



## Health and Wellbeing Board

<b>Date:</b>	<b>Wednesday, 13 November 2013</b>
<b>Time:</b>	<b>4.00 pm</b>
<b>Venue:</b>	<b>Nightingale Room, Old Market House</b>

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## AGENDA

- 1. WELCOME AND APOLOGIES**
- 2. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

- 3. MINUTES (Pages 1 - 10)**

To approve the accuracy of the Minutes of the last meeting of the Health and Wellbeing Formal Board held on 10 July 2013.

- 4. PUBLIC HEALTH ANNUAL REPORT**

**Purpose:**

To present the findings and recommendations of the 2013 Public Health Annual Report

(Fiona Johnstone– Wirral Council)

**5. PROGRESS REPORT: HEALTH & WELLBEING ACTION PLAN (Pages 11 - 20)**

**Purpose:**

To update on the progress of the Health and Wellbeing Strategy Action Plan.

(Julie Webster, Wirral Council)

**6. ANNUAL REPORT OF WIRRAL SAFEGUARDING CHILDREN BOARD (Pages 21 - 40)**

**Purpose:**

To present the annual report of the Wirral Safeguarding Children Board.

(Bernard Walker, WSCB Independent Chair)

**7. WIRRAL COUNCIL BUDGET OPTIONS (Pages 41 - 84)**

**Purpose:**

To consult with Health and Wellbeing members on budget options being considered by Wirral Council. Members are asked to give feedback on the budget options summary documents.

Summary Documents of the three areas to be considered are attached.

(Clare Fish – Strategic Director, Families and Wellbeing)

**8. UPDATE ON VISION 2018**

**Purpose:**

To present an update on work to develop a vision and model for an integrated health and social care system for the borough.

(Dr Abhi Mantgani, Wirral Clinical Commissioning Group)

**9. NHS ENGLAND UPDATE**

**Purpose:**

Quarterly report to update on the work of NHS England and local implications

(Andrew Crawshaw, NHS England)

**10. UPDATE ON LOCAL ACTION IN THE LIGHT OF THE REVIEW OF WINTERBOURNE VIEW (Pages 85 - 126)**

**Purpose:**

To present on local progress and action planning following the Winterbourne View Report

(Graham Hodgkinson, Director of Adult Social Services)

**11. DATE OF NEXT FORMAL BOARD MEETING**

**The next meeting of the Formal Board will be held on Wednesday 12 March 2013 at 4:00pm, Committee Room 1, Wallasey Town Hall.**

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## HEALTH AND WELLBEING BOARD

Wednesday, 10 July 2013

Present:

Cllr P. Davies	(Chair)
Cllr P. Gilchrist	Leader of the Liberal Democrats
Cllr C. Jones	Portfolio Holder for Adult Social Care
Cllr C. Meaden	Portfolio Holder for Health and Wellbeing
Ms C. Fish	Strategic Director, Families and Wellbeing
Ms F. Johnstone	Director of Public Health
Ms A. Clark	Healthwatch
Dr A. Mantgani	Chief Clinical Officer, NHS Clinical Community Group
Mrs J. Webster	Head of Public Health, Wirral Council
Mr S. Gilby	Chief Executive, NHS Community Trust
Mrs A. Roberts	Chief Executive, VCAW
Ms J. Hassall	Director, Children's Services
Mr R. Smith	Clatterbridge Cancer Centre
Dr P. Jennings	Chair, Wirral Clinical Commissioning Consortium
Mr K. Carbery	Business Manager, Public Health
Mr A. Crawshaw	Area Team, NHS England
Ms S. Green	Wirral University Teaching Hospital
Ms C. Beyga	Department of Adult Social Services
Mr M. Houghton Evans	Department of Adult Social Services

### 1 WELCOME AND APOLOGIES

Apologies for absence were received from Councillor J. Green, Mr G. Hodkinson, Director of Adult Social Services, Ms M. Dumba, Area Team NHS England, Mr D Allison, Chief Executive, Wirral University Teaching Hospital, Ms S. Cumiskey, CWP and Mr A. Cannell, Clatterbridge Centre for Oncology.

### 2 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Cabinet are asked to consider whether they had any disclosable pecuniary or non pecuniary interests in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

No such declarations were made.

3 **MINUTES**

**RESOLVED:**

**That the accuracy of Minutes of the Health and Wellbeing Board held on 10 July 2013 be approved.**

4 **PUFFELL DEMONSTRATION**

The Board considered a presentation from Ms A.Madden and Ms J.Hampson from Icecreates Ltd regarding Puffell which was a unique social media platform that enabled people to self manage their own health and wellbeing and empowered individuals, groups and communities to making positive changes that impacted their overall wellness and made the most out of their lives.

Puffell provided a lot of support and assisted in addressing lifestyle issues such as smoking, alcohol, healthy weight and long-term conditions. Focusing initially on wellness, aspiration and empowerment, Puffell was designed to draw people together and activate positive behaviours and also provide a platform to enable people to connect with friends and family and the wider community to offer support and share progress.

Since its launch on 14 June, Puffell had 622 registered users on the system, 244 were following on Facebook and 131 on Twitter.

Future development of the site would include work and employment, parenting, health checks and adult social care.

In relation to Wirral Well, it was reported that Puffell offered an alternative system which allowed people to connect with others not just from Wirral but from all over the country.

In response to questions regarding accessibility for specific patients and hard to reach groups and the ability to measure outcomes, it was reported that work was on-going with patient groups to test the system to improve accessibility; the system allowed for users to track their behaviour i.e.: water intake therefore outcomes could be monitored for e.g. weight loss and the system was made available to all, in local libraries and through a developed mobile phone app.

**RESOLVED:**

**That Ms A.Madden and Ms J.Hampson from Icecreates Ltd be thanked for their informative presentation.**

## 5 BUDGET TRANSFERS SECTION 256

The Board considered the report of the Director of Adult Social Services and Dr Abhi Mantgani, Chief Clinical Officer, Wirral Clinical Commissioning Group outlining the NHS Operating Framework and the Local Authority Grant settlements for 2013/14 which included funding transfers made from the NHS to local authorities to support social care.

Mr Mike Houghton-Evans, Adult Social Services Department and Dr Abhi Mantgani, CCG introduced the report and indicated that an audit/dashboard would be produced in relation to the funding to support Adult Social Care.

It was reported that in Wirral, older people were over represented in care homes and underrepresented in their own homes; this was an issue that needed to be addressed.

Dr Mantgani reiterated that resources available were to be utilised to increase capacity.

Mr Houghton-Evans indicated that the Chancellor of the Exchequer had recently announced the funding made available, but he expected that expenditure would be carefully monitored by Government.

In relation to joint working arrangements, the Urgent Care Board was meeting to discuss this and the joint Chief Executive representatives had met to discuss ways in which totality could be effectively managed going forward.

With regard to schemes undertaken in the previous year, it was commented these needed to be evaluated to ensure that they had satisfactory outcomes.

It was commented that assurances were needed with regard to the sustainability of new services, there was a need for them to prove that they could provide continuity to ensure appropriate future planning.

The Chair raised his concern regarding the re-ablement provision in particular, the timescales, in response, Dr Mantgani indicated that this should be implemented by 1 January 2014, and was hoping that there would be fast responses; however, this would take time to implement fully.

Mr Houghton-Evans commented that in relation to intermediate care services in Wirral, this needed to go back to basics starting at people's own homes; Re-ablement services needed to be re-designed and the funding identified. Work was being undertaken to design an alternative model in August 2013 with a view to implementation with immediate effect.

### **RESOLVED: That**

- (1) the report be noted;**
- (2) progress on the re-enablement agreement be monitored; and**

- (3) **the Director of Adult Social Services and the Chief Clinical Officer, Wirral CCG be requested to submit an update report to the September 2013 meeting regarding the re-enablement provision and a dashboard/Audit in relation to Adult Social Services.**

## 6 **SPENDING REVIEW 2013**

The Board considered the report of the Strategic Director – Families and Wellbeing updating Members on the outcomes of the announced Government Spending Review and the impacts on health and social care.

Ms Clare Fish, Strategic Director, Families and Wellbeing indicated that there was a major focus on early intervention and for the Council this was working progress.

The Chair indicated that the letter received from the Department for Communities and Local Government was very vague and gave no clear indication as to how the money was to be accessed, timescales and plans for the future.

Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance indicated that the Council needed to start planning and working on this in readiness for 2015, there was a need to ensure that Wirral had a robust, sustainable system going forward.

It was commented that the section 256 agreement was the first step, and assurances were needed to ensure pooled resources were working as hard as individual budgets.

Initial assessments had been improved, to allow patient information to travel with patients through their care journey.

There was a need to get the model of care right and use resources wisely. The Chair commented that a clearer vision was needed as to what an integrated Health and Social Care service would look like.

Ms Johnstone indicated there was a need to understand the challenges ahead and discussions needed to be held as to what the community's needs were.

The Chair requested that an item be put on the agenda to enable the Board to discuss what the vision was for an integrated service

### **RESOLVED:**

**That the outcome of the Spend Review be noted.**

## 7 **LONG TERM CONDITIONS INTEGRATION PROGRAMME**

The Board considered the report of the Director of Adult Social Services which provided an overview of the Long Term Conditions Integrated Programme Boards function, membership, governance arrangements and vision for the future and



informed of the application submitted expressing interest to becoming an Integration Pioneer.

Mr M Evans, Head of Integration/Joint Commissioning reported that he was pleased with the work of the Programme Board regarding the Pioneer Project.

The outcome of the bid will be known over the summer.

The Chair indicated that as Wirral had been approved as a community budgets council, with this there was a need to ensure a joint approach in our submission.

**RESOLVED:**

**The joint working underway to improve health and social care through the integration programme be noted and the bid to become a 'Health and Social Care Integration Pioneer' be supported.**

**8 DEMENTIA STRATEGY**

The Board considered the report of the CCG updating on the Dementia Strategy

The Wirral Dementia Strategy Group had been working to devise a Wirral Dementia Strategy that set out how Wirral commissioners and providers would work together over the coming three years to meet the requirements of the National Dementia Strategy.

The Strategy would be a public-facing and an iterative document that would be updated on at least a quarterly basis, and provided any member of the public or professional colleague with a current position of Wirral's progress against national and local plans to improve the care of people with Dementia.

An investment plan would be developed alongside the Strategy, which would highlight any areas that would require additional investment in order to move forward.

The Strategy represented a joint approach to dementia planning between commissioners, and health and social care providers. Its development, and its future monitoring, would be overseen by the Dementia Strategy Group, which comprised of representatives from a wide range of stakeholders.

Ms Johnstone welcomed the emerging strategy and stressed the need to address and understand this aspect of work, which could be significant to the Council and the Board and requested that that the CCG provided further updates and a report detailing future planning if the need increased.

**RESOLVED:**

**That the Dementia Strategy be noted.**

9 **DISABLED CHILDREN'S CHARTER**

The Board considered the report of the Director of Children's Services informing of the Disabled Children's Charter and requesting that the Board consider signing up to its commitments.

**RESOLVED:**

- (1) **That the report be noted; and**
- (2) **the Chair on behalf of the Health and Wellbeing Board and the Council sign up to the Disabled Children's Charter.**

10 **NHS ENGLAND - UPDATE**

The Board considered the report of the Area Director, Cheshire Warrington and Wirral Area Team, NHS England providing an update on NHS England's Business Plan and recent activities.

Members indicated that this was an excellent report which gave a good overview and provided a better understanding of NHS England's role.

The Chair indicated that the transfer of the Healthy Child Programme back to local government by 2015 was of particular interest to the Council and it was hoped that there was a transitional approach being taken over the next 18 months.

**RESOLVED:**

**That the update report from NHS England be noted.**

11 **IMPLICATIONS OF THE PROPOSED CARE BILL**

The Board considered the report of the Strategic Director, Families and Wellbeing providing details of a policy briefing note summarising the key points of the Care Bill and its potential implications for Wirral.

**RESOLVED:**

**That the policy briefing note summarising key points of the Care Bill and its potential implications for Wirral be noted.**

12 **WINTERBOURNE VIEW**

The Board considered the report of the Director of Adult Social Services providing an update with regards to Winterbourne View.

The report indicated that, two years ago, a Panorama programme provided a shocking illustration of the vulnerability of people in hospitals like Winterbourne View. As a result the Department of Health had set up a programme for change and through this the Government had given a mandate to the NHS Commissioning Board which stated that:

“The NHS Commissioning Board’s objective is to ensure that CCGs 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 summary, this meant:

- all current placements would be reviewed by 1 June 2013, and everyone inappropriately in hospital would move to community-based support as quickly as possible, and no later than 1 June 2014;
- by April 2014 each area would have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with the model of good care.

#### **RESOLVED:**

**That report be noted**

### **13 LONGER LIVES - UPDATE**

The Board considered the report of the Director of Public Health/Head of Policy and Performance indicating that the Longer Lives report, published by Public Health England on the 11th June 2013 reported on the number of people who had died under the age of 75 in each local authority area between 2009 and 2011. It also provided data on the main causes of these early deaths – cancer, heart disease and stroke, lung disease and liver disease.

The report indicated that overall, the report showed Wirral in common with other parts of the country categorised as ‘more deprived’ as having a higher than average rate of premature death.

The report provided advice to commissioners and individuals on action to take to improve health outcomes.

The information in the report reflected the findings of the Joint Strategic Needs Assessment and action to tackle premature deaths was being taken forward via local strategies and action plans e.g. Health and Wellbeing Strategy, Alcohol Strategy, Clinical Commissioning Group Commissioning plan.

The Chair raised concern regarding the figures for premature death in relation to liver disease and alcohol and asked if an analysis report could be provided highlighting the action plan for tackling this issue. In response, Ms Johnstone indicated that this was discussed at the recent meeting of the Policy and Performance, Families and Wellbeing Committee who wanted to look at this as part of their work programme, and agreed to provide a report to a future meeting.

**RESOLVED:**

**That the report be noted.**

**14 PIONEER BID**

The Board considered the report of the Dir of Public Health/Head of Policy and Performance updating on the System Leadership programme which was a ground-breaking collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, Local Government Association and the Leadership Centre, that enabled areas to create system wide change through leadership collaboration and development. Together these partners had pooled resources to assemble a fund of over £1m to support up to 30 places in this breakthrough project (see Appendix A).

Wirral had submitted an application, at the end of May, to support the development of a local Food Plan (see Appendix B). This application was successful (see Appendix C). As a result Wirral would receive a package of support, including the time of an experienced leadership development enabler (equivalent to one day per week) to support the development of the Food Plan whilst advancing leadership in Wirral to the benefit of residents. As part of this programme Wirral would also have access to further varied support including:

- learning networks hosted by the King's Fund
- participation in Future Vision – a national leadership development programme
- access to the knowledge-hub where information from the across the places would be shared
- a number of free consultancy days from a limited range of private sector partners
- participation in the Commissioning Academy.

A launch event was held in London on 28th June 2013, at which Wirral had a presence, detailed within Appendix D to the report. Further information regarding the local programme would be provided to the DPH and Wirral Chief Executive via the national programme lead within the next few weeks.

The Chair congratulated the Director and her team on the work undertaken on this and thanked them for their hard work in putting the bids together.

**RESOLVED:**

**That the report be noted.**

**15 THE HEALTH AND WELLBEING IMPROVEMENT SUPPORT PARTNERSHIP - OFFER OF SUPPORT**

The Committee considered the report of the Director of Public Health/Head of Policy & Resources updating on the Local Government Association and the Department of Health have produced a prospectus of support for the development of Health & Wellbeing Boards.

The report detailed the prospectus and the submission made to take up the offer of Peer Challenge support for the Board, these were attached as Appendix A and B to the report.

**RESOLVED:**

**That the report be noted.**

16 **DATE OF NEXT MEETING**

The next meeting of the Formal Health and Wellbeing Board will be held on Wednesday 13 November 2013 at 4:00pm, The Nightingale Room, Old Market House.

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## WIRRAL HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 <sup>th</sup> November 2013	<b>Agenda Item</b>	
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<b>Report Title</b>	Delivering the Health and Wellbeing Strategy
<b>Responsible Board Member</b>	Fiona Johnstone

<b>Link To HWB Function</b>	<b>Board development</b>				
	<b>JSNA/JHWS</b>		x		
	<b>Health and social care integrated commissioning or provision</b>				
<b>Equality Impact Assessment Required &amp; Attached</b>	<b>Yes</b>		<b>No</b>	N/A	x
<b>Purpose</b>	<b>For approval</b>		<b>To note</b>	x	<b>To assure</b>

<b>Summary of Paper</b>	<p>The purpose of this report is to provide the Health and Wellbeing Board with an update on progress in delivering the actions identified in the Health and Wellbeing Strategy. A report on the delivery of the Strategy will be presented to the Board on a quarterly basis going forward with reporting by exception.</p> <p>The paper also outlines the next steps in the development of the Strategy to take account of the emerging partnership structure in the Borough and partners priorities.</p>		
<b>Financial Implications</b>	<b>Total financial implication</b>	<b>New investment required</b>	<b>Source of investment (e.g. name of budget)</b>
	£	£	£
<b>Risks and Preventive Measures</b>	To ensure it is fit for purpose the Board continually needs to review its operation, if it does not do this it risks not delivering the best possible health and wellbeing outcomes for local people.		
<b>Details of Any Public/Patient/ Service User Engagement</b>	Public and stakeholder consultation informed the development of the Health and Wellbeing Strategy		
<b>Recommendations/ Next Steps</b>	<ol style="list-style-type: none"> <li>1. The Board is asked to note the exceptions reported against delivery of the Health and Wellbeing Strategy action plans with the planned activity to ensure timescales are achieved</li> <li>2. The Board is asked to note and support the work planned for the next twelve weeks to review the current Health and Wellbeing Strategy and develop a plan of action for the next development phase of the strategy and board development.</li> </ol>		

<b>Report History</b>		
<b>Submitted to:</b>	<b>Date:</b>	<b>Summary of outcome:</b>
Shadow Health and Wellbeing Board	12 <sup>th</sup> December 2012	Health and wellbeing priorities for 2013/14 agreed, allowing progression to the next stage of Strategy development
Shadow Health and Wellbeing Board	25 <sup>th</sup> January 2013	Progress update

Shadow Health and Wellbeing Board	13 <sup>th</sup> March 2013	Strategy approved
Health and Wellbeing Board	21 <sup>st</sup> August 2013	Board update on priority setting session and agreement on next steps in the implementation and delivery of the strategy.

<b>Publish On Website</b>	<b>Yes</b>	x	<b>Private Business</b>	<b>Yes</b>	
	<b>No</b>			<b>No</b>	x

**Report Author:** Julie Webster

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## **Delivering the Health and Wellbeing Strategy**

### **Purpose**

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on progress in delivering the actions identified in the Health and Wellbeing Strategy. A report on the delivery of the Strategy will be presented to the Board on a quarterly basis going forward with reporting by exception.
2. The paper also outlines the next steps in the development of the Strategy to take account of the emerging partnership structure in the Borough and partners priorities.

### **Background**

3. Under the Health & Social care Act, 2012 all upper tier and unitary local authorities in England took on a new duty in April 2013 to take such steps as they consider appropriate for improving the health of the population of their area. An important step in exercising this duty was the establishment of a Health and Wellbeing Board as a statutory committee of the Council and the production of a Joint Health and Wellbeing Strategy. The first Health and Wellbeing Strategy for Wirral was agreed in March 2013.
4. The Health and Wellbeing Strategy sets out the overarching framework that describes how the public, private and voluntary sectors will work together with Wirral residents to improve the health and wellbeing of local people. The strategy provides a basis for the commissioning of health, social care and wellbeing services in Wirral.
5. The strategy does not replace existing commissioning plans; rather it is aligned with them. It is intended to support the commissioning of health, social care and wellbeing services. Key priorities and outcomes were developed in consultation with stakeholders.
6. Three priority programmed areas for shared action were agreed by the Health and Wellbeing Board, based on public and stakeholder consultation and evidence of what works. The priority programme areas for the strategy are:
  - Mental Health
  - Older People
  - Alcohol misuse

### **Delivery of the strategy**

7. The delivery plans developed for the priority areas set out a programme of activities to address the priorities and achieve the outcomes agreed by the Board and detailed in the Strategy. Appendix one provides board members with detail of the key actions required for the delivery of the strategy and commentary on progress to date.
8. Quarterly reports on the progress of the strategy will be presented to the Health & Wellbeing Board commencing with this paper.

9. The following actions which are rated amber are brought to Board members attention for comment and action

<b>Key priority: Mental health</b>			
<b>Key activity</b>	<b>RAG</b>	<b>Commentary</b>	<b>Action planned</b>
Reduce stigma by developing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping		Following cabinet approval of the re-commissioning of the Healthy Child Programme for 5-19 year olds, this activity has been halted.  The consultation process for the re-commissioned activity has highlighted mental wellbeing for children and young people as a key element of the new service to be commissioned.	This work will be commissioned as part of the Healthy Child Programme for 5-19 year olds.
Recruit and support employers to register and work towards achieving 'Mindful Employer'		No lead partner has been identified to progress this recruitment campaign.	Wirral Public Health Team to convene a meeting with identified partner representatives to progress.
<b>Key priority: Older People</b>			
Continue to increase co-ordination of personal care by commissioning and delivering health, social care and housing services in a more joined up way		Progress is being made through the 'Caring Together' strategy which develops integrated health and social care teams across Wirral for individuals with long term conditions. This is at an operational level for a target group and integration of the whole structure is being considered through the work around Vision 2018.	AQUA are developing formal top level plans that are required to be signed off by the Health & Wellbeing Board by end of March 2013 in order to access financial support from the Integration Transformation fund.  The Vision 2018 initiative is key to ensuring that this action is delivered within Wirral in the near future.

### **Next steps**

10. The strategy is an iterative document that needs to be developed in the light of the developing partnership planning agenda in the borough as illustrated through the development of the Public Sector Board and reflect the emerging priorities of members.
11. As agreed at the Health and Wellbeing Board development meeting in August an external facilitator has been sought to support the Board to take stock of the delivery of the Health and Wellbeing Strategy and to ensure we are working together to deliver the best possible outcomes for local people
12. Work will take place with the Board until the end of January 2014 to address the following questions.

- How do we ensure our delivery plans are fit for purpose and will deliver against the outcomes specified in the Health and Wellbeing Strategy?
- How do our early help and prevention services build on community assets?
- How do we define what the public sector does for local people and what communities are asked to do for themselves?
- What is our potential to join services together?
- How do we make good use of existing strategic partnerships to address complex health and social care needs? What is the delivery infrastructure we require to ensure delivery of the Health and Wellbeing Strategy?

13. The external facilitator will undertake the following activity:

- Review of current Health and Wellbeing Strategy and delivery plans
- Facilitation of discussion
- Summarise the output from these meetings to inform an interactive challenge session with board members and lead officers
- Design and facilitate the interactive challenge session based on a structured methodology that will:
  - Test out the delivery plans
  - Identify good practice
  - Determine areas that need developing
- Produce a summary note from this session with outlined next steps.

## **Recommendations**

14. The Board is asked to note the exceptions reported against delivery of the Health and Wellbeing Strategy action plans with the planned activity to ensure timescales are achieved
15. The Board is asked to note and support the work planned for the next twelve weeks to review the current Health and Wellbeing Strategy and develop a plan of action for the next phase of the strategy and board development.

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**Health and Wellbeing Strategy 2013/15 Action Plan : Progress Overview**  
**as at Oct 13**

Priority area	Key activities	RAG Status
<b>1. Mental Health</b>		
<b>1.1 Address social isolation by providing practical help for people with mental health issues</b>	Ensure that the links between mental health issues and financial inclusion are monitored and addressed as part of Wirral's response to the impact of welfare reform, e.g. by ensuring that mental health services are invited to working groups along with organisations such as Wirral Credit Union. Specific areas of focus will be: <ul style="list-style-type: none"> <li>• Reviewing changes to Incapacity Benefit in re-assessing people as fit for work;</li> <li>• Ensuring health partners are fully aware of the changes and where they can refer for welfare advice information &amp; advocacy</li> </ul>	Green
	Ensure that people with mental health issues are appropriately signposted to the social support available in Wirral, using mechanisms like the Wirral Well website	Green
	Increase digital inclusion through the Go ON Wirral initiative to reduce wider social isolation and support individual health & condition management	Green
	Ensure that parenting support services and the health visiting service are identifying and addressing social isolation and mental health issues through their contact with families	Green
	Provide mental health awareness training for frontline staff and community members e.g. Mental Health First Aid	Green
	Raise awareness of asset-based approaches to community development	Green
	Run a mental health campaign to reduce stigma and promote early diagnosis in areas of the borough with high rates of mental illness e.g. 'Time to Change'	Amber
	Reduce stigma by developing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping	Amber
<b>1.2 Develop stronger links with housing providers</b>	Develop opportunities for joint working between health and housing providers, for example through the Strategic Housing Partnership, to understand and address the impact of housing policies on people with mental health issues	Green
<b>1.3 Promote employment opportunities for people with mental health issues</b>	Recruit and support employers to register and work towards achieving 'Mindful Employer'	Green
	Review and evaluate evidence of good practice in any local employability projects e.g. Advocacy in Wirral; Reachout.	Green
	Promote volunteering & work experience opportunities as a route back into employment for people with a mental health condition	Green
<b>1.4 Promote accessibility to community-based health interventions</b>	Improve uptake of physical health checks for people with mental health problems	Green
	Support mental health service users to give up smoking and understand how better to support them in smoking cessation	Green

Priority area	Key activities	RAG Status
<b>2. Older people</b>		
<b>2.1 Address social isolation by providing practical help to older people via information, advice and advocacy services</b>	Use local press and publicity and Wirral Well website to disseminate information	Green
	Increase digital inclusion to tackle social isolation e.g. through Go ON Wirral initiative	Green
	Provide comprehensive advice on the full range of benefits and entitlements and increase take-up of these	Green
	Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations, to a broader range of people	Green
	Implement the Prevention and Early Intervention Strategy	Green
	Appropriate housing for older people: Integrate housing needs assessment into Health and Social Care services assessment with established pathways to the Wirral Council Home Improvement Agency	Green
	Work with Merseyside Fire Service to enable them to undertake home fire safety visits for vulnerable people	Green
	Explore the opportunity for an asset-based model to assist with handyperson tasks and energy efficiency advice (e.g. through use of a time bank / volunteering etc.)	Green
<b>2.2 Help to keep older people warm and well</b>	Promote uptake of seasonal flu vaccination	Green
	Promote home insulation schemes	Green
	Promote the 'Choose Well' campaign	Green
<b>2.3 Promote falls prevention advice</b>	Falls prevention promotion: Promote healthy lifestyle activities e.g. weight-bearing exercises and physical activity to reduce the risks of falling	Green
	Offer early intervention to maintain independence amongst those at risk of falls	Green
	Develop a comprehensive care pathway to improve the outcome and efficiency of care after hip fractures	Green
<b>2.4 Dementia</b>	Improve public and professional awareness and understanding of dementia through Wirral Well	Green
	Develop a dementia assessment pathway	Green
	Implement the Carers Strategy	Green
<b>2.5 Joint commissioning and better integration of</b>	Develop integrated health and social care systems for patients with long-term conditions including dementia across Wirral	Green
	Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions	Green

<b>services</b>	Continue to increase co-ordination of personal care by commissioning and delivering health, social care and housing services in a more joined up way	<b>Amber</b>
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<b>Priority area</b>	<b>Key activities</b>	<b>RAG Status</b>
<b>3. Alcohol</b>		
<b>3.1 Identification, prevention treatment and recovery</b>	Provide information, advice and guidance to enable people to make informed choices about alcohol consumption: <ul style="list-style-type: none"> <li>Promote the updated Wirral Alcohol website <a href="http://www.wirralalcohol.co.uk">www.wirralalcohol.co.uk</a></li> <li>Campaign to raise awareness of excess alcohol consumption at Wirral University Hospital Trust to staff, patients and visitors</li> <li>Promote alcohol awareness campaigns e.g. Alcohol Awareness Week; excess drinking at Christmas and Dry January</li> </ul>	<b>Green</b>
	Identify and implement the most effective interventions to reduce/prevent liver disease by: <ul style="list-style-type: none"> <li>Inclusion of alcohol screening in NHS Health Checks programme</li> <li>Review and evaluation of shared care pathway to ensure it is effective and efficient</li> </ul>	<b>Green</b>
	Improve and extend the range and quality of delivery of the alcohol screening and brief advice programme, ensuring that a wide range of professionals are involved and that the right people are identified and engaged in the right places	<b>Green</b>
	Ensure alcohol treatment services target those groups 'most at risk' by evaluating and reporting on the outcomes of specific projects targeted at those most at risk e.g. the Woodchurch and 18-24 projects	<b>Green</b>
<b>3.2 Crime, disorder and communities</b>	Increase enforcement activity to address young people drinking in public places by the establishment of a "Community Alcohol Partnership" in one Wirral policing area, with a view to rolling out across the Borough if evaluated successfully.	<b>Green</b>
	Investigate the development a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process	<b>Green</b>
	Campaign for and support the increase in the minimum unit price of alcohol and control the ready availability of alcohol	<b>Green</b>
<b>3.3 Young people, families and carers</b>	Provide interventions for young people admitted to the accident and emergency department, addressing the presenting issues and reducing the likelihood of future presentations <ul style="list-style-type: none"> <li>Hospital Accident and Emergency staff to access training to identify alcohol-related attendances and deliver brief harm-reduction interventions</li> </ul>	<b>Green</b>
	Work with schools and Further Education Colleges to promote and implement: <ul style="list-style-type: none"> <li>Schools substance misuse guidance</li> <li>'Alcohol Alright' brief intervention toolkit</li> </ul>	<b>Green</b>





## WIRRAL HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 <sup>th</sup> November 2013	<b>Agenda Item</b>	
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<b>Report Title</b>	Wirral Safeguarding Children Board Annual Report
<b>Responsible Board Member</b>	Julia Hassall Director of Children's Services

<b>Link To HWB Function</b>	<b>Board development</b>					
	<b>JSNA/JHWS</b>					
	<b>Health and social care integrated commissioning or provision</b>				Yes	
<b>Equality Impact Assessment Required &amp; Attached</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	<b>N/A</b>
<b>Purpose</b>	<b>For approval</b>		<b>To note</b>	<b>Yes</b>	<b>To assure</b>	

<b>Summary of Paper</b>	<p>Local Safeguarding Children Board's (LSCB's) hold the statutory function to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children. As part of this duty LSCB's are required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in their local area.</p> <p>The Annual Report from the Wirral Safeguarding Children Board (WSCB) is presented to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board and is published on the wirral.gov website.</p> <p>The report describes the structure, membership and functions of the multi-agency WSCB and details progress against the agreed priority areas set for 2012/13 This includes an assessment of the effectiveness of key WSCB functions including being assured that all organisations have given due regard to safeguarding and promoting the welfare of children, what lessons have been learned from Serious Case Reviews, the quality of WSCB training and how well allegations have been managed.</p> <p>The priorities for the WSCB for 2013/14 are detailed in the Business Plan part of the report. Seven priority areas have been set for the next 12 months:</p> <ul style="list-style-type: none"> <li>• Review, monitor and develop professional expertise in safeguarding practice</li> <li>• Undertake Serious Case and Critical Incident Reviews and embed learning from these;</li> <li>• Ensure the development of Early Help is quality assured to improve impact and outcomes</li> <li>• Ensure children and young people continue to be safeguarded in light of significant national reform and local changes</li> <li>• Develop and implement an action plan to tackle child sexual exploitation</li> <li>• Continue to monitor and improve the functioning of the WSCB</li> <li>• Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding.</li> </ul>
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<b>Financial Implications</b>	<b>Total financial implication</b>	<b>New investment required</b>	<b>Source of investment (e.g. name of budget)</b>
	£ N/A	£ N/A	£ N/A
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>	Service user engagement is managed through the WSCB partnership		
<b>Recommendations / Next Steps</b>	The health and wellbeing board is requested to note the report and consider opportunities for working with the WSCB to improve the wellbeing of all children and young people in Wirral		

<b>Report History</b>		
<b>Submitted to:</b>	<b>Date:</b>	<b>Summary of outcome:</b>
<b>List of Appendices</b>		

<b>Publish On Website</b>	<b>Yes</b>	Yes	<b>Private Business</b>	<b>Yes</b>	
	<b>No</b>			<b>No</b>	No

**Report Authors:** Bernard Walker WSCB Independent Chair  
David Robbins WSCB Business Manager

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<http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board/annual-reports>

# **Wirral Safeguarding Children Board Annual Report (12-13) and Business Plan (13-14)**

**Bernard Walker**  
**Independent Chair**  
**WSCB**

**David Robbins**  
**Business Manager**  
**WSCB**

**November 2013**

# Statutory Objectives and Functions of WSCB

**Section 14 of the Children Act 2004** sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

*The WSCB operates as an independent multi-agency body under the direction of an independent chair and is not subordinate to any other body.*

# Safeguarding Context for 2012-13

- Government acceptance of the Munro Review of Child Protection- child centred, professional judgement
- Publication of Working Together to Safeguard Children 2013
- NHS Reform – demise of PCTs, creation of CCG's, change in roles/ accountability
- Safeguarding in a time of Austerity- implication of budget cuts/ remodelling particularly in LA, Police, Health, Probation

## ***1. Further develop professional expertise in safeguarding practice***

- ✓ Working Together briefings delivered to over 300 professionals
- ✓ Core safeguarding procedures fully published online
- ✓ Safeguarding supervision audit recommended changes
- ✓ Section 11 audit overview report published
- ✓ Policy, Practice and Procedure committee updating procedures following publication of new Working Together
- ✓ Undertaking of workforce training needs analysis

## *2. Improve learning from Serious Case Reviews*

- ✓ Learning disseminated from 2<sup>nd</sup> national pilot using SCIE systems approach methodology
- ✓ WSCB has trained two authors in SCIE approach
- ✓ Learning embedded in WSCB training and tested by audits
- ✓ Detailed messages from SCR's published in Annual Report
- ✓ New NW learning and improvement framework being developed

## ***3. Ensure outcomes for children are the focus of interventions and performance management***

- ✓ Quality assurance framework and 3 year quality cycle developed and linked to multi-agency auditing
- ✓ Child Protection performance data published and scrutinised by WSCB
- ✓ Revisions made to performance management reports in line with government/ Munro recommendations
- ✓ Impact assessment tool for measuring effectiveness of multi-agency training



## ***4. Implement the actions from Serious Case and Critical Incident Reviews***

- ✓ Four core areas targeted for training – child sexual abuse, neglect, domestic abuse and parental mental health
- ✓ Joint working protocol for parental mental health published and updated training delivered
- ✓ Study of the use and impact of the graded care profile and wider study of neglect planned
- ✓ Extensive and targeted child sexual abuse training for social care

## ***5. Continue to improve the functioning and accountability of WSCB***

- ✓ Memorandum of understanding developed with the Wirral Children's Trust Board
- ✓ Appointment of new Independent Chair
- ✓ Publication and presentation of annual report
- ✓ Implemented government's statutory guidance on role of the lead member and Director of Children's Services
- ✓ Recommendations from the Section 11 overview report implemented
- ✓ Safeguarding included in commissioning arrangements

## ***6. Continue to strengthen joint working between WSCB and SAPB***

- ✓ Children's and Adult's training co-ordinated through Learning and Development Committee
- ✓ Publication of single training plan and core competences
- ✓ Sharing of lessons from Children's and adult's case reviews
- ✓ Closer future integration through corporate safeguarding function
- ✓ Single Independent Chair
- ✓ Joining up of other sub group functions

## Section 11

- Duty on organisations to comply with annual audit (117 2012)

## Learning from Serious Case and Critical Case Reviews

- 16 learning points highlighted and disseminated by WSCB from one SCR and one CIR

## Safeguarding Training

- 28 courses (90 sessions) delivered to over 1000 professionals

## Child Death Overview Panel (CDOP)

- WSCB member of Merseyside CDOP. Annual report published

## Early Help Offer

- 1116 supported through Team Around the Child (TAC). 56% of cases closed needs met

## Local Authority Designated Officer for Allegations (LADO)

- 139 allegations reported. Physical abuse (61%) and sexual abuse (18%) main categories

## For 2013-14

### Priority One

*Review, monitor and develop professional expertise in safeguarding practice*

- Targeted provision of training informed by training needs analysis
- New Section 11 audit and accountability meetings
- Update of core safeguarding procedures and work with Tri-X
- Development of a WSCB website

## Priority Two

WSCB Business Plan 13-14

### *Undertake Serious Case and Critical Incident Reviews and embed learning from these*

- Requirements for undertaking SCR's as set out in Working Together are Implemented
- Learning from SCR's and CIR's is disseminated across partner agencies
- Systems are in place to measure impact of learning
- To agree the NW Learning and Improvement framework

## Priority Three

WSCB Business Plan 13-14

***Ensure the development of early help is quality assured to improve impact and outcomes***

- The WSCB maintains oversight of development of the Early Help offer through targeted services (focus on family)
- WSCB published updated Integrated Working Guide including thresholds
- Thresholds scrutinised through multi-agency auditing
- The need for children to be subject to child protection plans or to become looked after is reduced by effective early help

# Priority Four

WSCB Business Plan 13-14

***Ensure children and young people continue to be safeguarded in the light of significant national reform and local changes***

- New NHS organisations and structures are securely embedded in the WSCB
- The WSCB effectively challenges Wirral Children's Trust Board, particularly with regard to commissioning
- WSCB scrutinises 'think family' practice to ensure needs and wishes of children are central to planning outcomes
- WSCB continues to undertake multi-agency audits



# Priority Five

WSCB Business Plan 13-14

## *Develop and implement an action plan to tackle child sexual exploitation (CSE)*

- Multi-agency CSE sub committee is established
- Children experiencing or at risk of CSE are identified and provided with effective services
- Awareness of CSE is raised in communities
- Activity related to CSE is successfully disrupted leading to successful prosecution of offenders

## Priority Six

WSCB Business Plan 13-14

***Continue to monitor and improve the functioning of the WSCB and ensure there is appropriate challenge to the Children's Trust to drive up standards***

- The WSCB quality assurance framework drives improvement
- Regular audits measure effectiveness of practice
- Effectiveness of WSCB to keep children safe can be measured in all aspects of local safeguarding
- WSCB sub committees have clear action plans and can demonstrate the effectiveness of their work

## Priority Seven

### *Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding*

- Shared service areas are identified and integration continues through sub committee working
- Development of the Multi-Agency Safeguarding Hub (MASH) includes co-location of children's and adult's safeguarding
- WSCB and SAPB functions become aligned under single corporate safeguarding function
- The Intensive Family Intervention Programme (IFIP) – troubled families programme is embedded in service delivery
- The new Family CAF and Team Around the Family approach are evaluated

# **End of Presentation**

## **Wirral Safeguarding Children Board Annual Report and Business Plan**

<http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board/annual-reports>



**Budget Options:**  
Summary Document for  
Families & Wellbeing

*If you care about tomorrow,  
you need to tell us today.*

# Message from the Chief Executive

## Dear Resident

I'm sure you will be aware that Councils across the country are facing major cuts in funding.

The Government is continuing to reduce the amount of money Councils are able to spend on services. These cuts are falling more and more on deprived, northern areas such as Wirral. While we fiercely believe the way these cuts are being allocated is both disproportionate and unfair, we have no choice but to implement them.

These are tough times - for our staff, Councillors, and most importantly the people who we serve. We have more extremely tough decisions to make over the coming months. To refuse to make the savings demanded of us would mean setting an illegal budget, which would ultimately result in the wholesale closure of services - putting thousands of vulnerable people at very real risk. Our duty as public servants is to do all we can to use the limited resources we have left in the most effective way possible to continue to ensure the services you rely on most remain available in some form. The only way we can do this is in partnership with you. We need your input and your views.

We started this process last year, and agreed savings of almost £50 million. This was a good start, and we were able, thankfully, to make most of these savings through so-called 'back office' costs, including efficiencies in areas such as management administration, marketing, agency costs, car mileage and phone bills. We also made significant progress in removing the legacy of bad financial management at this Council - we have made sure that going forward Council budgets are robust and are based on sound evidence, and the mistakes of the past are not repeated.

However, this year, we need to make further savings and are again asking for your help. Once again, we tried to come up with options which would mitigate, as much as possible, the impact of these budget cuts on our most vulnerable residents. Within this document you will find both an explanation of the Council budget, plus a series of principles which have been used to develop these options.

I put forward to you my options for where savings might be found, and I am asking all of you - residents, partners, and staff - to consider how we can spend less while minimising the impact on our poorest and most vulnerable residents. I understand how difficult it may be to contemplate some of these options, but the only responsible thing for us to do is to deal with the financial challenges we face.

Last year, we knew we had to save £109 million over the next three years - that figure has actually grown due to further announcements by the Government. This coming financial year, our budget gap is £27.5 million. We have found efficiency savings which add up to around £7 million, which do not impact on services. We are also assuming a below inflation rise in Council Tax which would generate £2 million. This means, of the budget options which have been put forward, only around £17.5 million need to be agreed - which I hope demonstrates that there is real choice over where savings can be found.

My pledge to you is that I will consult with staff, residents, community, voluntary and faith groups and businesses so that we can make these tough decisions together. I urge you to work with us and let us have your views.

**Graham Burgess,**  
Chief Executive.

# Message from Strategic Director, Clare Fish

**The challenges we are facing, both in a financial and demographic sense, mean that we must change, we must adapt, and we must innovate to ensure that we continue to deliver services which are relevant to those who need them.**

We have an ageing population, and more vulnerable adults needing our help. We have more and more children needing our support, and we have growing levels of child poverty. At the same time, the aspirations of the people we work with are, quite rightly, rising – as are their expectations of us. However, we have less money than ever to support them. Our challenges are clear – they are significant, but not insurmountable.

A priority is to continue to fulfil our duties to safeguard those who are most vulnerable whilst targeting the resources we have to ensure we achieve maximum value for the Wirral pound. We will continually seek innovative solutions to make certain the financial constraints being placed on the Council do not impact on our residents' ability to live full lives and achieve their aspirations.

To do this we must adopt a new way of thinking – working with and supporting individuals and communities to become more resilient, thereby reducing dependency and encouraging greater independence. This will require residents, people using our services and also our workforce to think and work differently.

It will also mean we will work much more closely with partners looking at how we can deliver services better together. We will be looking for whether other organisations are better placed to deliver services on our behalf.

We will shift focus, proactively involving service users in all aspects of how services are designed, delivered and reviewed. The money we spend will be scrutinised to ensure we commit public resources only where it will have most impact and deliver the most positive outcomes.

We recognise that none of these changes can happen overnight. We have a lot of work to do to 'get the basics right' and to bring our finances into line. We have already made a good start – and we will continue to work hard to make sure we get there.

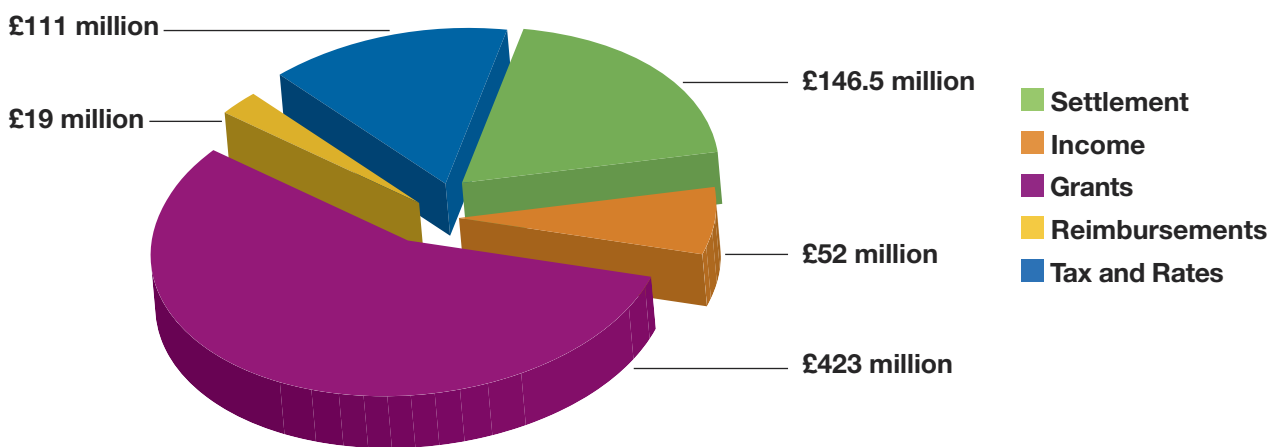
The savings which are being proposed this year are difficult. They impact on you, as a resident, and they impact on our staff. They are tough choices, but necessary ones, and if we are to be successful we need to work together – staff, residents, partners and Councillors. I therefore strongly urge you to let us have your views.

**Clare Fish,**  
Strategic Director -  
Families & Wellbeing

# Your Budget Explained

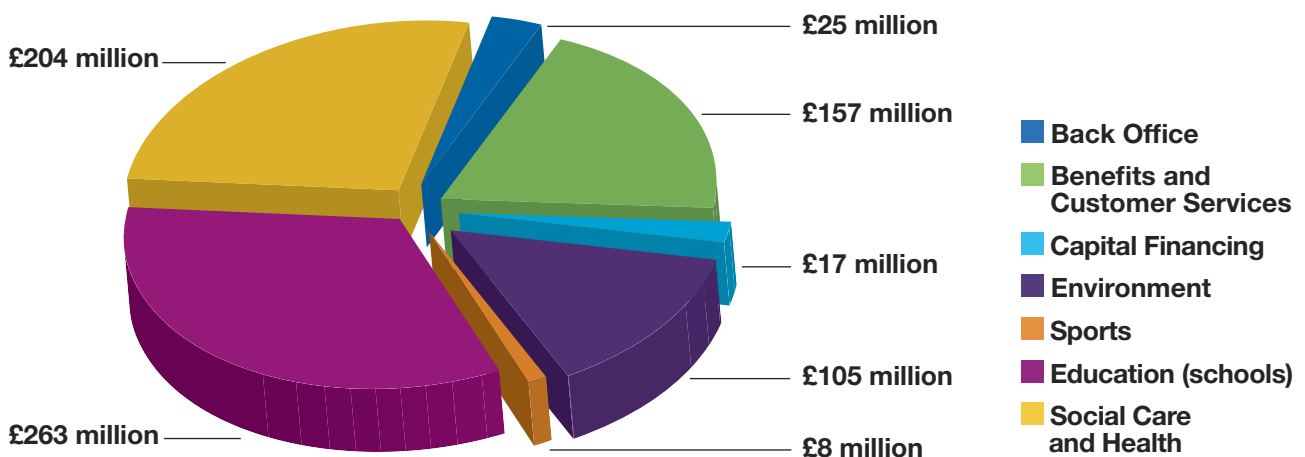
The Council, like a lot of public sector agencies and big organisations, has an extremely complicated budget. We've tried to simplify it on this page, to explain to you why we need to make savings and where our £27.5 million budget gap has come from.

## WHERE OUR MONEY COMES FROM (2014/15):



Firstly, it's important to be clear about where the money Wirral Council spends actually comes from. As you'll see from the chart – the vast majority of the money comes from the Government, in the form of 'Grants' (£423 million), which is money provided to Councils to do specific jobs mainly for schools and housing, and a 'Settlement' (£146.5 million), which is divided up among all of the Councils in the country based on need and deprivation. We also receive £111 million from Council Tax and Business Rates, £52 million in income from services and £19 million in 'reimbursements', which is where organisations like the NHS pay us for delivering services on their behalf.

## WHERE OUR MONEY IS SPENT:



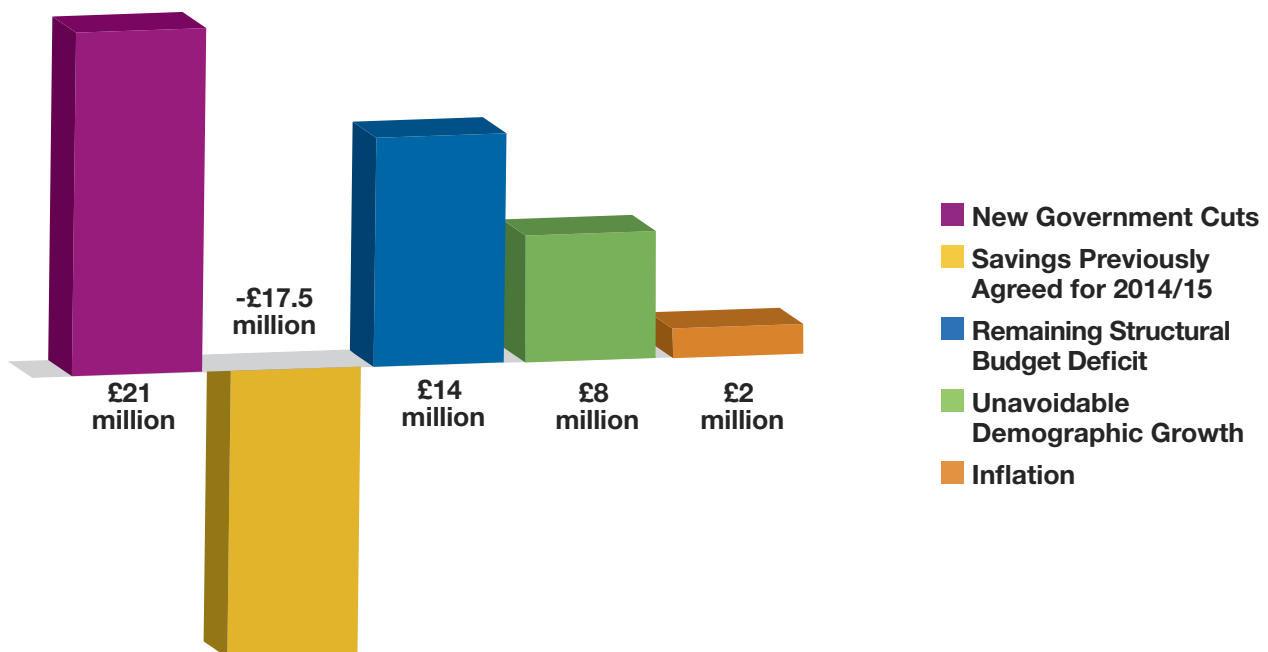


# Your Budget Explained

You will see from the chart on the previous page that most of the money is either spent on social care and health (£204 million) or on education and schools (£263 million). We also spend £105 million on services to protect and improve our environment, economy and housing, £8 million on sports and £157 million on benefits and customer services – including libraries and one stop shops. We spend £17 million on ‘capital financing’, which are costs associated with managing the Council’s finances and the hundreds of buildings which services are run from, and we spend £25 million on ‘back office support’, which are those services that you rarely see but are essential to keep the Council running – things like human resources, Information Technology and finance.

If you look at both charts, you will see that next year our current services and plans are set to spend £27.5 million more than we receive. That is the problem we are asking for your help in solving, and why this consultation is so important.

## WHERE OUR BUDGET GAP HAS COME FROM:

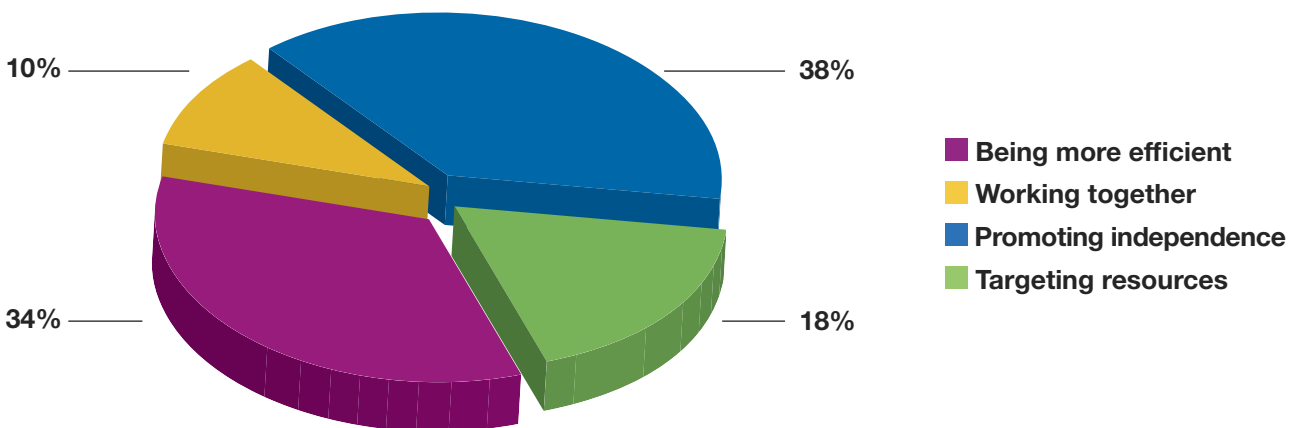


This year, we have to cope with new Government cuts of around £21 million. This wasn't a surprise – as you will know the Government has been cutting back on spending for a number of years now; so we made £17.5 million worth of savings from the last consultation which we will feel the impact of next year. We also have to deal with demographic growth, which will cost an extra £8 million, and unavoidable inflation, which will cost an extra £2 million. Also, due to a series of factors including bad financial management on our part and under funding, we have to correct our budgets for social care for adults and children – that will cost £14 million.

All of this means that we need to make savings this year of £27.5 million. We have presented lots of ideas for how we might do it – now we need to know what you think.

# Budget Principles

**Wirral Council is facing unprecedented budget challenges. To make the savings being demanded of us, and to continue to provide access to the services which our residents rely on, is going to take radical thinking, determination and some extremely difficult decisions.**



The Leader of the Council has been, and remains, determined to ensure that the budget options we put forward lessen, as much as possible, the impact on front line services and the most vulnerable. That is the overriding principle upon which these options have been developed.

Clearly, considering the amount of savings which are required for the coming year, having some affect on services is unavoidable. So, we have developed a further four principles for developing options, focussing as much as possible on the running costs of the Council.

**1. Being More Efficient:** We will make sure that our services, our administration costs and our processes are streamlined, efficient and examples of national best practice to make sure no money is wasted on bureaucracy when it could be invested in services.

**2. Working Together:** We will work in genuine partnership with the rest of the public sector and organisations from the community, voluntary and faith sector to ensure the highest level of efficiency and the lowest levels of duplication to get you the best value for your money as a

**3. Promoting Independence:** Wirral has vibrant, strong and cohesive communities. We will make sure that our communities have the tools, the confidence and the ability to help themselves to address local needs and improve residents' lives.

**4. Targeting Resources:** The sheer scale of our financial challenges means that we cannot continue to invest the same amounts of money into some services, and they will need to be reduced. We will work in partnership with you to take these difficult decisions and to make sure that our limited resources and services are distributed in a way that is fair, equitable and ensures they are targeted at those who need them most.

The savings which are being proposed this year are difficult. They impact on you, as a resident, and they impact on our staff. They are tough choices, but necessary ones, and if we are to be successful we need to work together - staff, residents, partners and Councillors. We have made an excellent start, but the situation is very challenging - please let us have your views.

# Taking Part

**We want everyone to be able to take part in this consultation. The options are difficult, they are important, and we know they are tough choices. We have tried to make it as easy as possible for everyone to take part.**

More information about the budget options in this document is available from our website, at **[www.wirral.gov.uk/whatreallymatters](http://www.wirral.gov.uk/whatreallymatters)**. You can also call into any Council building and ask for copies.

If you would prefer an easy read version of this, or one of other consultation documents, then they are also available online - or you can contact us via email at **[engage@wirral.gov.uk](mailto:engage@wirral.gov.uk)**, call into any Council building or call **0151 606 2030** and we will be happy to send you a copy.

# Budget Options: Being More Efficient

## Option: Paying for Adult Social Care

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
1117	-	-	1117

### Summary:

**A major priority within adult social services is to improve the method in which services are charged for; ensuring it is fair, equitable and effective.**

This work is intended to ensure that everyone using services are financially assessed promptly and importantly that the appropriate levels of charges and financial support for vulnerable people is implemented.

This proposal includes:

- Charging interest of 4% on deferred payment balances that remain outstanding more than 56 days after the end of the agreement.
- Increase the Council's debt recovery rate from the existing 85% to at least 87.5%.
- Ensure Extra Care Housing clients are assessed under the fairer charging system.
- Make the rates for respite, short term residential and long term residential equal at £120 per week, as is the case at many other Councils.

It is important that the Council ensures that payments are collected promptly and in a way that is clear and fair in order to deliver a balanced budget, which has been a problem in the past.

# Budget Options: Being More Efficient

## Option: Review of Transport Depot and Fleet

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
100	-	-	100

### Summary:

The transport budget has a turnover of £8.9m and it is proposed that a £100,000 saving is achieved within depot and vehicle maintenance costs.

This will be through a consolidation of all vehicle and equipment maintenance for the council on one site, a review of the vehicle fleet, rationalising, modernising and reducing where possible and developing partnerships with neighbouring authorities.

# Budget Options: Working Together

## Option: Shared Services & Integration (Adult Social Care)

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
608	10	1200	1818

### Summary:

**Efficiencies can be achieved through sharing resources, in particular through developing shared services across the council and across borders to deliver more efficient use of the workforce.**

It is national policy to move to integration with the NHS with the aim of improving and streamlining services in the community. As integrated teams are developed and assessment and delivery arrangements are streamlined there will be further opportunities for management savings. As part of this option, a single Health and Social Care organisation will be developed, streamlining and improving social care and health services.

We will move towards this by:

- Reviewing front line services in preparation for full integration.
- Reviewing support services alongside service re-design and streamlined assessment and recording arrangements.
- Reviewing with our NHS partners of the arrangements for the integrated equipment services – ensuring value for money.
- Reviewing Mental Health Services which builds on the review and re-organisation already undertaken by the NHS Partnership Trust.

This option will deliver an improved, streamlined, effective service for people using services although it will bring an impact on the number of jobs required.

# Budget Options: Working Together

## Option: Accommodation for 16-17 Year Olds

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
600	-	-	600

### Summary:

When a 16/17 year old is assessed as at risk of being homeless temporary accommodation is sometimes required, while their needs are assessed. Similarly, young people leaving care to live more independently also need to have their needs assessed, and are frequently placed in accommodation which is purchased as required.

Supported accommodation is currently purchased as required, this is not always the most effective solution for these young people. There are plans to develop a service delivered by a specialist provider within a Council owned property. This will not just realise a saving, but will help deliver a better service and outcomes for these young people.

It is proposed that accommodation for care leavers who are moving on to live more independently, should in future be provided by reconfiguring some aspects of existing supporting people contracts to provide accommodation to meet these young people's needs.

## Option: Working in Partnership with Schools

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
915	300	-	1215

### Summary:

**This option would involve the Council working in partnership with schools to ensure that our shared resources are used most effectively and equitably to provide the services our young people need.**

This option would involve working with schools to share the costs and resources required to deliver a number of services, including school crossing patrols, school improvement, the education social welfare service and some of the early retirement costs associated with school staff.

# Budget Options: Promoting Independence

## Option: Commissioning & Contracting (Adult Social Care)

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
1905	165	-	2070

### Summary:

**The Council has significantly strengthened its commissioning functions, which has enabled a strong focus on improving strategic commissioning, procurement and arrangements for ensuring contract compliance.**

This option will ensure that every penny the Council spends delivers value for money and improved outcomes for people who use services.

This work is effectively underpinned by key strategic commissioning plans which cover: prevention and early intervention, carers, targeted support, learning disabilities and the Market Position Statement. There is now a developing and maturing relationship with providers from all sectors and a clearer focus in relation to commissioned services.

This proposal includes:

- A shared approach and understanding on how Council funding is commissioned within the community, voluntary and faith sectors.
- Improvements in the payment process to providers and the introduction of Electronic Care Monitoring.
- Efficiency derived through stronger strategic commissioning.
- Savings derived through effective control of contract inflation.
- Efficiency through review of high cost external contracts and improved outcomes through more effective arrangements in serving people with learning disabilities.
- Most savings within this option come from improving processes and procedures and do not have any impact on the service received by the public.

We will work with colleagues and partners in the community, voluntary and faith sectors to ensure any potential impact on them is mitigated. There will be potential impact on service users who may experience a change in service provider, as a result however, services should be more effectively aligned to assessed eligible needs.



# Budget Options: Promoting Independence

## Option: Early Intervention to Support Families

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
300	1950	-	2250

### Summary:

**The numbers of children becoming looked after in Wirral is not any higher than in comparable Councils; however the children do remain in care here longer than they should. This option would focus on early intervention, and supporting more children to safely leave care and live with their families.**

Current spend on commissioning or providing care for Looked After Children is £16m per year from a total budget for Specialist Services of £39m.

These proposals we will not compromise children's safety and welfare, which remains our top priority and duty. The proposals should reduce the number of children needing more specialist intervention through delivering targeted early help resulting in fewer children needing specialist support and providing capacity to support fewer children to remain looked after for long periods of time.

## Option: Careers Advice and Guidance

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
200	-	-	200

### Summary:

This option refers to the Merseyside wide contract to provide careers advice and guidance to get young people into education, employment or training. The option would involve targeting the work to provide most support to those people who are not in education, employment or training, or most at risk of becoming NEET.

Importantly, this service is also provided to young people who need it by many other providers, including schools, colleges and organisations within the voluntary and community sector.

# Budget Options: Promoting Independence

## Option: Service Design & Improvement (Adult Social Care)

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
4148	1975	-	6123

### Summary:

**The Council is required to meet the needs of those who are assessed as having 'substantial' or 'critical' needs as defined within Fair Access to Care Guidance. The Council currently spends £83.485m on meeting assessed need.**

Over the past year considerable work has been undertaken to deliver efficiencies through a programme of service re-design and service improvement – thus ensuring that the Council continues to meet its statutory obligations.

The proposed ongoing efficiency is being delivered through:

- Re-configuring intermediate care and re-ablement and through this reducing the need for high levels of longer term support.
- Agreement with the NHS to utilising the budget for delayed discharge reimbursement for services that facilitate better hospital discharge.
- Utilise the Social Care Fund grant more effectively.
- Commission additional extra care housing as an alternative to care home provision.

- Commission more responsive home care and increase utilisation of assistive technology
- Adults and CYP work more effectively to ensure smooth transition into adult services.
- Streamline assessment processes and realign staffing.
- Introduce new IT system to support streamlined assessment, recording and production of management information and intelligence.
- There is no proposal to close any day centres and we will ensure fair and equal access to all day services.
- Most savings within this option come from improving processes and procedures and do not have any impact on the service received by the public.

The programme of improvement and re-design is aimed at ensuring that there is greater choice for individuals and increased opportunity to be supported at home. Care at home is usually more cost effective and leads to better outcomes for individuals. Service re-design requires an effective change management programme and will affect the way in which assessments are undertaken and there is an impact on working practices.

# Budget Options: Targeting Resources

## Option: Children's Centres

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
500	1500	-	2000

### Summary:

**The Council spends over £6 million on providing Children's Centres and associated services. This budget option would enable the Council to save £2m over the next two years without closing any centres, by reducing the front line staff in Children's Centres through restructuring and reducing services at a number of Children's Centres.**

We will maintain full service delivery at one main site in each of the borough's four Constituency areas and use an Outreach model to provide services from all the remaining sites. This reduction would be completed in a targeted, strategic fashion to ensure the minimum amount of disruption for the families using the services.

The Council has a statutory duty to ensure that there are sufficient Children's Centre services for its population of children under the age of five and their families. It is not proposed to close any Centres at this stage – this proposal will maintain services at four Children's Centres in the borough: Rock Ferry, Seacombe, Pensby and Brombrough. It will reduce the opening hours and services available from the other twelve sites including the two maintained nursery schools.

# Budget Options: Targeting Resources

## Option: Family, Parenting and Youth Commissioning

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
200	300	-	500

### Summary:

This budget option would see a saving of £200,000 being made by targeting the parenting, family and targeted youth support services which are purchased from private and voluntary organisations. It would also see a further saving of £300,000 being made through more efficient and effective commissioning arrangements in relation to family support.

It would lead to a reduction in the provision of parenting and family support and youth services and mean the service would be almost entirely focussed on those children and families with the highest level of need.

## Option: Reducing Substance Misuse and Teenage Pregnancies

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
160	-	-	160

### Summary:

This area has a partnership budget of £650,000. The council pays other providers to deliver some of this service on its behalf. A budget saving of £60,000 could be reached by reducing the level of service the council buys in around preventing and treating substance misuse.

This option would also see a reduction of £100,000 in the funding allocated by the Council to a joint service aiming to reduce the number of teenage pregnancies within the borough.

Expertise, support and funding would still be available from colleagues in Public Health.

**What  
Really  
Matters?**

**Budget Options:**  
Summary Document for  
Transformation & Resources

*If you care about tomorrow,  
you need to tell us today.*

# Message from the Chief Executive

## Dear Resident

I'm sure you will be aware that Councils across the country are facing major cuts in funding.

The Government is continuing to reduce the amount of money Councils are able to spend on services. These cuts are falling more and more on deprived, northern areas such as Wirral. While we fiercely believe the way these cuts are being allocated is both disproportionate and unfair, we have no choice but to implement them.

These are tough times - for our staff, Councillors, and most importantly the people who we serve. We have more extremely tough decisions to make over the coming months. To refuse to make the savings demanded of us would mean setting an illegal budget, which would ultimately result in the wholesale closure of services - putting thousands of vulnerable people at very real risk. Our duty as public servants is to do all we can to use the limited resources we have left in the most effective way possible to continue to ensure the services you rely on most remain available in some form. The only way we can do this is in partnership with you. We need your input and your views.

We started this process last year, and agreed savings of almost £50 million. This was a good start, and we were able, thankfully, to make most of these savings through so-called 'back office' costs, including efficiencies in areas such as management administration, marketing, agency costs, car mileage and phone bills. We also made significant progress in removing the legacy of bad financial management at this Council - we have made sure that going forward Council budgets are robust and are based on sound evidence, and the mistakes of the past are not repeated.

However, this year, we need to make further savings and are again asking for your help. Once again, we tried to come up with options which would mitigate, as much as possible, the impact of these budget cuts on our most vulnerable residents. Within this document you will find both an explanation of the Council budget, plus a series of principles which have been used to develop these options.

I put forward to you my options for where savings might be found, and I am asking all of you - residents, partners, and staff - to consider how we can spend less while minimising the impact on our poorest and most vulnerable residents. I understand how difficult it may be to contemplate some of these options, but the only responsible thing for us to do is to deal with the financial challenges we face.

Last year, we knew we had to save £109 million over the next three years - that figure has actually grown due to further announcements by the Government. This coming financial year, our budget gap is £27.5 million. We have found efficiency savings which add up to around £7 million, which do not impact on services. We are also assuming a below inflation rise in Council Tax which would generate £2 million. This means, of the budget options which have been put forward, only around £17.5 million need to be agreed - which I hope demonstrates that there is real choice over where savings can be found.

My pledge to you is that I will consult with staff, residents, community, voluntary and faith groups and businesses so that we can make these tough decisions together. I urge you to work with us and let us have your views.

**Graham Burgess,**  
Chief Executive.

# Message from Strategic Director, Joe Blott

**Wirral Council is already almost unrecognisable from the organisation it was a year ago – the pace of our change, innovation and development has been unprecedented. Our improvements, and the pace at which they have been delivered, have been nationally praised.**

However, as we are faced with bigger and deeper savings, we have no choice but to continue to adapt and look for ways of saving money while retaining the quality, the efficiency and the accountability we have committed to.

The Leader of the Council has been, and remains, unequivocal in his position that the savings we implement should focus on the administration of the Council first and should protect, as far as possible, the services you rely on every day. We are making rapid progress on a whole series of measures to get the very most out of every penny of public money we spend.

We are working towards sharing some of our back office services with a neighbouring Council – bringing huge savings.”

We are continuing to make sure Council management is stripped down and streamlined – last year we saved £5 million from reducing management, and this year we will go even further – making sure as much as possible of our resources are committed to the front line.

We will focus on the culture and accountability of our workforce. We will work hard to make sure that even with vastly reduced resources, our workforce remains as committed to public service as ever and our focus on delivering you the very highest level of performance never wavers.

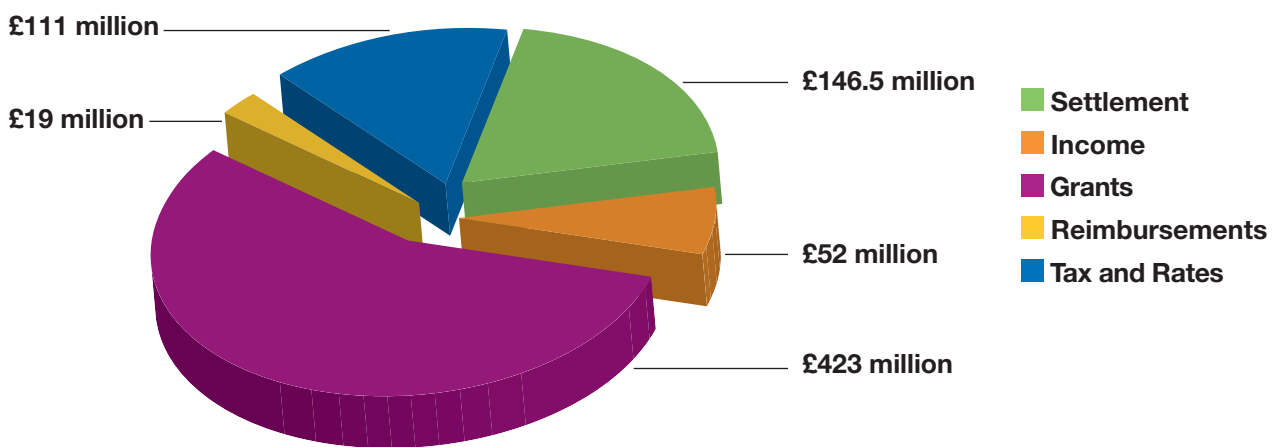
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**Joe Blott,**  
Strategic Director -  
Transformation and Resources

# Your Budget Explained

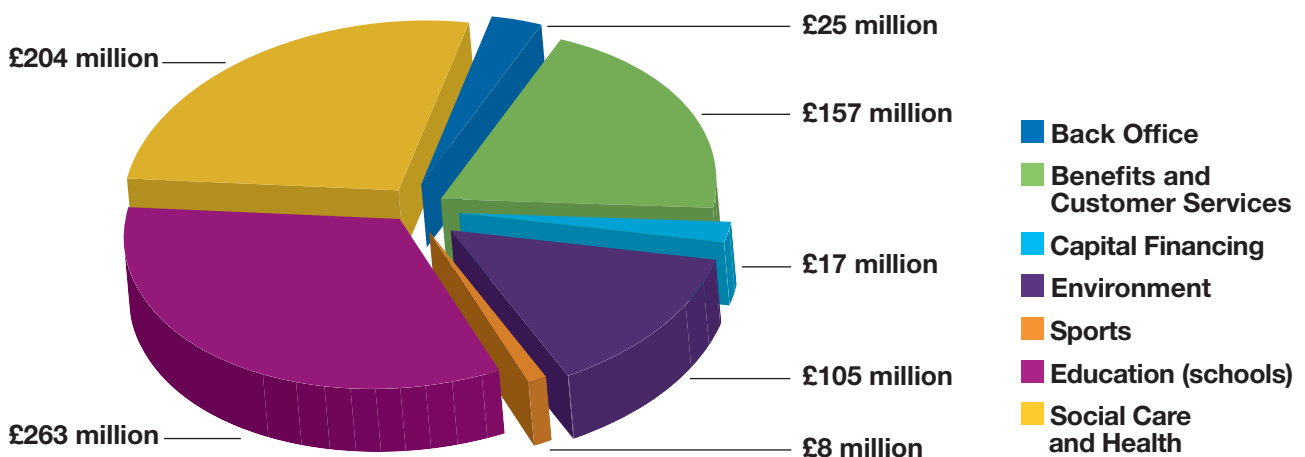
The Council, like a lot of public sector agencies and big organisations, has an extremely complicated budget. We've tried to simplify it on this page, to explain to you why we need to make savings and where our £27.5 million budget gap has come from.

## WHERE OUR MONEY COMES FROM (2014/15):



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## WHERE OUR MONEY IS SPENT:



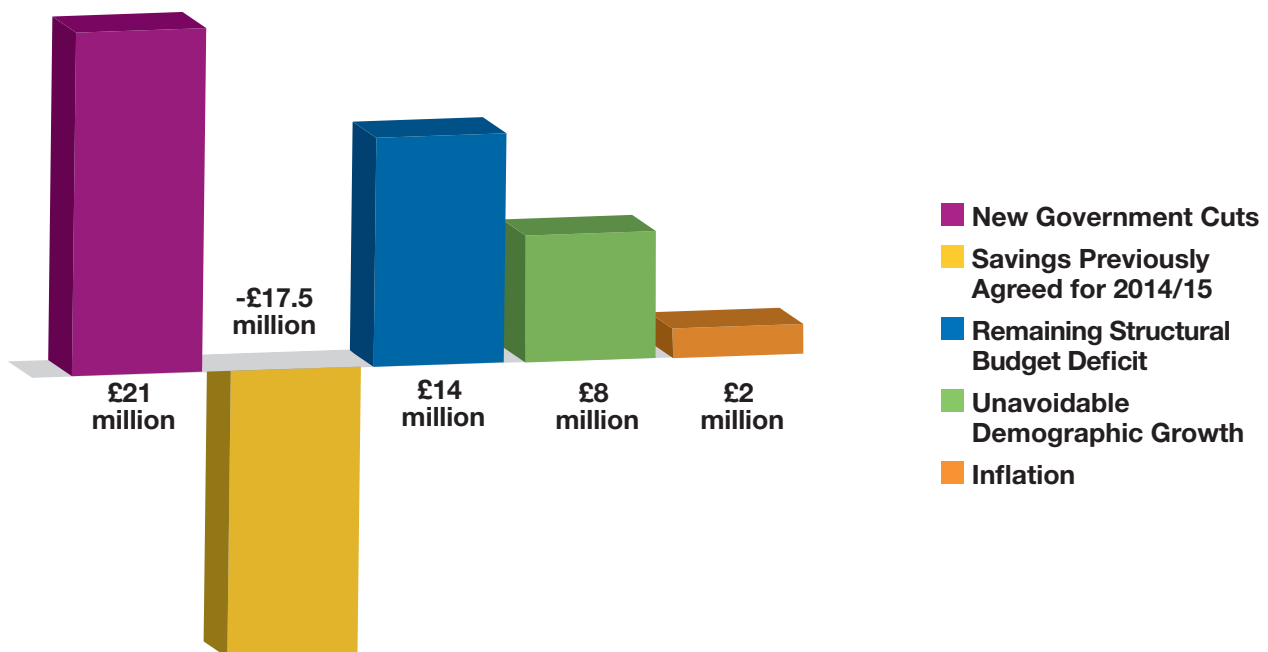


# Your Budget Explained

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If you look at both charts, you will see that next year our current services and plans are set to spend £27.5 million more than we receive. That is the problem we are asking for your help in solving, and why this consultation is so important.

## WHERE OUR BUDGET GAP HAS COME FROM:

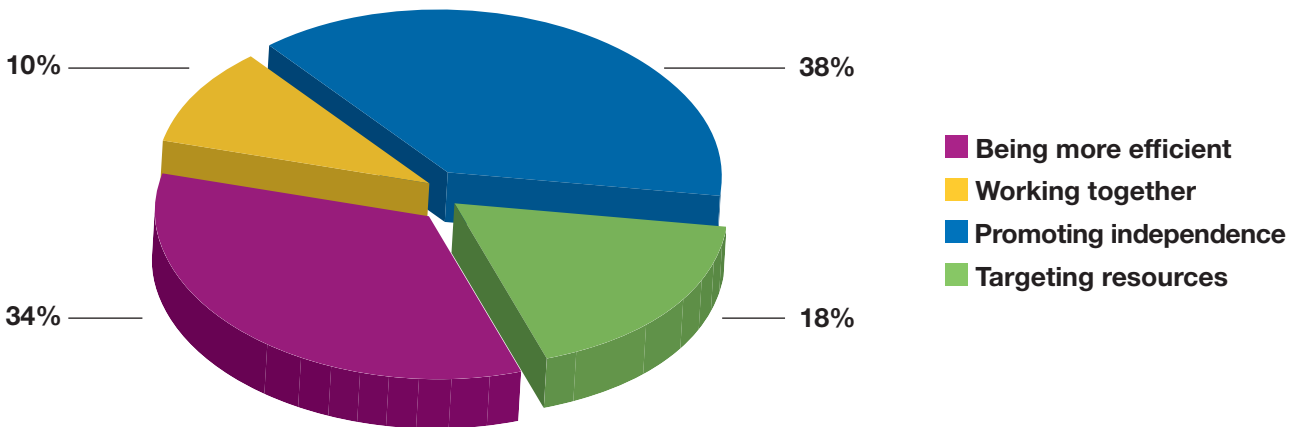


This year, we have to cope with new Government cuts of around £21 million. This wasn't a surprise – as you will know the Government has been cutting back on spending for a number of years now; so we made £17.5 million worth of savings from the last consultation which we will feel the impact of next year. We also have to deal with demographic growth, which will cost an extra £8 million, and unavoidable inflation, which will cost an extra £2 million. Also, due to a series of factors including bad financial management on our part and under funding, we have to correct our budgets for social care for adults and children – that will cost £14 million.

All of this means that we need to make savings this year of £27.5 million. We have presented lots of ideas for how we might do it – now we need to know what you think.

# Budget Principles

**Wirral Council is facing unprecedented budget challenges. To make the savings being demanded of us, and to continue to provide access to the services which our residents rely on, is going to take radical thinking, determination and some extremely difficult decisions.**



The Leader of the Council has been, and remains, determined to ensure that the budget options we put forward lessen, as much as possible, the impact on front line services and the most vulnerable. That is the overriding principle upon which these options have been developed.

Clearly, considering the amount of savings which are required for the coming year, having some affect on services is unavoidable. So, we have developed a further four principles for developing options, focussing as much as possible on the running costs of the Council.

**1. Being More Efficient:** We will make sure that our services, our administration costs and our processes are streamlined, efficient and examples of national best practice to make sure no money is wasted on bureaucracy when it could be invested in services.

**2. Working Together:** We will work in genuine partnership with the rest of the public sector and organisations from the community, voluntary and faith sector to ensure the highest level of efficiency and the lowest levels of duplication to get you the best value for your money as a

**3. Promoting Independence:** Wirral has vibrant, strong and cohesive communities. We will make sure that our communities have the tools, the confidence and the ability to help themselves to address local needs and improve residents' lives.

**4. Targeting Resources:** The sheer scale of our financial challenges means that we cannot continue to invest the same amounts of money into some services, and they will need to be reduced. We will work in partnership with you to take these difficult decisions and to make sure that our limited resources and services are distributed in a way that is fair, equitable and ensures they are targeted at those who need them most.

The savings which are being proposed this year are difficult. They impact on you, as a resident, and they impact on our staff. They are tough choices, but necessary ones, and if we are to be successful we need to work together - staff, residents, partners and Councillors. We have made an excellent start, but the situation is very challenging - please let us have your views.

# Taking Part

**We want everyone to be able to take part in this consultation. The options are difficult, they are important, and we know they are tough choices. We have tried to make it as easy as possible for everyone to take part.**

More information about the budget options in this document is available from our website, at **[www.wirral.gov.uk/whatreallymatters](http://www.wirral.gov.uk/whatreallymatters)**. You can also call into any Council building and ask for copies.

If you would prefer an easy read version of this, or one of other consultation documents, then they are also available online - or you can contact us via email at **[engage@wirral.gov.uk](mailto:engage@wirral.gov.uk)**, call into any Council building or call **0151 606 2030** and we will be happy to send you a copy.

# Budget Options: Being More Efficient

## Option: Transforming Wirral Council

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
3111	2500	-	5611

### Summary:

**The role of Local Government is changing at the most rapid pace in living memory; as more and more funding is removed, Councils are being forced to totally re-evaluate the way they do business – what services they continue to provide, what they outsource to the private and voluntary sector and what services are no longer available.**

We intend to pro-actively respond to the changing needs of our communities through remodelling Wirral Council to ensure we are able to deliver the most sustainable, effective, targeted services for our communities possible.

We will address the structure and makeup of the entire Council by working with staff to transform our workforce – its structure, its skills, its priorities and its size. We will totally re-evaluate, re-design and re-structure the organisation. At the end of next year Wirral Council's funding will have been reduced by around one third – the size of our workforce does not reflect this.

This option would see the workforce reduced in a targeted, strategic fashion, taking an equitable and fair approach to staff regardless of service area. This important exercise will deliver a flexible, fit for purpose organisation better able to adapt to the changing demands of our residents at a time of rapidly diminishing resources. This will also mean that even deeper cuts will not be made in front line services. We will also invest in support and training for our staff during this difficult transition period. This would also lead to a reduction in the amount of money which is invested in funding Trade Union Representatives and Training.

The Council could also, as part of this budget option, avoid paying additional costs of £2.373 million (based on 500 staff leaving) by removing the current, generous severance package available to staff leaving the organisation and instead implementing the statutory redundancy package based on actual pay.

# Budget Options: Being More Efficient

## Option: Information Technology and Telecoms

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
200	70	-	270

### Summary:

The Council spends around £1.1 million every year on telecommunications, including mobile phones, phone calls, network phones, CCTV, urban traffic control links and schools

This option involves combining all of these aspects into a single contract to deliver significant savings over two years.

## Option: Managing the Money

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
400	30	0	430

### Summary:

This option comprises a number of proposals, including improving the way the Council allocates 'capital' funding and achieving savings through insurance fund contracts.

A further element of this option is to begin recovering payment transaction charges from customers using online or credit card methods to pay for services.

# Budget Options: Being More Efficient

## Option: Improving Access to the Council

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
250	69	-	319

### Summary:

This option will see the Council make savings through making the Call Centre more efficient in the first instance.

The option will also see significant early savings being made through improving the online channels people are able to use to contact the Council for such things as booking leisure and sports activity.

# Budget Options: Targeting Resources

## Option: Council Tax Collection

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
140	-	-	140

### Summary:

The Council could seek Magistrate's Court agreement to increase Summons / Liability Order Costs by £10 for 2014-15 from the current total of £85 to £95 in respect of Council Tax and Business Rates non payers.

## Option: Council Tax Over 70s Discount

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
1300	-	-	1300

### Summary:

Wirral Council provides a Council Tax Benefit to War Widows, people in receipt of a War Pension and people disabled due to War, as well as providing a blanket 7.76% discount on Council Tax to every household where the residents are over the age of 70 – providing they are not in receipt of Housing Benefit or Council Tax Support.

This option proposes that, while the Tax Benefits for war widows, people receiving war pensions and people disabled due to war should remain, in line with the principle of using resources to protect the most vulnerable, the blanket pensioners' discount of 7.75% should be removed.

An option within this option would be to limit the discount only to those properties falling in the lower Council Tax bands (A, B & C). This would fit with the principle of the broader shoulders bearing the greatest burden and would save £616,000.







# **Budget Options:** Summary Document for Regeneration & Environment

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# Message from the Chief Executive

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**Graham Burgess,**  
Chief Executive.

# Message from Strategic Director, Kevin Adderley

## **Wirral's local environment and the economy are arguably the two biggest factors in driving the quality of life, health and levels of achievement for our residents.**

Every year, the Council invests huge resources in both maintaining and improving the local environment, and in stimulating the local economy – through helping our local businesses to succeed and expand, and encouraging businesses to start up or relocate in Wirral.

We have had, and are working towards, huge successes. Projects such as the New Brighton development, the revitalisation of Birkenhead Park, the International Trade Centre, and International Golf Resort and, particularly, Wirral Waters are significant on a national and global scale.

We are determined that Wirral be a place where businesses flourish and people have access to good jobs, and quality, affordable homes in a pleasant, safe and clean environment.

The cuts from central government are the biggest challenge Councils, particularly northern Councils, have ever faced. Put simply, the demand for our services will soon outstrip the funding we have to provide them. Overcoming this challenge is difficult, and means we have to think radically and find new ways of working with our communities, with our businesses, and with our residents.

We need to focus our resources into areas that will have the most impact; we have to make difficult decisions as we simply do not have the resources to continue spending the same amounts to reach our goals.

We should not, and will not, be discouraged by this. The opportunities we have within our grasp are huge. Our regeneration projects are underway and will transform our economy, and our physical landscape and location are the envy of the country – proven by the numbers of visitors to Wirral rising at a faster rate than anywhere in the North West.

We are also transforming the way we deliver services at the most fundamental level – giving every Wirral community, every resident and every group the opportunity to almost design their own Council, in their own street. Our approach to Neighbourhood Working has already received national attention, and will mean residents being able to direct Council funding and resources in their own area towards the areas that matter most to them.

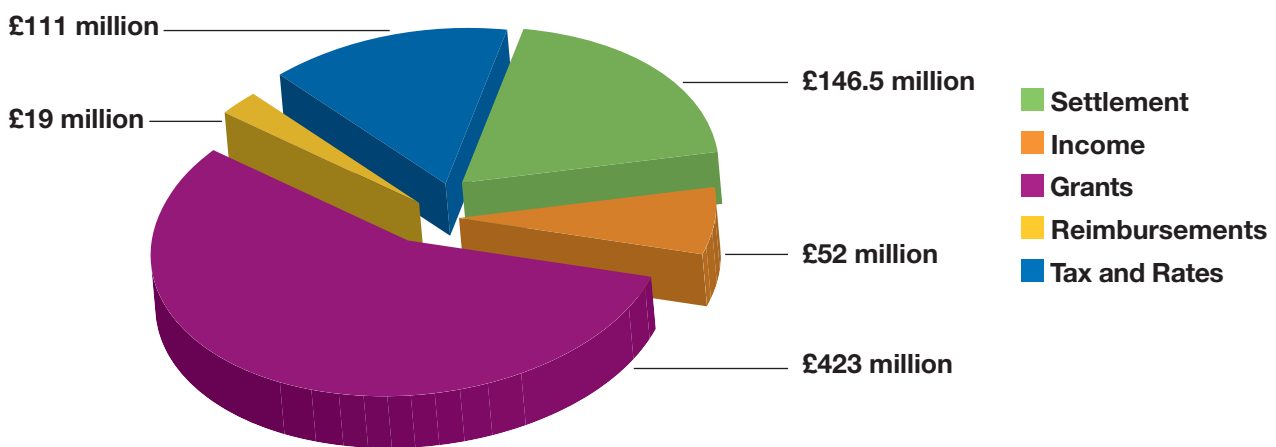
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**Kevin Adderley,**  
Strategic Director -  
Regeneration & Environment

# Your Budget Explained

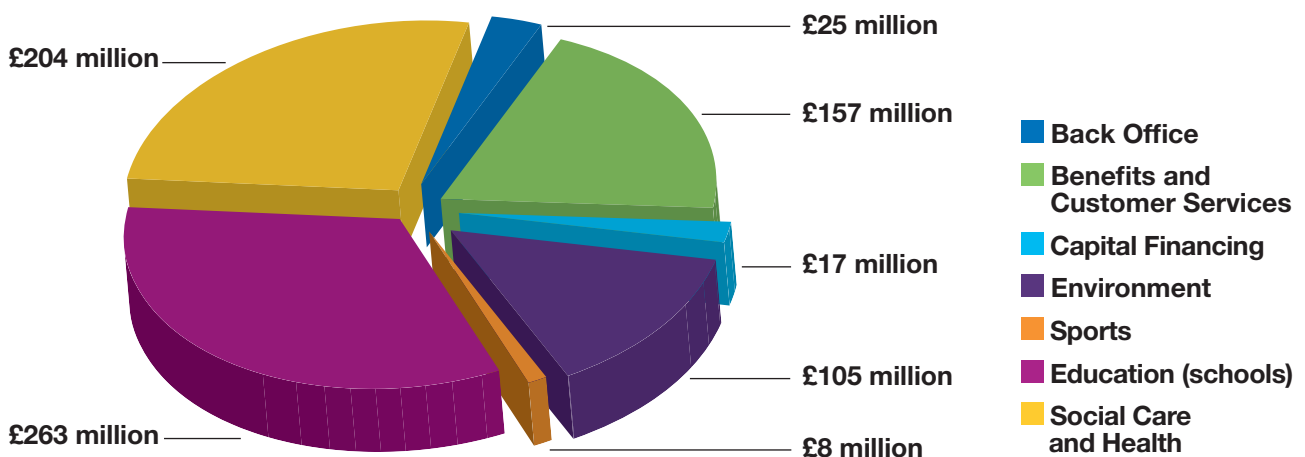
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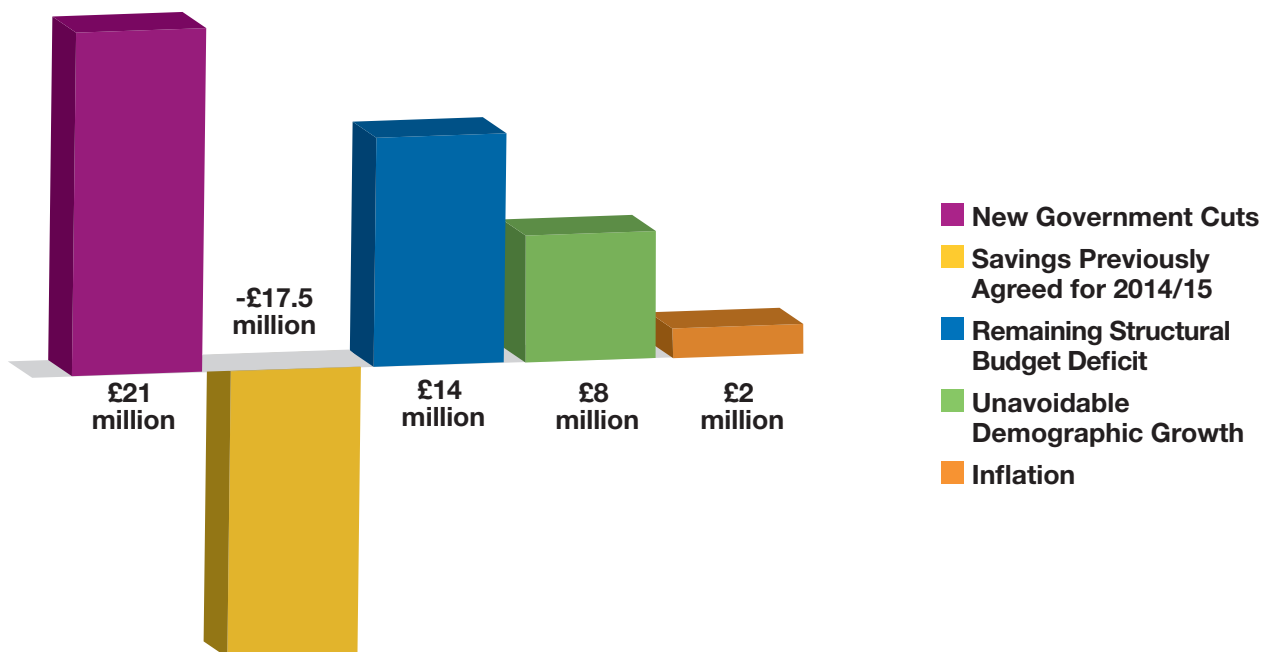


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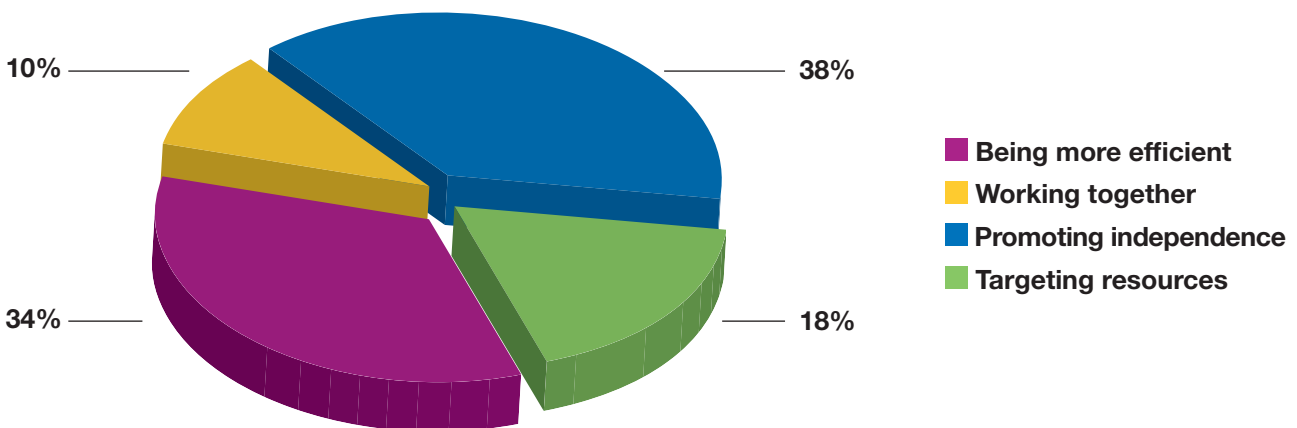


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**2. Working Together:** We will work in genuine partnership with the rest of the public sector and organisations from the community, voluntary and faith sector to ensure the highest level of efficiency and the lowest levels of duplication to get you the best value for your money as a

**3. Promoting Independence:** Wirral has vibrant, strong and cohesive communities. We will make sure that our communities have the tools, the confidence and the ability to help themselves to address local needs and improve residents' lives.

**4. Targeting Resources:** The sheer scale of our financial challenges means that we cannot continue to invest the same amounts of money into some services, and they will need to be reduced. We will work in partnership with you to take these difficult decisions and to make sure that our limited resources and services are distributed in a way that is fair, equitable and ensures they are targeted at those who need them most.

The savings which are being proposed this year are difficult. They impact on you, as a resident, and they impact on our staff. They are tough choices, but necessary ones, and if we are to be successful we need to work together - staff, residents, partners and Councillors. We have made an excellent start, but the situation is very challenging - please let us have your views.

# Taking Part

**We want everyone to be able to take part in this consultation. The options are difficult, they are important, and we know they are tough choices. We have tried to make it as easy as possible for everyone to take part.**

More information about the budget options in this document is available from our website, at **[www.wirral.gov.uk/whatreallymatters](http://www.wirral.gov.uk/whatreallymatters)**.

You can also call into any Council building and ask for copies.

If you would prefer an easy read version of this, or one of other consultation documents, then they are also available online - or you can contact us via email at **[engage@wirral.gov.uk](mailto:engage@wirral.gov.uk)**, call into any Council building or call **0151 606 2030** and we will be happy to send you a copy.

# Budget Options: Being More Efficient

## Option: Environmental Health Modernisation

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
235	-	-	235

### Summary:

The Council spends £2.1 million per year in this area. As part of the Council's Technical Functions Transformational Project, foundation work looking at alternative service options has identified potential savings through greater efficiencies. £175,000 per annum will be delivered by improving processing and removing duplication with Trading Standards, resulting in the reduction of four posts within the Environmental Health Division.

The work also identified a sustainable income source of £15,000 per annum. Furthermore negotiations around our transformational principles with our partners in Merseyside Port Health Authority (MPHA) has led to an agreement for the next three years to reduce the precept payment Wirral pays by £45,000.

## Option: Floral Pavilion Review of Operations

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
200	200	-	400

### Summary:

This option proposes a comprehensive review of all aspects of the Floral Pavilion's current activities and structures to make a revenue saving in 2014/15 and 2015/16 of £400,000 against the Council's subsidy of £830,000.

This review will look at existing activities as well as exploring new income streams which may be generated in the future. It will explore whether there are alternative delivery models for the Floral, for the future, which will enable the Floral to operate more effectively in a commercial environment. It will also explore the greater use of new and online technologies in terms of marketing and ticket sales as well as investigating the further expansion of the recently launched ambassador's scheme.



# Budget Options: Working Together

## Option: Improved Memorial Service

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
95	-	-	95

### Summary:

This budget option would ensure we continue to deliver sensitive and professional memorial services.

This option includes providing further services and products for families in relation to memorials.

## Option: Birkenhead Kennels

Budget Savings:			
2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
40	-	-	40

### Summary:

These savings would be achieved through the development of a formal partnership to run the service with the charity Friends of Birkenhead Kennels (FOBK) which has been supporting this service on a voluntary basis for a number of years.

Through this partnership the service would be delivered through FOBK with the Council retaining ownership of the building. The Friends of Birkenhead Kennels would deliver the administration, enquiry handling, vehicle requirements, building repair and maintenance, protective clothing and equipment. The main areas of service transformation would be the transfer of most of the kennel staff to the employment of FOBK who would also deliver the administration, enquiry handling, vehicle requirements, building repair and maintenance, general equipment and staff protective clothing and equipment needs of the service.

## Option: CCTV Monitoring Team

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
420	-	-	420

### Summary:

**The primary function of the CCTV Control Room is to monitor images captured by the 111 cameras (55 of which are installed specifically to manage crime and disorder with the remainder being traffic control cameras) in place across Wirral.**

By agreement with the CCTV Control Room, Merseyside Police in Wirral have the ability to control the cameras for operational reasons and to receive live images from a selection of cameras. With the establishment of a new Joint Police and Fire and Rescue Service Control Room the Police Control Room on Wirral will close and permission is being sought by the new Joint Control Room to increase the opportunities for the viewing of images and control of the CCTV cameras captured by large public CCTV systems such as Wirral's. This will increase the level of duplication with two control rooms monitoring the same images and controlling the same cameras.

This budget option would see the Council make savings by reducing duplication and closing the CCTV monitoring room, giving the access to Merseyside Police and Fire and Rescue images and unlimited control of Wirral's CCTV cameras. Wirral would remain responsible for the capture and transmission of CCTV camera images at a cost of £67,500 per annum. This proposal would not affect the functioning of the traffic management cameras in place throughout Wirral.

# Budget Options: Working Together

## Option: Williamson Art Gallery, Birkenhead Priory and Transport Museum

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
374	150	-	524

### Summary:

This option would see efficiencies being made in the running and operational costs of the Williamson Art Gallery, with a view to the organisation being transferred to a community organisation which has shown interest.

The option would also involve the transfer of part of the Transport Museum to a community organisation. Both aspects of this option would see the facilities remain open to the public.

## Option: Heritage Fund

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
40	-	-	40

### Summary:

This option proposes the removal of the Heritage Fund, which is a small grants programme to support various projects and initiatives to heritage organisations in Wirral.

Council officers will work with these groups to enable them to access sources of funding from elsewhere wherever possible.

# Budget Options: Promoting Independence

## Option: Parks and Countryside Maintenance

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
850	-	-	850

### Summary:

The Council spends £7.2 million per year in this area. This budget option would see the Council make savings of £850,000 through reducing maintenance across 100 mainly small sites, all bowling greens except at Birkenhead Park and also withdrawing maintenance from 16 beaches. Importantly, we will continue to maintain most major parks, sports pitches and golf courses.

The sites which would no longer be maintained include: the non-golf and non-football pitch parts of Arrowe Park, 14 local parks, 32 natural and semi-natural green spaces, and 44 amenity green spaces.

The full list of green spaces and parks which would potentially not be maintained as a result of this budget option is available either from [www.wirral.gov.uk/whatreallymatters](http://www.wirral.gov.uk/whatreallymatters) or by calling into any Council building and asking for a copy.

## Option: Street Lighting

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
85	-	-	85

### Summary:

The Council spends £1.6million per year on street lighting energy costs. This budget option would see the Council make savings of £85,000 representing a reduction in energy costs of approximately 5%, following on from a similar value reduction in 2013/14.

It is proposed to switch off further street lights to achieve the energy cost saving. A review of the most suitable locations is underway but is likely to include switching off alternate lights on a number of residential streets which are not culs de sacs.

# Budget Options: Targeting Resources

## Option: Highways Winter Maintenance

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
85	-	-	85

### Summary:

The Council spends £375,000 per year in this area during an average winter. This budget option would see the Council make savings of £85,000 through rationalising the service.

The costs of the service include the provision of the Council's salt storage depot, the gritter fleet and people on standby, and variable costs depending on the severity and duration of winter weather, associated with salt usage and gritter drivers, highway inspectors and the like being called out. The gritter fleet and salt are both owned by the Council, with gritter drivers being provided by the Council's highways contractor.

The proposal is intended to reduce these costs by removing salt bins from the highway and reducing our fleet of gritters from 10 down to 9 (and therefore reducing the extent of the gritting routes). Residents could choose to use community funding to continue to benefit from salt bins.

## Option: Highways Maintenance and Coastal Defence

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
25	-	-	25

### Summary:

The Council spends £209,000 every year on the routine maintenance of structures such as bridges, subways, retaining walls, public footpaths, bridleways and coastal defence infrastructure. This budget option would see savings of £25,000 through rationalising this work.

We will encourage greater public involvement in the management and maintenance of rights of way, but possibly the cosmetic upkeep of sea defences too. We will also conduct a review of maintenance responses and treatments used to ensure that the level of maintenance is prioritised, for example, depending on usage or weather impacts at particular locations.

# Budget Options: Targeting Resources

## Option: Housing Strategy, Standards and Renewal Team

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
206	-	-	206

### Summary:

The work of the Housing Strategy and Standards and Renewal Team is fundamental in supporting economic growth and attracting people to invest and live in Wirral and in ensuring there is quality housing which is appropriate and affordable both now and in the future.

This option could see a reduction in the number of staff to achieve a saving.

## Option: Car Parking Charges

### Budget Savings:

2014/2015	2015/2016	2016/2017	TOTAL
£000s	£000s	£000s	£000s
100	0	-	100

### Summary:

The Council currently provides a number of free parking areas at parks, coast and countryside sites throughout the Borough. Given the budget problems the Council is facing it is considered the appropriate time for Wirral to implement a charge - as many other authorities have already done.

The budget option would see the Council raise approximately £100,000 per year from charging for parking at parks, coast and countryside sites at Fort Perch Rock, Royden Park, Wirral Country Park, Arrowe Country Park and Eastham Country Park.







## WIRRAL HEALTH & WELLBEING BOARD



<b>Meeting Date</b>	13 November 2013	<b>Agenda Item</b>	
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<b>Report Title</b>	<b>WINTERBOURNE VIEW STOCKTAKE OF PROGRESS</b>
<b>Responsible Board Member</b>	Graham Hodgkinson, Director of Adult Social Services

<b>Link To HWB Function</b>	<b>Board development</b>				
	<b>JSNA/JHWS</b>				
	<b>Health and social care integrated commissioning or provision</b>				
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	✓	N/A	
<b>Purpose</b>	For approval	To note	To assure		

<b>Summary of Paper</b>	<p><b>Background</b></p> <p>The Winterbourne View stocktake was designed in order to to enable local areas to assess their progress against commitments set out in the Winterbourne View Concordat, to share good practice and to identify local development needs.</p> <p>The report, published jointly by the Local Government Association and NHS England, is an analysis that covers all 152 health and wellbeing board areas.</p> <p>Wirral contributed to the stocktake and has received feedback based on our submission. A significant number of strengths are recorded across the system, however potential areas for development are also recorded, these include;</p> <p>Challenges relating to ordinary residence          Developing a joint approach and understanding regarding deployment of funds          Health and social care team integration for people with learning disabilities          Crisis and emergency response arrangements</p> <p>The feedback and our original submission are attached for information along with a draft version of the overall report. The response comes with an offer of ongoing support from the Winterbourne View Programme team.</p> <p><b>Recommendation</b></p> <p>It is recommended that a joint report is presented to Wirral Health and Wellbeing Board in November reflecting upon the stocktake and proposed plan to tackle areas for development</p> <p>It is recommended that a local joint project team is set up rapidly to take forward this work.</p>
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<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>			
<b>Recommendations/Next Steps</b>	Joint implementation team put in place to focus upon post Winterbourne view project implementation.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>	App1 - Joint Improvement Programme - local (Wirral) analysis  App1.pdf  App2 - LGA Joint Improvement Programme  App2.pdf	

<b>Publish On Website</b>	Yes		<b>Private Business</b>	Yes	
	No			No	

Report Author: Graham Hodkinson, Director of Adult Social Services

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## Winterbourne View Joint Improvement Programme

### Stocktake of Progress

**Local analysis:** Wirral

Attached is your stocktake return with analysis  
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

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10<sup>th</sup> October 2013

Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
Appropriate bodies involved with responsibility to Health and Wellbeing Board. Additional work to be done to finalise regional ,local and national accountability agreements	Significant issues relating to OR
DASS has personal responsibility for programme	
Good engagement of both commissioners and providers in relation to the programme. History of positive partnership working	

HWB board engaged. LDPB also engaged though noted its role and function are to be reviewed to ensure focus includes out of area placements and requirements of WV programme	
Responsibilities and accountabilities are reported to be clear	
Support requested in relation to developing integration, in particular with regard to aspects of a bid in relation to Integrated H&SC Pioneers - information sharing and ability to implement at pace	
Strategic approach involving all partners with clear accountabilities	S
<b>2 Understanding the money</b>	<b>S</b>
Developing approach to understanding and deployment of funds	This may also be a development area
Cases joint funded on an individual basis and pooling of budgets being planned. Implementation planning is in place on the assumption that this will be agreed by the Council and CCG. Sec 75 arrangements exist elsewhere in service and are being reviewed in this context	
Emerging financial strategy based on a modernisation programme that has been in place over last 3 years and current proposal to pool funds.	
<b>3 Case management for individuals</b>	
No current integrated team though plans in place to strengthen current arrangements through ICG.	This may also be a development area
Although separate, clarity about role and function of the respective teams is reported and arrangements for review appear to be well aligned	
Process is in place to enhance advocacy support to include this in early intervention and an prevention initiatives	
<b>4 Current Review Programme</b>	
Clarity about people affected by the programme is reported and arrangements for the review of people funded by specialist commissioners are in place	
Registers are completed and in place and are monitored and updated by CSU.	
Processes are in place to give assurance to quality of reviews and the understanding of future support needs. All reviews have been completed	
<b>5 Safeguarding</b>	
Good safeguarding processes are reported to be in place. There are a range of engagement processes with providers and these have recently been strengthened.	

Both ASB and LCSB are engaged with the programme. A specific programme re WV has been in place at the ASB since May 11 and has taken a stroing leadership role in respect of this and aspects relating to safeguarding identified in the stocktake	
<b>6 Commissioning arrangements</b>	
An assessment of comissioning requirements in in process and has been developed as a componentt of the modernisation of LD services over the last 3 years. Arrangments are in place (as above) to strengthen the degree of integration in LD commissioning. This work includes agreeing resources, structure and monitoring arrangements and is due to be reported to and confirmed by the HWB	
<b>7 Developing local teams and services</b>	
Arrangements are in place to monitor the quality and effectiveness of advocacy, including through feedback from people using the service and their carers	
<b>8 Prevention and crisis response capacity</b>	
Crisis and emergency response arrangements are reported to be in place and capacity has been identified. The current pathway is to be reviewed as part of the review of LD teams	This may also be a development area
<b>9 Understanding the population who need/receive services</b>	
-	
<b>10 Children and adults – transition planning</b>	
Commisioning arrangements take account of the needs of C&YP and there is focussed work to improve the effectiveness of transition planning. Future demand planning is in place	
<b>11 Current and future market capacity</b>	
MPS considers next 10 years although further work to be done with CYP - currently considered 4 years before transition	
<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	

	Winterbourne View Local Stocktake:			23 Wirral
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existing arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement	2	Yes. The Council the CCG, together with Cheshire and Wirral Partnership Trust have implemented a coordinated approach across delivery and commissioning to ensure rigorous reviews of individual situations to ensure outcomes for people are safe and robust. The three statutory bodies are now actively working to explore the development of joint community services to further enhance governance of services to those with complex needs. Yes. Local arrangements for the joint delivery of the programme are in place between the local authority and the CCG. The delivery and monitoring of progress is the responsibility of our Health & Wellbeing Board (HWBB), reports will also come to the CCG Governing Body and the Senior Leadership Team within Adult Social Services. Regular updates will also be provided to the recently established Disabilities Partnership Board. This is a multi agency group whose members include service users, family carers, care, support and health and supported housing commissioners
2	1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other 5 - CCG(s) 6 -Specialist Commissioners 7 -Other providers	7, 5, 4	Learning disability and mental health providers have been engaged on the back of Winterbourne. The local authority also operates a rolling inspection programme of Care Homes in Wirral, together with robust annual reviews by our dedicated review team which includes covering out-of-borough placements. The Wirral Disabilities Partnership Board brings together service users, carers, representatives from the Council and health service, service providers and others with a key interest in the development of mainstream and specialist services for people with learning disabilities. The partnership is charged, through the White Paper 'Valuing People' (March 2001), with the interagency planning and commissioning of comprehensive, integrated and inclusive services that provides a genuine choice of service options to people with learning disabilities and their carers in the local community.

3	1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	0 - No 1 - Yes 2 - Not clear 3 - In development	1	1 Yes. There is a planning function in place, and DASS have recently formulated three comprehensive and complementary Commissioning Plans covering Early Intervention and Prevention, Targeted Support Services and Learning Disability Services and as indicated exploring the establishment of joint community learning disability services to further enhance governance and outcomes for people. A Market Position Statement has been developed covering both health and social care. The Market Position Statement distils intelligence and demand trends allied to demographic needs to inform future commissioning intentions and the redesign of services to assure best outcomes and use of available resources This document has been used to proactively engage with providers and will support the development of a learning disability and other needs group and establish Framework for Services to enable a comprehensive range of services to respond proactively to peoples needs. We are bringing together this work through the Integrated Commissioning Group. Part of the planning function is to identify opportunities to return people from out-of-Borough placements. The CCG routinely reviews out-of-Borough placements - both for people with mental health needs and learning disabilities. This is regularly scrutinised at team meetings and discharge dates are identified. However, it is also recognised that some people, who live out-of-Borough, are settled or have families, and may not want to return. All people in Assessment and Treatment have been reviewed.
4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other 5 - In Progress	3	3 The Learning Disability Partnership Board has been previously engaged in monitoring the Learning Disability Self-Assessment Framework. However, these arrangements need to be reviewed to ensure an ongoing focus, which includes monitoring the market to ensure we've got the right mix of provision and reporting on that back to the LDPB. This will include the review of out-of-area placements and progress on work required post-Winterbourne
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	1 Yes. This item is on the agenda for the Health and Well-Being Board on the 10 <sup>th</sup> July 2013.

6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/discussion	3	No special arrangements have been put in place to resolve conflicts and/or difficulties. Wirral has a well established culture of partnership working where any challenges and issues are tackled in a proactive and constructive way by the partners involved. Terms of Reference are currently being prepared which will set out how differences will be managed.
7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	4	Responsibilities and accountabilities are clear and well understood by the Council and the CCG who are presently working together to strengthen integrated commissioning arrangements. There is a need for further progress to be made in this area to ensure that accountabilities to local, regional and national bodies are clear and understood across our local partnerships. In May / June 2012, the local authority participated in a Safeguarding Adults Peer Review, which found that relationships were clearly strong across our partnership arrangements in Wirral providing a good foundation for going forward. However, there is further scope for clarifying the links between these groups, notably how information flows between them and how decisions are made. Further action is planned to improve the coherence of these link.
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	1	There are some significant issues relating to Ordinary Residence in the Borough and risks for the local Health and social care economy. These are particularly related to the learning disability/autism client groups. Both the local authority and the CCG know who they are financially supporting. This is going to be reviewed through the Integrated Commissioning Group, with a view to putting safeguards in place against financial risk.
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	1	The Council and the CCG have submitted a bid in relation to Integrated Health and Social Care Pioneers and would welcome additional support in terms of developing integration, including the focus that the Pioneer status might give to issues such as information sharing and ability to implement at pace. This bid will complement work streams already in train to establish integrated delivery functionality at a neighbourhood level, the potential integration of mental health services and as already stated the development of joint community learning disability community services. We are in the early stages of developing integrated plans. Although some actions have been taken forward independently, key areas requiring further support are being identified and considered.
2.	Understanding the money			



10	2.1 Are the costs of current services understood across the partnership.	<ul style="list-style-type: none"> <li>0 - No</li> <li>1 - Yes</li> <li>2 - Not clear</li> <li>3 - In process</li> <li>4 - In part</li> </ul>	3	<p>The funds for patients who require low/medium/ high secure services is held by the North West Specialist Commissioning Team, hosted by the Cheshire, Wirral and Warrington Area Team. We know the costs of current services as individual organisations. We are in the process of bringing the information into one place. The CCG has a Memorandum of Understanding in place with Cheshire and Wirral Partnership Trust to ensure full breakdown of all block contract investment in LD services.</p>
11	2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	<ul style="list-style-type: none"> <li>0 - No</li> <li>1 - Yes</li> <li>2 - Not clear</li> <li>3 - In process</li> <li>4 - In part</li> </ul>	1	<p>Yes there is clarity about the sources of funds to meet current costs. These funds support the delivery of the current and anticipated provision. Both the local authority and the CCG know who they are responsible / paying for. The current services are clearly understood across the partnership. There is limited pooling of budgets at present although plans are well advanced to develop this (see below), we do though jointly fund a number of individual circumstances and funding for those with complex needs is coordinated through a multi-agency panel.</p>
12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	<ul style="list-style-type: none"> <li>0 - No</li> <li>1 - Yes</li> <li>2 - Not clear</li> <li>3- Informal arrangements</li> <li>4 - Included in overall partnership agreement</li> <li>5 - other methods</li> <li>6 - In progress</li> </ul>	2	<p>The local authority and the CCG currently have in place a Section 256 Agreement in place to confirm funding from the CCG to the Local Authority contributing to a range of services. The Council and CCG will actively explore further opportunities to share and pool resources to maximise the use of increasingly scarce resources. The Council has a section 75 agreement with the NHS for the Integrated Community Equipment Store. The store is operated by the Community Trust and is funded 2/3 NHS and 1/3 Council. The NHS is host for the pooled budget arrangement. A programme of work has been agreed to strengthen this area. A key feature of this will be the recently confirmed commitment to move towards a position of pooled budgets and shared management arrangements in relation to all jointly funded cases. Arrangements are now in place to develop this and the Council and the CCG have allocated capacity for developmental work. Agreements are in place for joint funding. Section 75 is being updated. The Section 75 arrangements are sufficient and robust, setting out the responsibilities and legal framework under which we can transfer funding.</p>

13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	1	Yes and the issue of financial risk is included in the Section 75 agreement.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	4	4	Currently there are no pooled budgets in this area; however, a proposal around pooled budgets will be taken to the CCG Governing Body in August 2013, and following CCG and Council agreement, this will be progressed through the Integrated Commissioning Group. Existing arrangements ensure that each organisation is notified. Identification is happening at an appropriate time, resulting in discussions between Finance Officers and commissioners.
15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget 4 - Under review 5 - N/A	4	4	See above. This includes young people in transition. Both organisations have a good idea of what the costs will be for those in transition. Systems are in place to identify people 3-4 years before they reach adulthood and understand the implications on future budgets. At present this focuses on adults over the age of 18, however the proposals in their early form accept the need to develop work concerning transition and this will build on the recent amendments to transition procedures within the Council which sees Adults. Services taking management responsibility for young people at the age of 16 whilst the statutory responsibility remains with Children's Services. In addition the Council are currently exploring the concept of an all age disability service.
16	2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	0 - No 1 - Yes 2 - Not clear 3 - in process/development	1	1	Yes. The Modernisation of Learning Disability Services has been a focus of our work over the last 3 years and a key programme within the Council's strategic plans. The development of pooled budgets also acknowledges the need to develop a medium and longer term financial strategy and address how both the need for future efficiencies and increased demand will be factored into the arrangement. We have recently reviewed our residential strategy but another strand of work is about how we step people down and work with Registered Providers to obtain suitable accommodation. This work is undertaken by the LD Housing Panel. In terms of shaping the market and commissioning the right capacity, we are at an early stage. Both organisations are doing this in parallel, rather than jointly, although this will change as discussions around pooled budgets are progressed alongside the development of the Integrated Commissioning Group

17	3. Case management for individuals				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	0	Currently there is no integrated team, but plans are in place to strengthen this through the Integrated Commissioning Group, and as indicated active exploration of the establishment of joint community learning disability services. The Council has a robust Learning Disability Care Management Team who undertake close liaison with the CCG and Health agencies. There are positive working relationships and effective communication across and between services.	
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	In terms of case responsibility, this is clear for social care clients and indeed for those where there is a joint funding element. In terms of fully funded CHC clients the CCG has developed an arrangement with the CSU to assure that case management and responsibility is appropriately undertaken. Proactive management through assessment and treatment is going on to try and step people down. We are using the existing capacity to appropriate effect to get people into the least restrictive option. The Council can demonstrate its willingness to support other service users with particular issues if support is not available. In terms of all individuals, Advocacy Services are available, in particular identified cases, arrangements are made to provide specialist advocacy. The Council is in the process of enhancing the configuration of Advocacy Services and will shortly procure a range of early intervention and prevention services inclusive of advocacy. There is an agreed community service specification for mental health services with the local mental health trust provider.	
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Yes, in partnership with local, regional and national commissioners, we have completed person centred reviews on the 8 service users that are currently placed in either an A&T's or other inpatient services. As part of the person centred reviews which were developed in partnership with family carers (where appropriate), service users, advocates and service providers we have put in place comprehensive move on plans to support those who have been identified as being able to move into less secure settings by the 1 <sup>st</sup> June 2014 deadline. In addition, Wirral has a successful track record of moving people with learning disabilities from residential settings into independent settings with the support they need to live full and active lives. The first priority of the Integrated Commissioning Group will be to review provision of community teams and A&T provision with a view to pooling budgets to create an integrated community team.	

20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	3	Yes professional leadership for the review programme is undertaken jointly by the Director of Adult Social Care in the Local; Authority and the executive lead for Learning Disabilities within Wirral CCG. However, this is primarily within each organisation and we need to improve the coordination of the review programme, bringing together data and ensuring a robust collaborative response. This will be done through the Integrated Commissioning Group.
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	Yes there is a named worker for each individual and they lead on the reviewing and care planning of all the individuals. We work in partnership with service users, carers and advocates as part of the process. As part of our reviews, we ensured we considered the needs and views of informal family carers and they were supported through this process. Where appropriate or needed, family carers were also given information and access to an independent advocate. In addition, we assure the quality of provision of Care homes with a rolling programme of quality inspections. Our inspection programme is informed by intelligence received by the Council's Safeguarding Adults Team and the Quality and Compliance Team, which relates to the quality of provision and low-level concerns in care homes.
<b>4. Current Review Programme</b>				
22	4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	0 - No 1 - Yes 2 - Not clear 3 - in part	1	Yes. Each organisation knows who will be affected by the programme and we are creating a central record across partners. This will also assist the organisations in ensuring that people are not double-counted and for those who have impending moves, work can begin with patients, families/ carers and partner organisations to ensure a smooth transition. When completing the reviews we ensured all service users and family carers were offered access to independent advocacy and information on carer support organisations that could support them through the process.

23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process 4 Not applicable (i.e. none funded by specialist commissioning )	1	Yes arrangements to review the service users funded by specialist commissioning arrangements and who are in A&TU or other inpatient setting are clear. Low/Medium Secure Patients are reviewed on a monthly basis by a case manager. (See 2.1). Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, egress from secure services. Alongside this, the review team also undertakes unannounced half day reviews. This involves an in depth review of an individual patient. Review Template attached. Good practice: Partners across Merseyside have developed a register template which NHS England (Mersey Team) will request that specialist commissioning teams use to share data on forensic patients. This will reduce the variation in the data which local CCGs request from specialist commissioning teams. Arrangements for reviews are established and undertaken including the appropriate individuals as required including advocacy.
24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	Yes. Wirral has a newly created Disabilities' Partnership Board established out of the previous LDPB and have received update briefings on the Winterbourne and the review project. The Local Healthwatch organisation has recently been established in Wirral and it is anticipated that our Local Healthwatch organisation will develop over time but they will have a significant role to play in helping to monitor and shape local health and care services, make recommendations to commissioners and providers about things that could or should be improved. Support is available to people with learning disabilities and their carers through a range of local voluntary and community organisations. Advocacy is also routinely available in Wirral and can be spot purchased if necessary.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	The register has been developed jointly by the partners. The local register is managed and updated on behalf of the CCG by the Cheshire and Merseyside Commissioning Support Unit. The register is kept up to date, the numbers of individuals are small and they are regularly reviewed with comprehensive information being recorded. A process is in place to enable care and health commissioners jointly use and share the same register.

26	4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1	The transfer of the register has been completed and is now with the CCG with a lead commissioner identified. Each patient who is in an A&TU or inpatient service has a care coordinator who is their identified first point on contact.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	The three secure services in the North West have independent advocacy contracts which provide a self-advocacy model and provide the statutory IMHA service. Advocacy is routinely available to people. The Council has contracts in place to provide advocacy.
28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	Outcomes of reviews are tested via internal supervision and file auditing process. The secure case managers meet weekly for clinical supervision and all findings are discussed within the team. Issues are highlighted to supplier managers to ensure they are addressed appropriately if they require a contractual response. The Council has in place a rolling programme of audits covering adult safeguarding, wider casework and supervision. Cases are reviewed in line with an agreed audit template each month.
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances	1	Yes. In completing the face to face reviews we ensure that these are completed by a MDT who have significant experience in supporting and caring for people with a learning disability and /or autism who may have behaviour that challenges. Within Secure services – during the in depth reviews – care plans are reviewed in line with national guidelines, staff are interviewed and there is a detailed report of findings. Reviews take consideration of least restrictive options for delivery of care, deprivation of liberty, mental capacity of the resident, and evidence of best interest decision making where appropriate.

30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	1	1	Yes, all the required reviews have been completed prior to the 1st June 2013 deadline.
	<b>5. Safeguarding</b>				
31	5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	1	Yes, we routinely and regularly engage with other councils and their partners. Wirral's Multi Agency Safeguarding Procedures mirror the processes as outlined in the ADASS protocol. As host Authority a proactive approach is taken from the outset to engaging placing Authorities in accordance with the protocol as appropriate. As a placing authority priority is given to the principle of continuity of duty of care ensuring vulnerable adults are protected and safe. We work with host authorities in line with the protocol and will escalate any concerns that arise to ensure the needs of individuals are safeguarded.
32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	1	1	Safeguarding meetings have representatives from various organisations. The Council works closely with a range of care providers and hosts a number of forums for them to discuss overall issues and agendas. The Council has strengthened its relationship with local providers by establishing a Wirral wide provider's forum. In terms of individual service users, we take a very person centred and individual view to ensure that individual risk assessments are promptly and appropriately developed.

33	5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	0 - No 1 - Yes 2 - Not clear 3 - N/A	1	CQC send reports through to the relevant officers and there is further scope to improve CQC's strategic engagement with our local partners. In respect of issues arising from inspections, the Council has been fully appraised of developments and shares relevant information with Health colleagues. Similarly, the Council has on going monitoring of its own with regular engagement with CQC inspections and carefully monitors all relevant information relating to providers of services for Wirral. There are established quality assurance arrangements in the local authority and, since the creation of the Integrated Commissioning Group, work is underway to integrate our quality monitoring arrangements.
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	Wirral's Safeguarding Adults Partnership Board (WASB) has kept this matter high on its agenda since the initial exposure in May 2011. The WASB has considered the review and understands the programme and its leadership role. The action plan and the stock take will be discussed further at the next WASB and Local Safeguarding Children's Board (LSCB) meetings
35	5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	1	This is an agreed role. The Council employ a dedicated MCA/DoLS Lead Officer, who to comply with governance arrangements (following guidance which came out after the review project) reports information on MCA/DoLS through the strategic management team when an annual governance report is issued. These arrangements give the assurance that appropriate arrangements are in place. In addition, through monitoring and compliance visits with care home providers, the Council review care plans and are able to engage with providers on the steps they are taking to ensure de-escalation can be evidenced as part of peoples care plans.
36	5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	2	Yes, all agencies operating in Wirral are expected to work in accordance with the Wirral's Adult safeguarding Policy & Procedures to safeguard adults from abuse which sets out clear expectations around whistle blowing and raising safeguarding alerts. The multi-agency training delivered by the Council is very clear about the need for everyone to raise safeguarding concerns and locally we think this is working as we continue to report high levels of alerts.



37	5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	1	Yes, we are continuing to strengthen links between the community safety issues and learning disability issues for example Wirral have adopted a Hate Crime Awareness and Safe Place Campaign alongside multi agency training events. Within Wirral there has been a relatively small number of people moving back into less restrictive environments. Building upon the experience of the Council and other key partners in supporting people with challenging behaviour back into the community, there have been no specific issues identified to the Community Safety Partnership. If issues do emerge/arise then these will be dealt with appropriately. The CCG, Adult Social Care, and Children and Young Peoples Services are all represented on the Community Safety Partnership and will be in a position to address issues proactively.
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	Yes. CQC are invited to the WASB, and are also routinely invited to attend strategy meetings and case conferences where safeguarding concerns relate to institutions. Improved linkages with CQC include better sharing of information and co-ordinated inspections
<b>6. Commissioning arrangements</b>				

39	6.1 Are you completing an initial assessment of commissioning requirements to support people's move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	<p>The CCG (supported by the Council) is leading on this work with support and clinical advice from Cheshire and Wirral Partnership Trust to support people's move from assessment and treatment/in-patient settings, through reviews alongside community learning disability teams. Partners have contributed to the Wirral Market Position Statement which was ratified by the Council in May 2013 following support from the national programme lead for North West Local Authorities. The Wirral Market Position Statement was built up through active and positive engagement with providers and forms the basis of a developing Framework Agreement to support and procure services. The Market Position Statement is one means of engaging with providers to shape and design services that are responsive to the spectrum of needs impacting upon local services. This includes developing market capacity to deal with more complex needs locally and any planning would include step down provision. Information on current service demand over the next 10 years has been included in the MPS. The MPS will be a tool to support providers in making decisions about whether to invest in services in Wirral and prepare for further opportunities that arise as a result of the introduction of personal budgets. Due to the relatively 'small numbers' for Wirral and as individual plans in place, this overall commissioning approach is felt appropriate, and where services require commissioning for particular individuals or small groups of individuals, plans are in place. Equally Wirral is working within a wider footprint of Merseyside and Cheshire local authorities to explore added value of commissioning and procuring services based upon populations across local authority boundaries. This initiative recognises the challenges faced by those with complex and challenging needs.</p>
40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3	<p>Yes. The Council and CCG are moving to strengthen the integrated nature of its commissioning for Learning Disability Services, led through the Integrated Commissioning Group.</p>
41	6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	<p>Yes, there is a shared understanding of the number of people placed out of area and the funding arrangements that are underpinning these. We have reconciled the registers held by the health and social care to ensure there is a shared understanding. A combined register is held by the CSU, and this is kept up to date and reviewed. The Council and the CCG commissioning intentions both reflect the need to re-provide some services, but there is no major re-design involved, the approach is to focus on a person centred individualised approach. The number of Adults placed outside of the region as at the 26th June 2013 : 8 Service users in AT&amp;U or inpatient services 27 Service Users in Residential Care Homes 1 Service User in CHC Placements 4 Service Users in Nursing Home Placements 12 Service Users in Supported Living</p>

42	6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	4	<p>Yes, as a consequence of Shaping Tomorrow (the Council's Commissioning Framework) Adult Social Care are developed three complementary Commissioning Plans covering Early Intervention and Prevention, Targeted Support Services and Learning Disabilities allied to a cross cutting Carers Strategy also recently refreshed, that will be outcome focused and embrace co-production to assure positive and effective engagement. Central to both the Early Intervention and Prevention and Learning Disability Commissioning Plans, supported by the revised Carers Strategy will be a focus upon empowerment and accessibility to promote greater choice and control. All business processes will be linked to clear commissioning intentions and the on going transformation programme. We will have joint commissioning intentions going forward and we are in the process of ensuring that people with LD are included in CCG commissioning intentions going forward. It is a commissioning intention of the CCG with Cheshire and Wirral Partnership Trust to reduce reliance upon inpatient beds and revise the community team infrastructures. We intend to use the quality, innovation, productivity and prevention (QIPP) challenge to develop appropriate initiatives.</p>
43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	2	<p>There are relatively small numbers of Wirral residents who are A&amp;TU or in-patients settings ( 8 ); since 2012 the number of A&amp;TU or in-patient settings beds was streamlined with an increased emphasis on community provision.</p>
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3	<p>Yes initial scoping is underway. The cost of future commissioning/placement intentions is being identified including those of young people in transition. This will be factored into the proposals identified above in relation to joint commissioning. This will need to be developed further to inform our local joint strategic plan which will take place by 1st April 2014. The arrangements for the existing cohort –who are not subject to Section 117, are clear. We are agreeing a transparent and appropriate means of sharing funding where people are subject to section 117.</p>

45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1 Yes arrangements are robust. The Council, with support from the CCG has commissioned arrangements for independent advocacy. Currently within the Wirral, people with learning disability have increased choice and access to independent advocacy. In addition we have IMCA, IMHA services and family carer advocacy services in place. As indicated, as part of the Early Intervention and Prevention Commissioning Plan, DASS will be implementing a thematic approach to commissioning, which has been co-produced with the Voluntary, Community and Faith Sectors to provide universal access to services that promote continued independent living and advocacy is one strand of the thematic approach. This will act as a building block to wider engagement across the Council and Public Health to ensure we are making best use of all available resources.
46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3 Yes, we are in the process of agreeing the resources, structure, monitoring arrangements, and project planning for our local delivery plan. The proposed structure for our plan is due to be discussed and approved at the next HWBB, following endorsement by respective organisational management teams.
47	6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	1 We are confident that the 1st June 2014 target will be achieved for all people currently living in in-patient settings to be placed nearer home and in a less restrictive environment will be achieved where appropriate. We are working with a range of providers to develop services locally to ensure we can meet people's needs where appropriate. The key driver here is to ensure that services are tailored to individual needs and as indicated this will involve a complementary, where appropriate integrated approach to build a comprehensive range of services within available resources.

48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	2	In respect of any remaining service users a major obstacle preventing them from moving back into the community is that they are being detained following hospital orders with MoJ restrictions. Given the level of risk, together with their challenging behaviour, it would not be realistic to consider a move into a community setting by the 1st June 2014. Any medium term plans would be dependent on the availability of forensic places regionally to manage a stepped approach to them moving into less restrictive settings and ultimately their own independent accommodation. The approach adopted will be clinically and professionally based to manage potential risks posed to assure the rights and responsibilities of individuals with a range of complex and challenging needs.
<b>7. Developing local teams and services</b>				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes planning is advanced and partner organisations are involved as early as possible. Placements are discussed with patients, families / carers and relationships are built up with providers to ensure a smooth transition for all. Initial assessment of the service users who were part of the review programme and who were able to move back to the community has been completed. The wider commissioning strategic requirements to support the move from A&TU's or inpatient services, will also form part of the local strategic plan, led through the Integrated Commissioning Group. The approach adopted brings together both micro and macro commissioning intentions to establish pathways appropriate to assessed needs and services configured to meet such needs. Inevitably this is noting how resources are currently deployed, resources available to be deployed and the need to decommission and re-commission services as we move forward.
50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	Wirral provide statutory Advocacy through the IMCA and IMHA services. We commission IMCA from Wirral; IMHA from Advocacy in Wirral, and specialist LD advocacy from Wirral Mind. We also spot purchase advocacy as required to ensure a flexible arrangements can respond to the needs of service users and carers. We receive regular reports from existing contract providers and we have now built commissioning and quality assurance capacity that facilitates rapport building and governance in relation to performance to aid service improvements. We further receive feedback from service users, families / carers.

51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	1 The Council has recently reviewed its capacity in relation to Best Interest Assessors and found that there is currently insufficient trained and skilled staff available to meet demand. The Council currently has 12 trained and supported BIA's. As a result the Council is undertaking a BIA recruitment exercise in September 2013 with BIA training in October 2013.
	<b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b>			
52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	1 Crisis and contingency planning are in place. Capacity has been identified. Intensive support services are in place and pathways and protocols are established to ensure LD clients are supported. During the day, if a crisis occurs, clients have access to a 'pathway' through specialist LD Community services: including triage, assessment, and intervention or the MH Home Treatment Team. . In an acute out of hours episode LD clients will be directed via the Emergency Duty Team and have access to the Council's AMHP provision: or depending on the situation via the Hospitals Psychiatric liaison service. Currently there are A&TU's which provides 24 hour inpatient services for adults living in Wirral. Work is on-going to redirect resources earlier in the pathway to prevent a deterioration / crisis from occurring .This will be reviewed as part of the strategic review of LD community teams and A&T units.
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	3 In Wirral we have a multi-disciplinary crisis intervention team who provide short term help for people who are in a mental health crisis, or who require intensive community support following discharge from hospital. In particular, mental health support services are intervening with people who have mental health needs and a learning disability, but who do not meet the criteria for LD specialist services. Through these interventions, mental health support services are preventing a potential escalation of LD needs. We will consider the capacity of this provision and look to develop our emergency responses to avoid hospital admission as part of our local strategic plan.

54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	1	1 Yes, The review of community MH services and the move to integrate LD community services will crucially consider capabilities and capacity to ensure we have a workforce fit for purpose. The continuing needs of our local workforce, especially on supporting and caring for people with challenging behaviour, is to be considered with partners as part of the reviews of services in train to inform future workforce planning .At present, workforce and skills assessment development has been built around the needs of the team supporting individuals and there are many examples of individually tailored training packages being delivered in relation to areas such as the management of challenging behaviour, autism in practice, the administration of medication, etc.
	<b>9 Understanding the population who need/receive services</b>			
55	9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	1 Yes, a partnership approach utilising the LD Commissioning Plan, Autism Strategy, the Integrated Transition Strategy and the Wirral Market Position Statement and other local planning functions (Adult Social Care, Health, Planning and Housing) understand and support the development of services for people with complex needs and behaviour that challenges. Additional services supporting the Challenging Behaviour Programme are looking to be commissioned to support people with particularly complex needs. As part of the Training and Development Strategy of the Council, specialist management of challenging behaviour training is available for all relevant staff.
56	9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	1 Yes. In terms of future planning and service developments we take these factors into account and in relation to the particular needs of individual groups, these are carefully considered and Equality Impact Assessments undertaken in relation to all relevant decisions. The LD Commissioning Plan and The Wirral Market Position Statement distils demographics in relation to the local learning disabled population.
	<b>10. Children and adults – transition planning</b>			

57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	We are continuing to improve the effectiveness of transition planning for children and young people, who have on going support needs. Commissioning arrangements do take account of the need of children and young people. The Council has recently introduced revised procedures to improve the awareness of Adults Services with Care Managers taking case management responsibility for young people from the age of 16, with Children and Young Peoples Services retaining statutory and funding responsibilities. The CCG is currently working with the LA to review its transition arrangements.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	Yes Wirral has a clear schedule of future demand and the numbers of people likely to need services in place. A number of approaches enables us to understand the future demand on services through : reviewing CYPD Disability Services data; special Educational Needs data; JSNA numbers in relation to LD, Autism and Transition; prevalence data from PANSI and NASCIS; and the compilation of the LD self-assessment framework
<b>11. Current and future market requirements and capacity</b>				
59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	As described earlier, a local market capacity analysis is in progress. It will include an updated gap analysis (and opportunities in the market) with relevant information being included in the LD self-assessment. It is planned to be shared with the local provider forums and staff groups.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	3	Yes, the assessments of local market capacity and gap analysis completed by the council will also feed in and support the development of our local joint strategic plan on challenging behaviour. For example, we have identified local gaps for people with severe learning disabilities and severe challenging behaviour, who occasionally we cannot provide for locally. Day opportunities are currently traditional. We also need to develop supported living options.



61	11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	0 - No 1 - Yes 2 - Not clear	1	Yes, we currently have a Learning Disabilities Housing Panel which brings together social care, welfare benefits, strategic housing and registered providers to enable suitable accommodation to be provided.
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*Publications Gateway reference 00498(s)*

# Winterbourne View joint improvement programme

Stocktake of progress report

Executive summary

[www.local.gov.uk](http://www.local.gov.uk)

Executive Summary taken from the 'Stocktake of progress' report, available from  
[www.local.gov.uk/winterbourne-view-joint-improvement-programme](http://www.local.gov.uk/winterbourne-view-joint-improvement-programme)



# Background

The stocktake of progress questionnaire, requested from chief executives of local authorities, clinical leads of local Clinical Commissioning Groups (CCGs) and the chairs of Health and Wellbeing Boards (HWBs), was sent out as an integral part of the Winterbourne View joint improvement programme (WVJIP) in June 2013.

Its purpose was to enable local areas to assess their progress against commitments in the Winterbourne View Concordat and to allow for good practice and progress from local areas to be shared nationally.

It was further intended to assist in local discussions with key partners, including people who use services, family carers and advocacy organisations, as well as providers. It was based on the principle that the changes required as a response to Winterbourne View could only be successfully delivered through local partnerships.

The aim of the stocktake was also to help local areas identify what development support they might require from the WVJIP.

The stocktake covered 11 key areas of enquiry:

- Models of partnership
- Understanding the money
- Case management for individuals
- Current review programme
- Safeguarding

- Commissioning arrangements
- Developing local teams and services
- Prevention and crisis response capacity
- Understanding the population who may need/receive services
- Children and adults transition planning
- Current and future market requirements and capacity

Sent out on 1 June, returns were requested by 5 July 2013. The majority of returns were received before or on the return date; others subject to discussion and sign off have all been received. Every locality has completed a stocktake and they have all been appropriately agreed.

It is clear that the local work to complete the stocktake has of itself created much of the discussion and decision making that is required to fulfil the Concordat commitments.

The WVJIP has undertaken some rapid work to analyse and assess the responses to both support localities in the next steps and to provide regional and national information. The detail of the analysis is set out in the full report.

The analysis of the stocktake returns is shown in the full report and was completed in two stages. The first stage collated the responses to each question. The second considered the detailed responses that were made by the majority of places to each question. This has provided a very rich picture of strengths, opportunities and development needs at a local and regional level.

From this and other information fed in through questions and comments from partnerships, the following headline conclusions are drawn.

## Headline conclusions

As reported in the stocktake, there is evidence of:

- all localities engaging and working on the Concordat commitments
- progress and leadership across the partners
- HWBs being sighted on the Winterbourne priorities; many will be receiving detailed reports in the Autumn from their partnerships
- skilled and committed staff at commissioner, care management, community and provider levels and in leadership roles supporting change
- service user and family carer engagement, although this is not always consistent, nor evident everywhere
- safeguarding practices being followed consistently
- integrated/joint working, evident in assessment, commissioning and service development – though this is not evident everywhere
- the engagement of newly formed CCGs is bringing fresh impetus and priority in some localities
- innovation and strategic planning in some localities to reduce reliance on distant, long-term Assessment and Treatment (A&T) placements, including financial understanding and flexibility
- over 340 examples of good practice and local policy/practice – to be further analysed in partnership with the Social Care Institute for Excellence (SCIE) and NHS England colleagues.

Reflecting concerns raised nationally, the stocktake highlights the following areas for development locally:

- an urgent need to resolve issues of definition raised in 'Transforming Care' and the Concordat and in particular a need to clarify and define the key individuals who need to be considered as part of the change programme both now and in the future
- the development of whole life course planning
- the need to rapidly improve engagement, understanding and joint working across the various commissioning functions (specialist, forensic and health and social care)
- the need for localities to work together both within and across geographical boundaries to achieve longer term sustainable solutions
- a resolution to continuing difficulties in relation to Ordinary Residence
- consistent application at local level of Continuing Health Care criteria
- investment in behaviour support and community-based accommodation options to enable safe and local support services

- the integration of, and use of, financial resources with medium and long term financial strategies
- collaborative work with providers at national, regional and local level to develop alternatives to current provision
- expedite work to improve quality and consistency of care through robust commissioning
- increase the development of, and investment, in service user, family carer and advocacy activity
- increase the understanding and application of personalisation for all individuals, notwithstanding the complexity of their situation
- ensure wide understanding and application of the Mental Capacity Act (MCA) and
- support HWBs in their strategic role.

This summary analysis demonstrates that while every locality has evidenced a clear commitment to fulfilling the Concordat commitments and all are making progress towards this, inevitably some are more developed than others. The key issues that mark out this differential progress are as follows:

### **Leadership and partnership**

**Findings:** Due to a range of factors the strength of the partnership between local authorities and their key partners are at different stages: organisational changes, financial pressures and the historical legacy of arrangements all impact on progress. Every locality is reporting some progress in this regard. Following the stocktake it is clear that all HWBs are aware of the Winterbourne View joint improvement programme.

This needs to be built on as a part of the developing role of HWB, and the boards themselves are at different stages of development.

**Response:** The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWB. This will link with the established Local Government Association (LGA) Health and wellbeing system improvement programme and partnership.

### **Engagement with individuals and families**

**Findings:** In many areas, particularly those that have a strong tradition of working with partnership boards or similar, there is very good engagement at local level with the community and voluntary sector, as well as with user-led and family carer groups, and this often includes advocacy. However this is not universal – organisational changes and other pressures on all parts of the sector have led to some diminution of this engagement.

**Response:** In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy support must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers.

### **Work with providers**

**Findings:** The stocktake shows that 93 per cent of localities have concluded or are progressing market intelligence/market development with their local providers. Many have already concluded a provider analysis.

Emerging relationships between commissioners and providers are variable. There are a few strong examples of good collaborative commissioning, but these are yet to have a real hold. Many places still rely on a more distant commissioning arrangement, too often characterised by supply appearing to determine commissioning outcomes. There remain very variable approaches to issues of quality and clarity of task, resulting in long-term arrangements that do not meet the post Winterbourne View requirements.

There is some anecdotal reporting that a small number of providers may be seeking to re-designate provision from A&T Centres to other similar types of provision without changing the nature and function of the service. If this is the situation it needs further explanation as this is clearly not acceptable.

**Response:** Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future.

The development of a standardised specification for services across all ages will support this, as will the Enhanced Quality Programme. The programme will work closely with the Care Quality Commission (CQC) in the continuing registration of providers.

## Development of commissioning

**Findings:** The development of commissioning is both at the heart of achieving the WV priority changes and is the most complex and difficult area of development.

The stocktake shows that issues of commissioning between the key partners are inextricably linked to the use and flexibility of resources. This is the biggest single area that requires support and development. There is a very variable picture indeed of progress in providing integrated or joint commissioning in which individuals have a seamless pathway starting with a single assessment and supported by consistent care management.

Within this key area the issues that create difficulties are reported as:

- ordinary Residence rules and associated financial risks
- engagement between specialist, secure (forensic) and local commissioning (health and social care)
- use and criteria for Continuing Health Care
- the development of pooled or integrated budgets
- flexible use of resources including workforce, workforce planning and development and local skills assessments
- lack of longer term financial planning
- agreed definitions of the key target groups
- limited use of care management type services
- inconsistent application of standards and quality requirements.



**Response:** Work with commissioners at all levels will be a priority for the programme as detailed throughout this report. We will link with other relevant work through LGA, NHS England and NHS Improving Quality.

### Planning for children, young people and adults – Preparing a pathway

**Findings:** There are a few very fine examples of work to improve the transition of young people to adulthood across the partnership. However, there are very few examples from the stocktake of places where the needs of children are seen within the context of their longer term care into adolescence and adult opportunities.

**Response:** This is a national, regional and local priority for WVJIP and will also need to engage other government departments, key national organisations and providers of services at all levels to achieve real change. Commissioning through children's services is a vital component of this.

### Future support and development

The Winterbourne View programme has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector-led improvement.

The key objectives of the programme are set out in 'Transforming Care' and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

An important feature of the stocktake has been the requests from each locality for ongoing support and development. This has been encouraged in the spirit of sector-led improvement. The stocktake will directly form the basis of the local and regional improvement offer from the programme.

The WVJIP Improvement Offer is aligned with the LGA and NHS England's wider approach to improvement and the principles of sector-led improvement. This ensures engaging political leadership, finding new ways of working with local people and communities, inviting challenge from peers and sharing good practice. The self-assessment stocktake is an exemplar of using comparative data as a driver for improvement.

Eighty-six specific requests for support are identified, with at least one request in each of the 61 questions. The largest number of requests (distinct from general support needs) are regarding Ordinary Residence and associated financial risks, a range of issues relating to specialist commissioning, capacity in crisis response services and pooled budget arrangements. A summary table of support requests is available in the full report.

In addition there have been over 340 examples of good or demonstrative practice and local policy initiatives. These will provide a very rich source of information that will be used right across localities as part of development. This will be done over the autumn in conjunction with the Social Care Institute for Excellence (SCIE) using well established and proven methodology.

Items included highlighting innovative practice, sample protocols and/or agreements (for example s75 agreements) as well as local policy and practice examples. It is intended that this material will be available on the WVJIP knowledge hub in the coming weeks.

In the spirit of openness and transparency, the report will be widely available and publicised through both NHS and LGA channels. Local places are encouraged to use their own communication channels to further publicise and discuss this document, including potentially reporting to Health and Wellbeing Boards.

The detailed analysis of individual places will be made available to local areas for their own use, with the expectation that these will be reported to the HWB as appropriate.

In addition, regional summaries will be made available to LGA, NHS England, Association of Directors of Adult Social Services (ADASS), Association of Directors of Children's Services (ADCS) and Department of Health (DH).

This material will then inform the development of the improvement offer and supporting programme using the established four national priorities and bespoke regional and local support:

- Life course planning
- Working with providers
- Keeping people safe
- New financial models

Findings from the stocktake will be further informed by the LD Census and Joint Self-Assessment Framework (SAF).

Work with local areas will always be based on joint agreement regarding the issues to be explored and the approach to be used.

The key elements for regional activity will be:

- **Bespoke support** to partners or individual authorities based on their own reported current stage of development and their requests for support.
- The development of **regional priority plans** supported by resources from the improvement programme using local and existing networks and facilities to expedite progress, linking this to national work of both WVJIP and partner organisations. This will commence immediately with plans being in place by early November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with the LGA's principal advisers and quality surveillance groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with the Towards Excellence in Adult Social Care (TEASC) programme.

- The programme will provide **in-depth support and make links to existing programmes**. It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and local government including the Health and wellbeing system improvement, Adult safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England Commissioning Development work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for any further in-depth support will be:

- partner's request for 'deep-dive' support
- follow-up discussions on stocktake analysis that might warrant more study
- in-depth work to draw out exemplars of good practice or process
- significant numbers of challenging placements
- apparent stocktake responses that are out of step with regional findings
- where concerns about individual placements have been raised.

The sharing of innovative practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available.

# Summary of WVJIP responses to issues raised in the stocktake

Set out below are the summary actions that will be built into the WVJIP improvement offer, determined by priorities identified from the self-reported stocktake of progress.

The WVJIP will focus some of its improvement work on leadership and strategic partnership and support to HWBs. The apparent variability in the development of leadership arrangements across the regions will be followed up by the WVJIP. A key emphasis of the improvement programme will be to take account of the relative development of local partnerships and the need for progress.

In the ongoing improvement work and with others, the importance of local engagement and the provision of high quality advocacy must be reinforced. This will be integral to the programme itself, as will the development of personalised services and engagement with family carers. The WVJIP will follow up on the availability and quality of advocacy arrangements locally and regionally.

Alongside the national work that is being established with providers, regions and localities will be supported in developing their own strategic approach to commissioning services to meet the needs of people now and in the future. As a priority this will include supporting regions to develop viable locally-based alternatives to long-term and geographically-distant services.

Work with the regulator, financiers and existing providers will be developed over the coming months to achieve step change in revised provision. “Jointness” of approach may also be indicative of how effective joint care planning and review processes are for people in receipt of care and support and this will be an issue followed up in further detail by the WVJIP.

Pathway planning for children, young people and adults is a national, regional and local priority for WVJIP and there is a need to engage across government departments, key national organisations and providers of services at all levels to achieve real change.

‘Transforming Care’ invites a range of “definitions” of both people and places and there is a pressing need for clarity and focus. This key action has been taken forward by the WVJIP and is an issue the JIP will want to clarify shortly. This work will be a key feature of the improvement offer.

The improvement programme will need to work with those places that still need to establish good strategic planning to ensure that the financial aspects are understood and that the mechanisms are in place to support the flow and flexibility of resources.

The following are areas for further follow-up with localities and have become key elements of the WVJIP programme. These will form the basis of improvement offer discussions.

- Alternative provision, including the ability to commission this within timescales and/or identifying suitable providers.
- Mental Health Act and/or Ministry of Justice restrictions.
- Funding arrangements, including lack of finance, clarity about specialist commissioning funding, NHS Continuing Care and Ordinary Residence.

Significant change is needed, particularly from early years through to adult care, if a fundamental shift in approach is to occur. Incremental change is not sufficient. The improvement programme needs to work with others to harness and target resources from Government, the sector and other sources to support some of the fundamental changes in the way planning, decision-making and care is delivered to children, and in order to ensure a different way of working in the future. Continuing to react year on year to rising numbers of children needing costly, but less effective, adult placements is not tenable.

# The improvement programme response

Supported by NHS England, the LGA and the DH, the WVJIP has at its core an improvement programme that has regional, national and local components and is based on the core principles of sector led improvement.

The key objectives of the programme are set out in Transforming Care and the Concordat but are now particularly defined by the work of recent months and the findings and conclusions from the stocktake of progress. A supporting programme plan has been developed.

The key task is to ensure these objectives are turned into strategic (national) and operational (local) actions and outcomes.

They support the achievement of the key outcomes for people set out in policy and achieved through the significant system, method and practice changes that are required.

## Key principles of the improvement offer

- Coproduction of offers and outcomes with people with learning disability, autism and behaviour that challenges, and their families.
- All development will operate within the context of the engagement strategy agreed by the Board in May 2013.
- The improvement work will use existing local, regional and national structures and approaches to improvement.
- The improvement work will relate to wider views and approaches to improvement.

- It will align to and complement the existing improvement and development work of key partners at national and local levels.
- Work with local areas will always be based on joint agreement regarding the areas to be explored and the approach to be used.
- Any support and development will be provided in a transparent, constructive and supportive way while providing appropriate challenge and will not seek to duplicate existing mechanism or structures.
- All support activity will seek to use or share resources in a way that encourages local sustainability.
- While national offers may be developed these will be fine-tuned to support bespoke local application.
- The use of shared learning, the collation and sharing of innovative practice and peer development and challenge.

Key building blocks for improvement and a benchmark for progress

- Local leadership arrangements put in place to drive the programme.
- A clear understanding of current costs and commitments, sources of funding through the local authority, Clinical Commissioning Group (CCG) and specialist commissioning, and a determination to tackle longstanding barriers in relation to these (e.g. NHS Continuing Care).

- A clear, resourced, joint delivery plan focused on personalised community provision.
- Developed care management to ensure progress and quality.

Further details of the improvement offer will be presented to the WV JIP Board and key partners in early October and then publicised more widely after that.

### **The improvement team**

- Ian Winter: Lead
- Zandrea Stewart: Principal Adviser
- Steve Taylor: Principal Adviser
- Angela Ellis: Engagement Adviser
- Jane Alltimes: Policy Adviser
- Kristian Hibberd: Communications Adviser
- Marie Coffey: project support

The team is working with:

- Emma Jenkins and LGA Principal Advisers
- Sam Cramond and Ray Avery, NHS England

The key messages from the stocktake of progress have impact across national, regional and local dimensions.

Working with the four national priorities, the improvement team will engage directly with localities, generally across the four NHS England regions and the nine geographic ADASS/ADCS groupings.

Follow up may be based on one or more of the below but will always be decided through joint agreement regarding the need for further study and the areas to be explored.

The key elements for regional activity will be:

### **Bespoke support**

The first task will be to offer individualised engagement with partners in localities based on stocktake returns and analysis. This could include engagement at HWB level and strategic commissioning to assist in advice, planning and shaping based on the locality's own self-assessment. This will be based on the analysis returned to each partnership.

### **Regional support**

The second activity will be to work in each of the nine regions using the existing networks and arrangements to develop the most appropriate work and responses based on aggregated stocktake returns and the leadership priorities. This will take place during September and October 2013. Resources will be made available to support local networks to develop this work. Each region will be supported to develop its own regional priority plan during November 2013. Existing work will not be impeded in this process.

This will also link with existing mechanisms regionally and nationally for supporting improvement, identifying areas in need of early or extra support, and assuring quality. This will include discussions with LGA Principal Advisers and Quality Surveillance Groups.

Challenge from peers will be through the development of a specific Winterbourne View module developed jointly with TEASC.

## **In-depth support and links to existing programmes**

It is vital to draw on the range of development and support already existing and to ensure that good coverage is given to all those who will need to work together to achieve the policy and practice changes required by the Winterbourne View Concordat.

This will include working with existing programmes in NHS and Local Government including the Health and Wellbeing System Improvement, Adult Safeguarding and the Towards Excellence in Adult Social Care programmes. The NHS England work with CCGs and NHS Improving Quality and transforming provision will also be engaged.

The rationale for further in-depth support will be:

- Partners request for 'deep-dive' support.
- Follow up discussions on stocktake analysis that might warrant more study.
- In depth work to draw out exemplars of good practice or process.
- Significant numbers of challenging placements.
- Apparent stocktake responses that are out of step with regional findings.
- Where concerns about individual placements have been raised.

Based on the above the in-depth or deep dive approach must be a collaborative response that will support the partners in the locality and develop skill and knowledge that can be shared more widely.

Using principles already well established, for example by the sector led improvement activity and other methodology including appreciative enquiry, the deep dive will have a basic outline that is then matched to local requirements and priorities following discussions with the partners.

Where appropriate it will be linked to the Enhanced Quality initiative outlined above.

Winterbourne View Principal Advisers will be central in the discussions and local developments, though to achieve breadth of development with expertise and challenge it is very likely that a partner organisation(s) would be asked to work with us to set up the programme in detail.

National activity is already taking place which will feed into local developments.

## **Sharing innovative practice**

The collation of good practice and local policy will be disseminated as described elsewhere and the further development of the Winterbourne JIP Knowledge Hub group will increase awareness of the material that is available. Resources will be made available broadly on a regional basis to support priorities and be allocated according to the key principles as outlines above and the stocktake analysis of priorities.

The requests for support from the stocktake returns will be collated and fed into this process.



# Winterbourne View joint improvement programme

The programme has a small improvement team led by Ian Winter. The purpose is to lead national priorities and support action with regions to ensure that the Winterbourne View Concordat commitments are met.

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## **Stephen Taylor**

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Programme priority: New financial models, understanding information, and assuring progress in developing alternative models of commissioning.

Regional contact for: South East, South West and North East

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## **Zandrea Stewart**

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Programme priority: Life course planning, for people from childhood into adulthood.

Regional contact for: Midlands, East of England and Yorkshire and Humber

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## **Ian Winter CBE**

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Email: ianjwinter@gmail.com

Programme priority: Working with providers and developing quality standards.

Regional contact for: London and North West

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## **Stephen Taylor, Zandrea Stewart and Ian Winter**

Programme priority: Keeping people safe, appropriate use of legislation and guidance, promoting rights and raising expectations.



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