementia service
- Alzheimer's Community Link worker

There is much that we are doing as commissioners to support our providers in training their staff to deliver high quality care to our elderly population. For instance, we will be introducing a CQUIN (commissioning for quality and innovation – a contractual lever that requires providers to go above and beyond their core contractual requirements) in our provider contracts regarding not only delivering dementia awareness training, but also monitoring the impact of this training, and ensuring that it is embedded in staff annual training plans. Furthermore, we are working closely with the care home sector and their staff to ensure appropriate use of antipsychotic medication for older people. We are in the process of rolling out dementia management training to our GP Practice clinical staff, to ensure that we can diagnose as many patients as early as possible, and equip our practices to manage these patients in the community safely and effectively.

With regard to carers, the CCG works very closely with WIRED on a range of initiatives for identification of carers, and support for carers. For instance, we have commissioned short breaks for carers, and have been doing significant work with our practices, through WIRED, to develop carer registers, encourage people to see and identify themselves as carers, and to signpost carers to any support that they may need. We are also working with Alzheimer's Society to develop education sessions for carers and families of those with dementia, in order to help people to understand the effect that the condition has upon a person, and so that the support offered is the most appropriate, and people feel empowered to continue to care.

2.2 Future plans

Dementia and Carer support are both key priority areas within the NHS Operating Framework, and in the CCG Strategy. Key areas of work moving forward into 2013/14 are planned as follows:

- increased use of Telehealth to support patients in the home
- promotional campaign to identify early signs of dementia
- dementia liaison staff within the hospital to ensure care for patients with dementia can be tailored to their needs, and that no one needs to stay in hospital for longer as possible
- stepped care within the community, and home treatment support
- working with the Local Authority to explore the care that is available for patients with Learning Disabilities and dementia
- focusing on patients with dementia that live alone, to enable them to remain independent
- working with providers to develop 'dementia friendly communities'
- developing registers of patients with mild cognitive impairment, and facilitating regular review of these patients, to identify and treat dementia as early as possible

The CCG will continue to work with its patients and stakeholders to ensure that its planned areas of work meet national and local targets, and are in the best interests of our local population.

3.0 RECOMMENDATION/S

Members of the Committee are asked to note the content of this report.

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WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

14TH JANUARY 2012

SUBJECT:	<i>NHS WIRRAL CCG UPDATE JANUARY 2013</i>
WARD/S AFFECTED:	ALL
REPORT OF:	NHS WIRRAL CCG
KEY DECISION? (<i>Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.</i>)	NO

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide an update to the Committee with regard to national policy, local developments and the progress over recent months made by NHS Wirral CCG.

2.0 BACKGROUND AND KEY ISSUES

Department of Health Review: Winterbourne View Hospital

The final report into the events at Winterbourne View Hospital was published on 10th December, and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

The programme of action includes:

- by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide
- by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014
- by April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice

As a consequence, there will be a dramatic reduction in hospital placements for this group of people the Care Quality Commission will strengthen inspections and regulation of hospitals and care homes for this group of people, including unannounced inspections involving people who use services and their families a new NHS and local government-led joint improvement team will be created to lead and support this transformation.

This programme is backed by a concordat signed by more than 50 partners, setting out what changes they will deliver and by when. The government will publish a progress report on these actions by December 2013.

The final report into the events at Winterbourne View Hospital states that staff routinely mistreated and abused patients, and management allowed a culture of abuse to flourish. The warning signs were not picked up, and concerns raised by a whistleblower went unheeded.

The report also reveals weaknesses in the system's ability to hold the leaders of care organisations to account. In addition, it finds that many people are in hospital who don't need to be. People with learning disabilities or autism, who also have mental health conditions or challenging behaviour can be, and have a right to be, given the support and care they need in the community, near to family and friends. The Clinical Commissioning Group will be considering the implications of this report via its joint commissioning arrangements with Wirral Borough Council and will need to implement local actions which will include:

- no one is sent out of area inappropriately into in-patient services for assessment and treatment;
- people can move on from these services quickly to more appropriate care;
- for the small number of people for whom in-patient services may be needed for a short period, the focus is on providing good quality care, as locally as possible and moving on to more appropriate settings as quickly as possible;
- engaging people with learning disabilities and their family carers in developing person-centred approaches across commissioning and care;
- build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem so that they can make use of local generic mental health beds;
- commission the right model of care to focus on the needs of individual people, looking to avoid the factors which might distress people and make behaviours more challenging, building positive relationships in current care settings;
- focus on early detection, prevention, crisis support and specialist long term support to minimise the numbers of people reaching a crisis which could mean going into hospitals;
- work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises;
- commission flexible, community-based services.

The CSU on behalf of the CCG completed the annual self-assessment which benchmarked the CCG's progress against some of the actions above. This was verified by the NHS North West and has shown there are gaps in services that are provided. A comprehensive action plan is being developed in order to ensure that the deficits are addressed.

Proposals for Learning Disabilities Services

Cheshire and Wirral Partnership Trust (CWP) has notified the CCG of its intention to go to formal consultation in relation several proposals for Learning Disabilities services. In order to meet its Cost Improvement Programme, and to bring services in line with national requirements, particularly following the Winterbourne view report, the principal changes that the Trust is proposing are to:

- reconfigure its community teams in terms of bases and skill-mix
- reduce the provision of bed based in-patient services. In the short term, this would include closure of the assessment and treatment unit, Kent House

The consultation is due to commence on the 9th January, with CWP due to present to the CCG on the 8th January.

Community Mental Health Team proposals

Following the public consultation around proposals to reconfigure Community Mental Health Teams, the results have been evaluated by Liverpool John Moores University, and the Trust is working on an implementation plan. The principal change proposed is to move towards a recovery-focussed model and case management, which involves a reduction in senior clinician time, and discharge of clients where ongoing clinical input is no longer appropriate. The CCG is currently reviewing the outcome of the evaluation to ensure the proposed service will continue to meet commissioner requirements and provide the same high quality outcomes.

Patient and Public Involvement

The CCG has been engaging in a number of ways including:

Advertorial was placed in the Wirral Globe December, there is another planned for the New Year.

Stakeholder event held 5th December attended by 40 delegates ranging which included statutory organisations and voluntary community and faith groups.

Consortia Patient Participation Groups: these groups continue to meet regularly. Several activities have taken place over the past month, including:

- WGPCC working with its Patient Council members to develop a campaign to reduce wasted appointments
- Chief Executive of Wirral NHS Community Trust attended the last meeting of the WGPCC Patient Council to listen to patients' views on services delivered by the Trust. A senior representative of Wirral Hospital Trust is due to attend its January meeting.
- WHCC patient Forum meeting took place on Tuesday, 4th December 2012. This meeting included a presentation on commissioning and an update on projects such as Pathways to Life. A member of the Patient Forum has agreed to participate in the Programme Board of the Pathways to Life Project, with the first meeting having taken place on 20th December. The next meeting of the Patient Forum is on the 8th January 2013.
- The Alliance Patient Engagement Group is now well-established with regular attendance at the monthly meetings of 2 patients per practice - they are currently reviewing their terms of reference as they continue to increase their understanding of the commissioning agenda and how they want to be involved to support decisions; they are also working with the Alliance management team on what they want on their agenda, i.e. presentations; information provision; feedback from practice patient groups etc.

Each Consortium is working to promote involvement and engagement beyond its groups. This includes the use of postcards called 'Your GP Needs You', specifically designed to capture patient contact details and promote different ways of getting involved.

The CCG is exploring different media in order to communicate with patients and public. This has included social media with the development of a twitter account

The draft constitution has been put onto the CCG website to give members of the public the opportunity to comment, in addition to it being sent to stakeholders. Four comments have been received via the in-touch website.

Increased access to Unplanned Care

Two of the Consortia are using their commissioning resources to provide additional access to unplanned care within general practice. This includes Urgent Care models at 4 Alliance practices to test out different ways of influencing patient behaviour to attend General Practices instead of hospital, for non-emergency attendances. WGPCC has expanded its number of Minor Injury and Illness Services to include bases at Moreton Health Clinic, Kings Lane MC, and Holmlands MC. Both Consortia developments will hopefully reduce inappropriate hospital attendances and increase patient access.

Service Developments

In order to improve quality of care and facilitate access, a new service specification has been developed for podiatry and orthotics. Following the successful of moving its physiotherapy services to an AQP contract, in vastly improving access and reducing waiting times, WGPCC is also planning to procure the podiatry element of the specification via an AQP process. This will ensure value for money, as the resources follow the patient, and enable alternative providers to deliver services to patients.

A shared care model for alcohol is being rolled out across Wirral practices, with CWP supporting each practice with a named link for patients with alcohol issues. This scheme will be evaluated during this quarter to determine the impact upon A&E and improvement in patients' health.

The shared care model for dementia care is now in place, with the Memory Assessment Service discharging patients into primary care once the patient has been assessed, diagnosed and stabilized on any medication. The next step is to model this change in pathway on capacity and demand to ensure that the service has sufficient capacity to see new patients as quickly as possible. A dementia strategy is being developed which we hope to consult on and launch to the public in Spring 2013.

Meetings attended by Senior Management team members

Health and Wellbeing Board - This was attended by the Chief Clinical Officer and one of the Consortia Chairs. A review of the membership is being undertaken. The results of the prioritisation exercise were presented.

The Chair and the Chief Officer of WHCC have both participated in authorisation site visits in Hastings and Teesside. This provided the CCG with useful insight into how the panel would operate and what was required of the CCG to facilitate a smooth visit.

The Corporate Chief Officer and WGPCC Commissioning Manager attended a joint LINKs and Older People's Parliament coffee morning event which was looking at the issues relating to discharge from WUTH. This was also attended by the CEO of WUTH and its Director of Nursing.

3.0 RECOMMENDATION/S

Members of the Committee are asked to note the content of this report.

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