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WIRRAL

Families and Wellbeing Policy and Performance Committee

Date:	**Tuesday, 8 July 2014**
Time:	**6.00 pm**
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

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

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

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

2. MINUTES (Pages 1 - 14)

To approve the accuracy of the minutes of the last meeting of the Families and Wellbeing Policy and Performance Committee held on 8 April 2014.

3. CLATTERBRIDGE CANCER CENTRE - PROPOSED REORGANISATION (Pages 15 - 106)

To receive an update from representatives from the Clatterbridge Cancer Centre.

4. TWO YEAR PLAN - NHS ENGLAND AREA TEAM (Pages 107 - 118)

To receive an update from a representative from NHS England Area Team.

5. FUTURE COUNCIL (Pages 119 - 130)

6. ARRANGEMENTS FOR THE ATTAINMENT SUB-COMMITTEE (Pages 131 - 134)

7. ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL (Pages 135 - 140)

8. FAMILIES AND WELLBEING DIRECTORATE - KEY ISSUES FROM DEPARTMENTAL PLAN

To receive a verbal update from Ms Clare Fish, Strategic Director, Families and Wellbeing and Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance highlighting the key issues from the Departmental Plan.

9. FAMILIES AND WELLBEING DIRECTORATE DASHBOARD REPORTS (Pages 141 - 172)

10. FINANCIAL MONITORING

This report is to follow.

11. WORK PROGRAMME (Pages 173 - 180)

12. BARNADOS VIDEO - YOUNG CARERS

The Committee will receive a short video from Barnados in relation to young carers.

13. ANY OTHER BUSINESS APPROVED BY THE CHAIR

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

Tuesday, 8 April 2014

Present:	Councillor	W Clements (Chair)	
	Councillors	M McLaughlin	S Niblock
		P Williams	T Norbury
		P Hayes	D Roberts
		M Hornby	W Smith
		C Povall	J Stapleton
		P Brightmore	J Williamson
		B Mooney	

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

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

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

Councillor Mooney declared a personal interest by virtue of her employment with Age UK.

Councillor McLaughlin declared a personal interest by virtue of a family member working at Wirral University Teaching Hospital.

53 **MINUTES**

RESOLVED:

Subject to the addition of Councillor P Gilchrist to the deputies attendance list, the Minutes of the Families and Wellbeing Policy and Performance Committee held on 28 January 2014 be approved.

54 **MINUTES OF THE ATTAINMENT SUB-COMMITTEE - 17 MARCH 2014**

RESOLVED:

That the Minutes of the meeting of the Attainment Sub-Committee held on 17 March 2014 be noted.

55 **PUBLIC ENGAGEMENT AND CONSULTATION ACTIVITY - COMMISSIONING POLICIES REVIEW**

The Committee considered the report of the Cheshire and Merseyside Commissioning Support Unit in relation to the consultation plans being developed with regard to the Commissioning Policies Review.

Ms Julia Curtis, Project Manager, (Cheshire and Merseyside Commissioning Policies Review) Cheshire and Merseyside Commissioning Support Unit introduced the report and gave a verbal presentation outlining the Commissioning Policy; main policy changes; important policy changes; communication and engagement; feedback and next steps.

In response to Members questions regarding how patients were chosen for specific treatments, Mr Phil Jennings, Wirral CCG indicated that decisions were based purely on medical evidence and was consistent with all other neighbouring CCGs. Mr Jennings indicated that such decisions were open to challenge by patients and could be appealed against. There were also mechanisms in place for dealing with individual patient requests.

The Chair indicated to Members that if they had any further comments to add to the review, they could do so online.

RESOLVED: That

(1) the report be noted; and

(2) Ms Curtis be thanked for her informative presentation.

56 **SPRINGVIEW CQC INSPECTION - UPDATE REPORT AND ACTION PLAN**

At the meeting held on 28 January 2014 (minute 51 refers).Members received a verbal report from Ms Val Mcgee, Cheshire and Wirral Partnership NHS Trust updating on the recent inspection undertaken by the Quality Care Commission on Springview at Clatterbridge Hospital.

At the meeting, Members requested a copy of the Action Plan following the CQC's inspection.

RESOLVED:

That the action plan be noted and Ms Mcgee be thanked for her update.

57 **QUALITY ASSURANCE AND STANDARDS OF CARE HOMES IN WIRRAL**

The Committee considered the report of the Members of the Care Homes Scrutiny Panel providing background information regarding the Final Report.

Members of the Panel had met a range of witnesses throughout the course of the Review and thanked all those who had assisted in the review by giving their time.

The Final Report, 'Quality Assurance and Standards of Care Homes in Wirral' was attached as an appendix to the report.

The Chair of the Panel, introduced the report indicating that the information on RAG rating detailed in the report highlighted that some of the homes were not fully compliant with the contracts, which was why the Committee wanted to look at this as an important issue.

The Chair indicated that the Panel had set out some detailed recommendations for the Department of Adult Social Services, some more challenging than others, but it was hoped that the outcome of the review and the Panel's recommendations would make a difference to those living within our residential homes.

Members of the Panel thanked the Chair and those colleagues, and also the Scrutiny Support Officer who had assisted with the review and the final collation of the report.

A Member of the Panel reported that as part of a previous review, standards in relation to the Wirral University Hospital were looked at and which were of a high quality, but commented that some private sector homes fell well below the standards expected for the residents of Wirral; the Member further indicated that the Panel had noted and praised the excellent work undertaken by the CCG and Quality Assurance team.

Within the findings of the review the Panel felt that more was needed to be done to encourage people to raise concerns regarding the care received at care homes.

Mr Graham Hodkinson, Director of Adult Social Services thanked the Panel for their report and in response to Members comments, indicated that the quality of the sector was at present very mixed; the Quality Assurance Team had only been established by the Council for a short period therefore information they had gathered had been relatively recent.

Mr Hodkinson stressed the importance of the role to be played by the elected Members feeding back information based on their observations and information received from their constituents.

In relation to staffing costs, Mr Hodkinson indicated that the Department had a costing model which was used for each home for staffing, food etc; this included the cost of living minimum wage which was paid to staff. In response to a Member, Mr Hodkinson indicated that the Department worked closely and consulted with all providers and the Care Home Association.

Mr Phil Jennings, Wirral CCG welcomed the report and indicated that the CCG had done some great work to date; and indicated that the CCG would be working alongside the Department of Adult Social Services on the recommendations detailed within the report and feedback to the Committee in due course.

RESOLVED: That

(1) the contents and recommendations of the Scrutiny Report 'Quality Assurance and Standards of Care Homes in Wirral' be approved;

(2) the 'Quality Assurance and Standards of Care Homes in Wirral' Report be referred to the next appropriate Cabinet meeting;

(3) an update report regarding the progress being made towards the implementation of the recommendations be presented to this Committee in approximately one year; and

(4) The Chair, Panel Members, Officers and Alan Veitch, Scrutiny Support Officer be thanked for their excellent work in completing the review.

58 **HOME TO SCHOOL SPECIAL EDUCATIONAL NEEDS TRANSPORT DEMAND MANAGEMENT REVIEW**

The Committee considered the report of the Director of Children's Services which indicated that on 11 July 2013, Cabinet approved new home to school transport policies including a new approach for pupils with Special Educational Needs and/or Disability (SEND). Cabinet also approved a change to the original budget savings arising from the Post 16 SEND policy, resulting in a savings shortfall of £560,000. It was resolved that the remainder of the

savings would be met through a range of demand management initiatives (Minute 35 refers).

The report indicated that the Council had commissioned iMPOWER consultancy to carry out a review of SEND Transport to identify new ways to meet the budget reduction of £560,000 and to assist in taking forward existing plans. The SEND review report is provided to the Committee for review. This demand management approach directly addresses the Council principles. Through it we will promote independence working to equip families with the tools and knowledge to make the best choices, and drive aspiration and achievement in young people.

iMPOWER carried out a review of SEND Transport from September to December 2013. This was to support the Council in identifying new ways to meet the budget reduction of £560k in relation to the new policy changes and to assist in taking forward existing plans.

The review findings included the extensive work carried out by the Integrated Transport Unit in recent years to increase efficiency in the SEND transport service which has resulted in a low average cost of transport per SEND pupil. From September 2014 the introduction of new policies and the introduction of new Independent Travel Training (ITT) will reduce overall transport costs by reducing the numbers transported.

The iMPOWER analysis indicated that due to the efficiencies already in place and the plans being implemented related to the new policy approaches, the £560,000 saving gap could not be closed through transport measures alone. Instead the underlying demand drivers require addressing. These include the high statementing rates (Wirral has 20% higher rate of SEND than statistical neighbours) and the high proportion of students attending Special Schools (10% of Wirral schools compared with 4%, 4% 5% for statistical neighbours, England and North West respectively).

In addition the review puts forward recommendations for reducing transport demand and findings from consultation with service users.

The review report was attached as an Appendix to the report.

Mr David Armstrong, Deputy Chief Executive/Head of Universal and Infrastructure Services introduced the report and outlined the Executive Summary detailed within the review.

At this point in the meetimg, Councillor T Norbury declared a personal interest in the item by virtue of a relative being a recipient of the specialist transport service.

Mr Armstrong indicated that the Department had been pleased with the recommendations provided as it was felt that this reflected the requirement of the services users.

Members raised concerns regarding the comments made by the consultants who indicated that the Council should take a bolder approach to reduce the number of statemented children. In response, Ms Julia Hassall, Director of Children's Services indicated that the focus must be on meeting children's needs and that one of the implications of the new Children and Families Act about to be implemented in September 2014, is that Authorities will be required to move away from the language and practice of statements and in future assess children's education, health and care needs, resulting in a plan where required, enabling children to be as independent as possible with full support of the local authority and it's partners.

Regarding the SEN transport review, Ms Hassall indicated that there was possibility that a pilot would be undertaken in September 2014, which would support children with travel trainers, to use mainstream transport.

It was noted that a report outlining the implications of the Children and Families Act would be submitted to a future meeting.

In response to a Members comment regarding the effectiveness of the review undertaken, Ms Hassall indicated that the review undertaken by the consultants had proved useful and provided the Department with suggestions for improvement; it also provided useful benchmarking analysis against other local Authorities. The Consultants also engaged with parents and got some excellent feedback, which would now be used to shape the service going forward. Mr Armstrong further indicated that without the review, there was no way of knowing how Wirral faired against other Authorities, the consultants also gave the department some advice and guidance to consider for the awarding of future contracts.

Ms Clare Fish, Strategic Director of Families and Wellbeing indicated that Wirral had been able to draw on the consultants experience and knowledge of other authorities which had enabled the Council to shape and improve its services; the consultants were also able to demonstrate the effective way in which they had engaged parents, which was something the department would be able to draw from.

Following a moving of a motion by the Chair. The Committee adjourned at 7.25pm for a period of five minutes to allow the Chair and Spokespersons to discuss appropriate wording of the Motion to be proposed.

The Committee resumed at 7.30pm

On a Motion proposed by the Chair, seconded by Councillor M McLaughlin it was

RESOLVED: That

(1) the Committee commends the work of the Integrated Transport Unit in achieving a low average cost of transport per SEN pupil and welcomes increased options for independent travel where suitable;

(2) Committee reaffirms that the professional decisions of medical and educational specialists are the determining factor in Education Health and Care Plans; and

(3) Committee calls on the Cabinet Member to ensure that all children will receive the education and support they need in the setting which is most appropriate.

59 **IMPROVING THE PUBLIC'S HEALTH - KINGS FUND REPORT**

Prior to consideration of this item, Councillors Niblock, Stapleton and Roberts declared a personal interest by virtue of their appointment on the Merseyside Fire and Rescue Authority.

The Committee considered a verbal presentation from Ms Fiona Johnstone, Director of Public Health/Head of Policy and Performance regarding improving the public's health – kings fund report.

The presentation provided a summary of the resource evidence; suggested priorities for action/investment and outlined the business case supporting each area of focus in relation to the following nine key areas;

- The best start in life
- Healthy Schools and Pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services (including takeaway/fast food, air pollution and fire safety)
- Health and spatial planning

Ms Johnstone further highlighted the direct and indirect impacts of actions on health outcomes.

Ms Johnstone in response to a Member, agreed to look into the request to utilise Public Health money to purchase outdoor gym equipment for use in Clatterbridge ward.

In relation to Health and Spatial Planning, a Member suggested that the Planning and Licensing Departments could do some joint working looking at both its processes and practices to incorporate the suggestions given by the Kings Fund. It was further suggested that both departments could look at examples from other local authorities and undertake a joint review.

In response to Members, Ms Johnstone highlighted a project was undertaken by Environmental Health Department and take away establishments in Rock Ferry which had proved very successful, Ms Johnstone suggested that a presentation be given at a future meeting demonstrating the impact the project had, had on both residents and health outcomes.

RESOLVED:

That Ms Johnstone be thanked for her informative presentation.

60 **CHILD POVERTY BUDGET OPTION**

The Committee considered the report of the Director of Children Services updating on the work of the Birkenhead Foundation Years Project.

The report indicated that at its meeting on 13 March 2014, The Cabinet resolved to allocate the child poverty funding of £250,000 being held in reserve to the Foundation Years Trust on the basis of the business plan (minute 172 refers)

Ms Zoe Mumby, Project Manager introduced the report and in response to Members questions indicated that the projects undertaken were ambitious but dovetailed other projects undertaken within Birkenhead and were based on a gap analysis of needs undertaken with local residents.

In relation to Rock Ferry, a Member asked when it was likely that Ward Councillors and residents would see the impacts of projects undertaken. Ms Mumby in response indicated that in Rock Ferry, a pilot scheme with a small group of parents was currently being undertaken at St Peters school, although the long term impact this had, had on residents could not yet be evidenced. However, the short term impact could be evidenced by take up of the services by parents.

A Member suggested that a dashboard could be produced to evidence the performance of schemes such as IFIP, Child Poverty etc, similar to those submitted to the Committee on a regular basis.

RESOLVED:

That the report be noted.

61 **SOCIAL CARE BILL**

The Committee considered the report of the Director of Adult Social Services giving an update on the implementation of the Social Care Bill.

Mr Graham Hodkinson, Director of Adult Social Services indicated that reforming the care and support system was vital for the department to be able to meet the challenge of an increasingly vulnerable ageing population. The Care Bill reflected National priorities for meeting need and was currently making its way through Parliament. It was essential that the Council was prepared to implement the care and support reforms from 2015. The Department of Health had partnered with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to deliver a programme of work to support this.

The report indicated that the planning process to ensure successful local implementation of reforms to care and support was already underway in many local areas and that Wirral had made a start, however there was much more to be done across the Council.

Mr Hodkinson indicated that the challenges set out within the report were intended to help facilitate dialogue between elected members, Chief Executive Strategy Group (CESG), across Council Directorates and partners in relation to working to implement the reforms.

A Member asked if a training session could be arranged for Members highlighting the implications of the Social Care Bill. In response, Mr Hodkinson suggested that Members waited for the Bill to become law and for the Department to undertake some detailed work on the implications in late 2014 in readiness for 2015.

Ms Clare Fish, Strategic Director of Families and Wellbeing suggested to Members that with the introduction of a new Childrens and Families Act, they may wish to have a training session on the implications of this, alongside the Social Care Bill

RESOLVED: That

(1) given the size and scope of the preparation task, and the impact that this will have on the business of the Council, it be noted that a number of recommendations have been developed based on LGA guidance;

(2) the Health and Wellbeing Board (HWB) be appraised of progress against preparation for and implementation of the Care Bill;

(3) as the Bill drives key policy changes, it is recommended that, in addition to an Officer-led project board, the Council has an implementation overview group led by the Lead Member for Adult Social Care but linking to Cabinet members with responsibilities for Resources, Transformation and Public Health, to enable full engagement of political leaders;

(4) a nominated lead officer reporting to the Director of Adult Social Care be requested to provide executive support to the lead members overview group as well as leading the project implementation team drawn from across the Council; and

(5) Work-streams be set up across the Council under the overall project to reflect changes required in Children's Services (Transition);IT (Information and Advice, Informatics); Finance (Deferred Payments and Cap on Care Costs); Communications & Website (Information and Advice, Communicating the Changes); and Housing (Wellbeing and Prevention).

(6) training sessions be held for members of Families and Wellbeing Policy and Performance Committee on the implications both the Social Care Bill and the Childrens and Families Act when when appropriate.

62 **FAMILIES AND WELLBEING DASHBOARD**

The Committee considered the report of the Strategic Director of Families and Wellbeing outlining the current performance of the Families and Wellbeing Directorate as at 28 February 2014 against its Directorate Improvement Plan for 2013/14.

The Directorate Plan Performance Report for 2013/14 and the Exception Report which referred to permanent admissions of older people (aged 65 and over) to residential and nursing homes, per 100,000 population, were attached as appendices to the report.

In relation to the rate of CIN (Children in Need) and adoption, the Chair indicated that she was pleased to see that both areas had shown significant

improvements and commended the Director and her department on the work undertaken in relation to this.

RESOLVED:

That the report be noted.

63 **PUBLIC HEALTH DASHBOARD**

The Committee considered the report and a presentation by the Director of Public Health/Head of Policy and Performance regarding the current performance of the Directorate as at 30 November 2013 against the delivery of the Policy, Performance & Public Health Directorate Plan 2013-14.

The Directorate Plan Performance Report was appended to the report and set out performance against 13 measures. A commentary was provided against each indicator.

Of the 13 measures that were RAG rated, 6 were rated green, 4 were rated amber and 3 were rated as red. Action Plans have been developed for all the following three red indicators:

- Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
- Smoking at the time of delivery (SATOD)
- Rate of Chlamydia diagnoses per 100,000 young adults aged 15-24 years.

In relation to the Smoking at Time of Delivery (SOTOD), Ms Johnstone, Director of Public Health/Director of Policy and Performance indicated that although this was still above target the Department was working with the CCG to understand the rise and identify if there were problems with the data recorded which may be affecting the figures.

In relation to the Chlamydia diagnosis rate, Ms Johnstone indicated that the data held in relation to this was to be challenged and further feedback would be provided to the Committee following the outcome.

RESOLVED: That

(1) the Directorate Plan be noted; and

(2) the information contained within the report be used to inform the Committee's future work programme.

64 **FINANCIAL MONITORING 2013/14 MONTH 10 (JANUARY 2014)**

The Strategic Director for Families and Wellbeing presented the report of the Director of Resources, which set out financial monitoring information for Month 10 (January 2014), to ensure consistency across Policy and Performance Committees and provide sufficient detail for Members to scrutinise budget performance for the Directorate.

Ms Fish, indicated that she held weekly monitoring meetings with both the Director of Adult Social Services and the Director of Childrens Services to look at the financial monitoring reports.

RESOLVED - That

(1) the report be noted;

(2) the Strategic Director of Families and Wellbeing and her Department be thanked for all their hard work as detailed within the report.

65 **SCRUTINY REVIEW GOOD PRACTICE GUIDANCE**

The Committee considered the report of the Director of Public Health/Head of Policy and Performance detailing the draft guidance for setting up and operating Scrutiny Review Panels to ensure that there was a consistent approach to task and finish work across the four Policy and Performance Committees.

The draft guidance was approved by the Policy and Performance Coordinating Committee on 15 January 2014 (Minute 38 refers) and was attached an appendix to the report.

RESOLVED:

That the draft guidance be noted.

66 **WORK PROGRAMME/UPDATE FROM TASK AND FINISH GROUPS**

The Committee considered the report of the Chair of the Committee, updating on the progress and the activity proposed for this Committee in relation to its agreed Work Programme.

The Chair and Spokepersons thanked all Members, Officers and Alan Veitch, Scrutiny Support Officer for all their excellent work on the reviews undertaken so far.

RESOLVED:

That all Members, Officers and Alan Veitch, Scrutiny Support Officer be thanked for all their excellent work on the reviews undertaken so far.

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WIRRAL COUNCIL

Families and Wellbeing Policy and Performance Committee

8th July 2014

SUBJECT:	**Clatterbridge Cancer Centre – Proposed Reorganisation**
WARD/S AFFECTED:	**ALL**
REPORT OF:	**Clare Fish (Strategic Director of Families & Wellbeing)**
Portfolio Holder	**Cllr Chris Jones (Adult Social Care and Public Health)**

1.0 EXECUTIVE SUMMARY

1.1 This report provides information regarding the proposals of Clatterbridge Cancer Centre (CCC) NHS Foundation Trust to reorganise service delivery. Members are requested to consider whether the proposed changes are a substantial development or variation to service.

1.2 If the changes are considered to be a substantial development or variation to service, the Committee is requested to appoint two Members to the proposed Merseyside and Cheshire Joint Scrutiny Committee, where detailed scrutiny of the proposals will take place.

2.0 BACKGROUND

2.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require relevant NHS bodies or health service providers to consult local authorities on any proposals under consideration which are a substantial development of the health service in the area of the local authority or a substantial variation in the provision of such service. Ultimately legislation gives overview and scrutiny committees the power to refer a proposal to the Secretary of State if they believe that it is not in the interests of the health service or if they have not been adequately consulted on a proposal.

2.2 The term ‘substantial’ is not defined in legislation. However it is generally considered that a substantial change or variation to a health service is one that has a major impact on services experienced by patients and/or future patients.

3.0 CLATTERBRIDGE CANCER CENTRE

3.1 Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is consulting on proposals to re-configure the non-surgical oncology services. The proposal is for CCC to build a new cancer centre in Liverpool to provide all oncology inpatient services and associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for. The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for patients who would find it easier to access the Wirral site rather than Liverpool.

3.2 A series of documents, including details of the proposals, background and consultation plan, have been provided to enable Elected Members to determine whether the proposals are deemed to be a substantial development or variation to service for Wirral residents:

- Letter to the Chair of Wirral Families and Wellbeing Policy & Performance Committee regarding 'Arrangements for Overview and Scrutiny consultation on proposed changes to provision of services by Clatterbridge Cancer Centre NHS Foundation Trust
- The case for change: 'An opportunity to significantly improve the delivery of cancer services across the Merseyside and Cheshire cancer network'
- Communication and Consultation Plan : January 2014 to September 2014
- Comprehensive Cancer Centre Pre-Consultation: Qualitative Analysis Report (Liverpool John Moores University)
- Clatterbridge Cancer Centre Stakeholder Matrix Model
- Strategic Communication and Engagement Plan

3.3 In addition, officers from CCC will attend the meeting on 8th July to highlight key issues.

4.0 JOINT SCRUTINY ARRANGEMENTS

4.1 New Health Scrutiny Regulations came into effect last year from 1st April 2013. Where more than one local authority's health scrutiny arrangements consider a proposed change in NHS services to be substantial in terms of the impact on its area, the regulations place an obligation on the local authorities to establish a joint health scrutiny committee. There is no provision within the regulations for a local authority to undertake its own scrutiny into a proposed substantial variation if the service is provided across local authority boundaries and is deemed to be substantial by more than one authority.

4.2 Members will be aware of the development of a protocol for the establishment of joint health scrutiny arrangements for Cheshire and Merseyside. The protocol was approved by the Policy and Performance Coordinating Committee (1st April 2014) and Annual Council, Part 2 (9th July 2014):

http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=123&MId=4356

4.3 The protocol covers the local authorities of Cheshire and Merseyside:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

4.4 In the event of members determining that the CCC proposals are a substantial development or variation in service, it will be necessary to appoint members to the Joint Scrutiny Committee. Council (9th July 2014) delegated the approval of nominations to the Families and Wellbeing Policy and Performance Committee. The protocol states that:

- *A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:*
- *where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members*
- *where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members. (Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)*

4.5 In this particular case, it is envisaged that 4 or more Local Authorities will deem the proposed change to be substantial. Therefore, it is anticipated that Wirral will be entitled to nominate 2 members.

4.6 The joint scrutiny protocol does not specifically mention the use of deputies at meeting of the Joint Scrutiny Committee. However, there is provision within the protocol for the first meeting of the Joint Scrutiny Committee to determine the procedural rules for the operation of that Committee. In the event of the joint committee opting to allow deputies and given the likely timescale for meetings, it would be sensible for the provision of nominated deputies to be in place, if required. It is proposed that for each of the two nominated members of the Joint Committee a maximum of two deputies are also nominated.

5.0 RELEVANT RISKS

5.1 There is no provision within the regulations for a local authority to undertake its own scrutiny into a proposed substantial variation if the service is provided across local authority boundaries and is deemed to be substantial by more than one authority.

5.2 As part of the joint scrutiny of the proposals, a thorough assessment of the implications on local services will need to be undertaken.

6.0 OTHER OPTIONS CONSIDERED

6.1 N/A

7.0 CONSULTATION

7.1 This agenda item is part of the formal consultation process. In addition, during the development of the protocol, a briefing session was held for the Chair, Vice Chair and Party Spokespersons of the Coordinating Committee and the Families and Wellbeing Committee on 11th March to identify any issues and seek any clarifications.

8.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

8.1 N/A

9.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

9.1 N/A

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

10.1 N/A

11.0 LEGAL IMPLICATIONS

11.1 The Access to Information Regulations shall apply to any Joint Scrutiny Committee.

11.2 Where it is determined under the 'Protocol for the Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside' that a proposed health service change covers two or more local authority areas, the Council will be delegating its health scrutiny to a joint health committee in accordance with and as determined by the said Protocol pursuant to The Local Authority (public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

12.0 EQUALITIES IMPLICATIONS

12.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

13.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

13.1 N/A

14.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

14.1 N/A

15.0 RECOMMENDATION/S

15.1 That the Committee notes the proposals of the Clatterbridge Cancer Centre (CCC) NHS Foundation Trust seeking to reorganise service delivery affecting Wirral as outlined in this report.

15.2 That the Committee confirms, in response to the formal consultation undertaken in respect of the proposals of Clatterbridge Cancer Centre NHS Foundation Trust, whether or not the proposals are a substantial development or variation in service for Wirral.

15.3 In the event that the Committee, in response to 15.1, confirms that, the proposals are a substantial development or variation in service for Wirral, it shall appoint members and deputies (if required) to the Joint Health Scrutiny Committee, which shall further consider the proposals relating to Clatterbridge Cancer Centre NHS Foundation Trust in accordance with the 'Protocol for the Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside'.

16.0 REASON/S FOR RECOMMENDATION/S

16.1 The recommendations will ensure that Committee members will fulfil the requirements of the formal consultation process regarding the proposals of Clatterbridge Cancer Centre NHS Foundation Trust.

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The Clatterbridge Cancer Centre NHS
NHS Foundation Trust

NHS England

23rd May 2014

Councillor Wendy Clements
Chair
Families and Wellbeing Policy and Performance Committee
Wirral Council
10 Neale Drive
Greasby
Wirral
CH49 1SL

Dear Councillor Clements

Re: Arrangements for Overview and Scrutiny consultation on proposed changes to provision of services by The Clatterbridge Cancer Centre NHS Foundation Trust

In line with the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations regarding health scrutiny we are writing to inform you that we are planning a formal public consultation on proposed changes to services provided by The Clatterbridge Cancer Centre NHS Foundation Trust and to request consultation with the Health Overview and Scrutiny Committee regarding the planned changes.

Collectively, we believe this may be a substantial variation in the provision of cancer care for people in your area. We plan to carry out a formal 12-week public consultation on the proposals in summer 2014, which as you may recall we highlighted in previous correspondence in late 2013/early 2014. A summary of our pre-consultation is appended to the 2014 Consultation Plan (enclosure 2).

We are seeking your consideration under the revised statutory framework which authorises local authorities to:

- Review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- Consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

As accountable commissioners (NHS England Cheshire, Warrington and Wirral Area Team Specialised Commissioning) and the provider (The Clatterbridge Cancer Centre NHS Foundation Trust) of the services affected by these proposals, we are asking each local authority to individually reach a view on whether they are satisfied that this proposal is deemed to be a substantial development or variation and that it impacts on the health services in your area. This proposal affects all local authorities across Cheshire and Merseyside, namely;

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St Helen's Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council

- Wirral Borough Council

The Clatterbridge Cancer Centre has sent details of feedback following the pre-consultation phase to each local authority's Health Overview and Scrutiny Committees/Panels and has attended several local authority committees this year to feedback our insight following the pre-consultation period.

NHS England Area Team specialist commissioning and The Clatterbridge Cancer Centre would ask that where more than one local authority agrees this proposal to be a substantial variation, that a joint Overview and Scrutiny Committee is formed for the purpose of considering The Clatterbridge Cancer Centre NHS Foundation Trust proposal for change collectively.

During our feedback to local authorities, we have informed local scrutiny officers of our intentions and we are aware that a protocol for the establishment of a joint Health Scrutiny arrangement for Cheshire and Merseyside areas has been under discussion.

In making this request we would like to confirm the following details to support your decision making process.

- As the accountable commissioner and provider, we would need your response and comments to the proposal by 7 November 2014.

- The Clatterbridge Cancer Centre NHS Foundation Trust intends to make its final decision (subject to NHS England and Monitor approval) whether to implement the proposal by 30 January 2015.

- The Clatterbridge Cancer Centre NHS Foundation Trust will be publishing these dates and all consultation documentation by 1 July 2014.

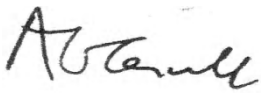
- If these dates alter The Clatterbridge Cancer Centre NHS Foundation Trust will inform the local authorities and update our publication materials accordingly.

NHS England will also be undertaking its own assurance process of the proposals and this process should be completed by the end of June 2014. A copy of the report will be provided in due course.

Further information about the case for change and the service changes proposed in response to this is enclosed, together with our detailed consultation plan. We would of course be happy to provide any further detail or clarification that you would find helpful.

Please do not hesitate to contact us if you would like further information or have any questions.

Yours sincerely,



Alison Tonge
Interim Area Director
Cheshire, Warrington and Wirral
Area Team
NHS England

Andrew Cannell
Chief Executive
The Clatterbridge Cancer Centre
NHS Foundation Trust

Enclosures

1. Case for Change
2. 2014 Consultation Plan

TRANSFORMING CANCER CARE

AN OPPORTUNITY TO SIGNIFICANTLY IMPROVE THE DELIVERY OF CANCER SERVICES ACROSS THE MERSEYSIDE AND CHESHIRE CANCER NETWORK

May 2014

Contents

1. INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is a highly regarded specialist cancer Trust providing non-surgical treatment for patients suffering from solid tumour cancers within the Merseyside and Cheshire Cancer Network (MCCN).

This document has been produced by CCC, supported by Cheshire, Warrington and Wirral Area Team, its commissioner of services. The document describes the background to the Transforming Cancer Care project, the proposals for change and expansion of the CCC services, and both the clinical rationale for these changes and the benefits which will result from them.

2. THE CATCHMENT POPULATION SERVED BY THE CLATTERBRIDGE CANCER CENTRE

The Trust serves a population of around 2.3 million with the majority of patients drawn from the areas shown in Table 1 below:

Table 1: Population served by CCC shown by Clinical Commissioning Group[1]

Clinical commissioning group	Population	% of total
South Cheshire	175,943	8
Vale Royal	102,144	5
Warrington	202,709	9
West Cheshire	227,382	10
Wirral	319,837	14
Halton	125,722	6
Knowsley	145,903	7
Liverpool	465,656	21
South Sefton	159,764	7
Southport and Formby	114,205	5
St Helen's	175,405	8
Total	**2,214,670**	

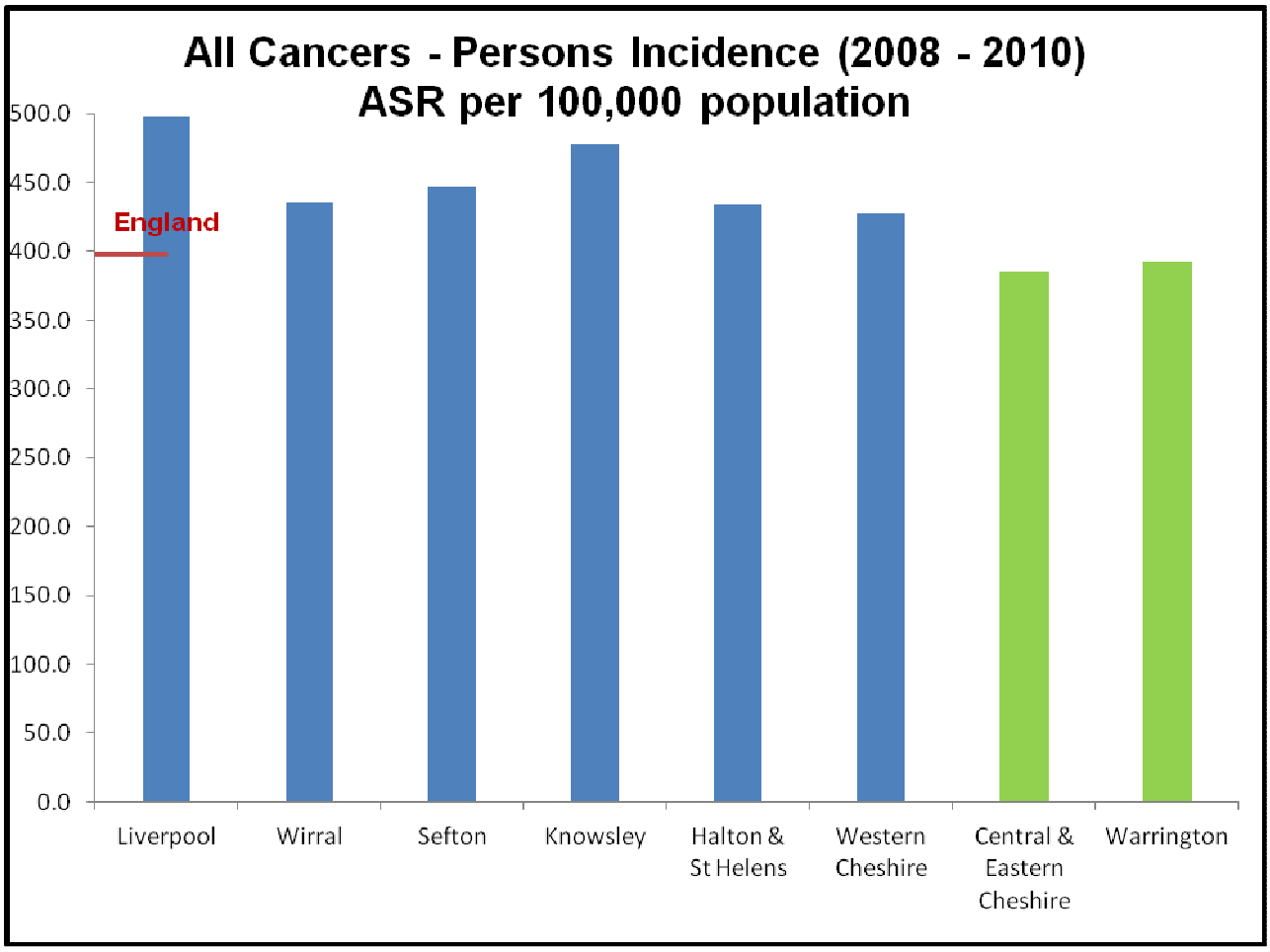
1. ONS - mid 2011 population by CCG - includes people under 16y.

From the above it can be seen that around 67% of the catchment population for the CCC live north of the River Mersey. The current CCC site at Bebington is therefore neither central to its geographical catchment nor close to its centre of population density.

3. CANCER INCIDENCE AND MORTALITY ACROSS THE MERSEYSIDE AND CHESHIRE CANCER NETWORK (MCCN)

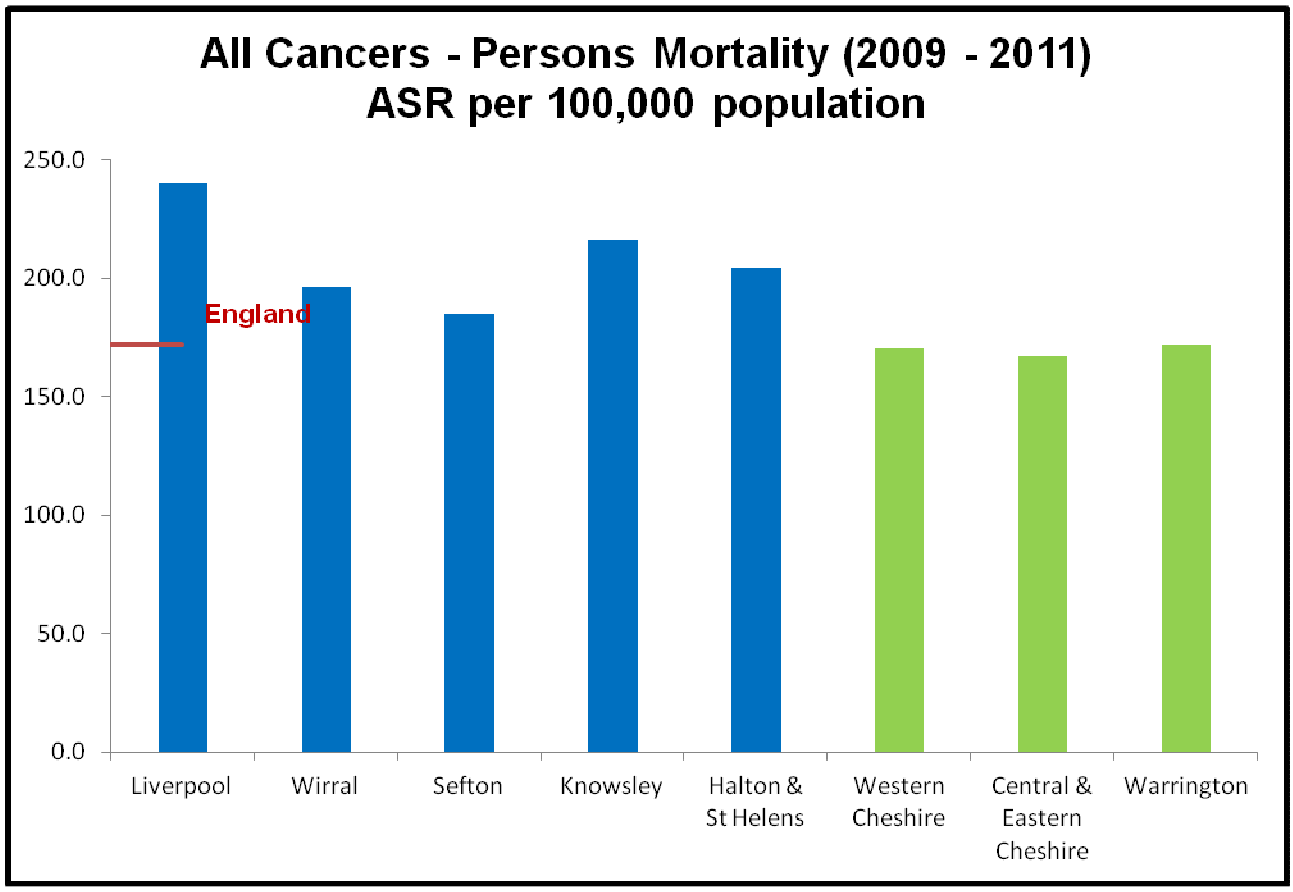
The incidence (new cases) of and mortality (death rates) from cancer represent a major challenge within Merseyside and Cheshire. The incidence and mortality rates for each Primary Care Trust (PCT), the most recent 'units' for which this data is available, are shown in Figure 1 and Figure 2 below in comparison with the rate for England as a whole.

Figure 1: Incidence of all cancers across the MCCN, compared with the average for England.



1. Age standardised ratio

Figure 2: Death rates from all cancers across the MCCN, compared with the average for England.



From the above figures it can be seen that the both the incidence of cancer, and deaths from cancer are higher across almost all areas compared to the England average, with Liverpool and Knowsley particularly badly affected.

Breast, lung, colorectal, prostate and upper gastro-intestinal (GI) cancers account for over 90% of all new cases of cancer and over 75% of cancer deaths, both nationally and across the cluster.

The incidence of breast cancer is generally above the national average across the network, as are deaths due to breast cancer.

The incidence of new cases of lung cancer across the cluster is higher than the national average and almost twice the national rate in Liverpool and Knowsley. Similarly, lung cancer mortality rates across the cluster are higher than the national average and almost twice the national rate in Liverpool and Knowsley.

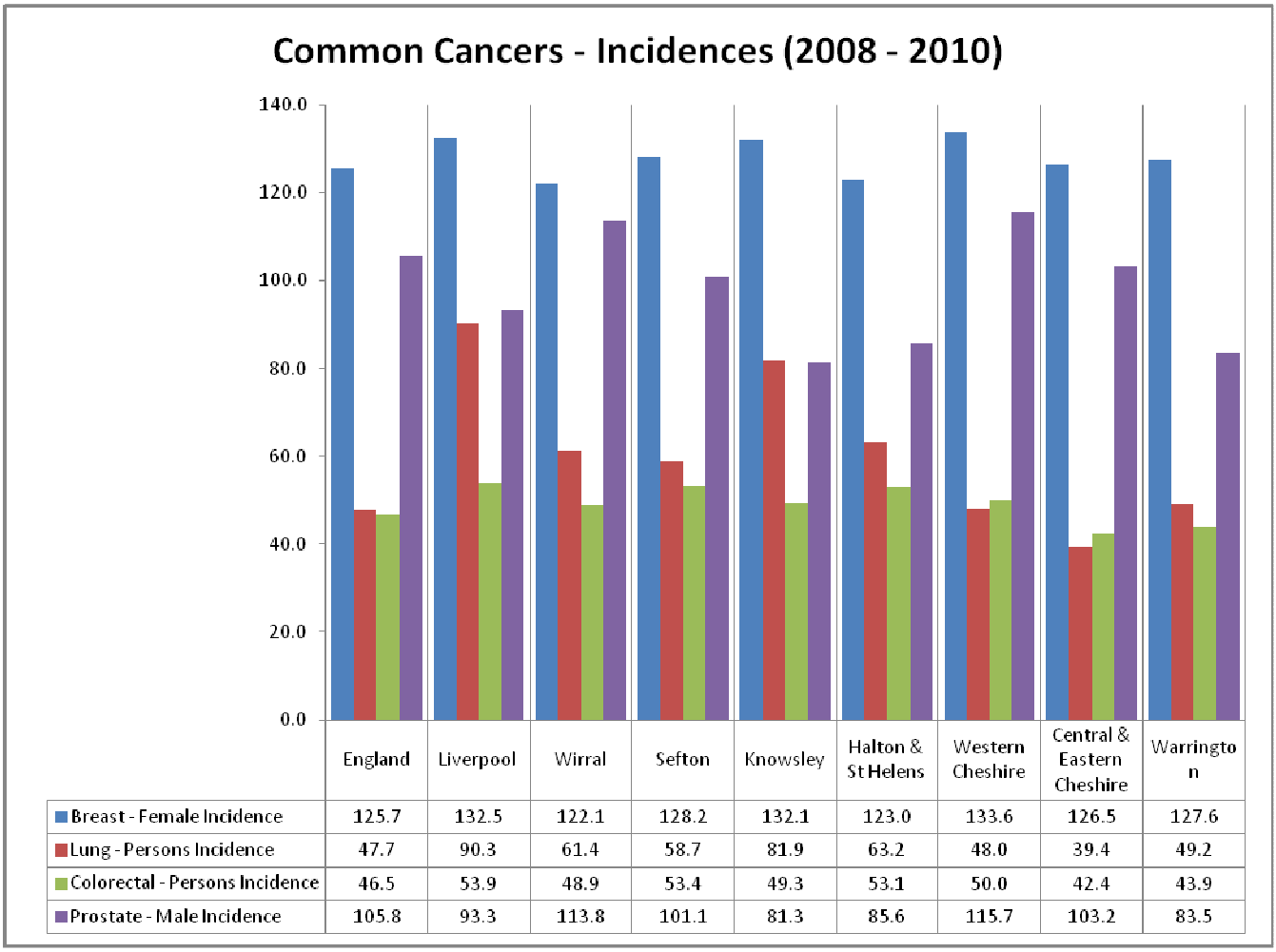
The incidence of new cases of colorectal cancer and colorectal cancer mortality rates are higher across the cluster than the national average.

The incidence of new cases of prostate cancer across the cluster is lower than the national average except for Wirral and West Cheshire; however deaths as a result of prostate cancer are higher than the national average in a number of areas, particularly Sefton and Wirral.

The incidence of new cases of upper GI cancer across the cluster is higher than the national average. Similarly, upper GI cancer mortality rates across the cluster are higher than the national average.

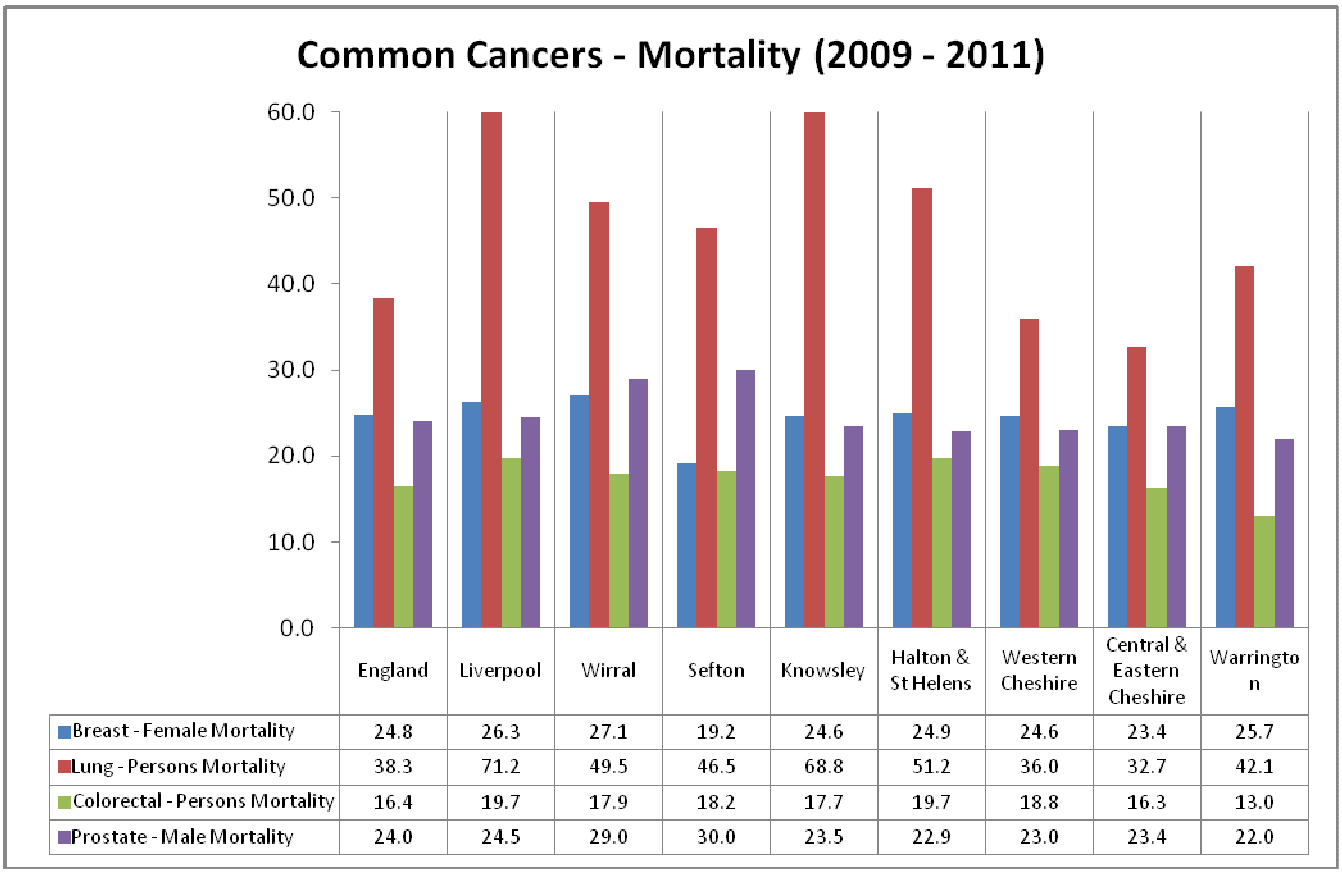
The incidence of, and deaths from the common cancers are shown in Figures 3 and 4 below, in comparison with the England average.

Figure 3: Incidence of the common cancers across the MCCN network, compared with the average for England.



	England	Liverpool	Wirral	Sefton	Knowsley	Halton & St Helens	Western Cheshire	Central & Eastern Cheshire	Warrington
Breast - Female Incidence	125.7	132.5	122.1	128.2	132.1	123.0	133.6	126.5	127.6
Lung - Persons Incidence	47.7	90.3	61.4	58.7	81.9	63.2	48.0	39.4	49.2
Colorectal - Persons Incidence	46.5	53.9	48.9	53.4	49.3	53.1	50.0	42.4	43.9
Prostate - Male Incidence	105.8	93.3	113.8	101.1	81.3	85.6	115.7	103.2	83.5

Figure 4: Death rates from the common cancers across the MCCN, compared with the average for England.



	England	Liverpool	Wirral	Sefton	Knowsley	Halton & St Helens	Western Cheshire	Central & Eastern Cheshire	Warrington
Breast - Female Mortality	24.8	26.3	27.1	19.2	24.6	24.9	24.6	23.4	25.7
Lung - Persons Mortality	38.3	71.2	49.5	46.5	68.8	51.2	36.0	32.7	42.1
Colorectal - Persons Mortality	16.4	19.7	17.9	18.2	17.7	19.7	18.8	16.3	13.0
Prostate - Male Mortality	24.0	24.5	29.0	30.0	23.5	22.9	23.0	23.4	22.0

By comparing the mortality rate for each PCT with the average for England, the number of cancer deaths above the national average can be determined. This is the number of lives that could be saved each year if the mortality rate across the network was the same as the average in England. This equates to 589 deaths each year as shown in Table 2 below.

Table 2: Comparison of excess deaths from cancer across the cancer network.

PCT	Excess deaths per year in comparison with England average*
Liverpool	316
Halton & St Helen's	97
Wirral	77
Knowsley	64
Sefton	35
Warrington	0
West Cheshire	-4
South Cheshire	-8
Total each year	**589**

*** 2008-2010 National Cancer Intelligence Network (NCIN) data**

Cancer is now the biggest single cause of death in Cheshire and Merseyside.

4. CURRENT CONFIGURATION OF CANCER SERVICES PROVIDED BY CCC ACROSS THE MCCN

CCC operates a networked cancer service across the whole of the MCCN. The current configuration of CCC cancer services is shown in Table 3 below.

Table 3: Current geographical distribution of CCC clinical services

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
CCC – Clatterbridge	Y	Y	Y	Y	Y	Y	Y
CCC - Aintree	-	-	-	Y	-	-	Y
Aintree University Hospital	-	-	Y	-		Y	Y
The Walton Centre	-	-	-	-	-	-	Y
Royal Liverpool University Hospital	-	-	Y	-	-	Y	Y
St Helen's & Knowsley Hospitals	-	-	Y	-	-	Y	Y
Warrington & Halton Hospitals	-	-	Y	-	-	Y	Y
Arrowe Park Hospital	-	-	-	-	-	Y	Y
Alder Hey Children's Hospital	-	-	-	-	-	-	Y
Liverpool Women's Hospital	-	-	Y	-	-	-	Y
Liverpool Heart and Chest Hospital	-	-	Y	-	-	-	Y
Southport Hospital	-	-	Y	-	-	Y	Y
Countess of Chester Hospital	-	-	Y	-	-	Y	Y

From the above it can be seen that the CCC's principal site currently is the Cancer Centre located on the Clatterbridge Health Park at Bebington on the Wirral. The only other site currently providing radiotherapy is CCC's satellite unit at Aintree hospital.

CCC also operates an extensive network of chemotherapy clinics and outpatient clinics in partner NHS Trusts across the MCCN, as well as an acute oncology service, supporting partner Trusts in the care of cancer patients who have been admitted to these hospitals.

5. PROPOSALS TO TRANSFORM CANCER SERVICES IN MERSEYSIDE AND CHESHIRE – THE CASE FOR CHANGE

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services across the area with the aim of developing recommendations to ensure that services were delivered in the best way to improve outcomes for patients. The resulting report 'The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network'[1] was presented to the local Cancer Taskforce in October 2008.

The report identified a number of reasons for considering a change in the service model location and delivery of non-surgical oncology in the MCCN area including:

- Encouraging the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight Linear Accelerators.
- The decentralisation of chemotherapy which requires a larger clinical workforce with a greater local presence.
- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.
- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.
- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.
- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncologists to local general hospitals would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.
- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and Specialist Multi-Disciplinary Teams were factors in the difficulty in addressing this deficiency.

Consequent on these findings, a number of immediate steps were taken which included:

- the enhancement of clinical services at CCC to increase the Trust's ability to care for very acutely ill patients
- the opening of the satellite radiotherapy unit at Aintree
- the establishment of a number of Chairs in a variety of cancer-related fields, in partnership with the University of Liverpool

[1] "The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network" A feasibility study into the potential relocation of non-surgical oncology services from Clatterbridge to Liverpool (October 2008)
Prof. M R Baker and Mr R C Cannon

- The establishment of an acute oncology service in partner trusts

However more still needs to be changed in order to fully address the points identified by Baker and Cannon and ensure that all local people are able to receive the highest quality care available and to benefit from the best possible clinical outcomes.

First and foremost is the issue of the geographical location of the specialist Cancer Centre on the Clatterbridge hospital site. In their report Baker and Cannon confirmed that:

> *"When it was first established, the Clatterbridge campus provided a wide range of medical and surgical services; this is no longer the case and the oncology facilities are now isolated from modern medical and surgical practice. During this time, the complexity of cancer treatments has increased dramatically, patients are older and sicker and the treatments have more side effects. In most cancer centres, most of the beds are used for patients who are seriously ill because of their underlying cancer or because of the side effects of treatment. The management of these conditions requires ready access to both critical care facilities and the on-site access to the full range of general medical and surgical expertise. This is no longer possible at Clatterbridge."*

Following the acceptance of the recommendation contained within the Baker Cannon report in 2009, the then Merseyside Cluster Board commissioned PricewaterhouseCoopers to undertake a high-level feasibility study on the establishment of a new acute cancer centre in Liverpool. The findings of this study were presented to Merseyside Cluster Board by Liverpool PCT; as a consequence of this approval was given to allocate funding for project costs to deliver a business case for the creation of a new cancer centre in Liverpool, together with a capital allocation towards the cost of its construction. At the same meeting the need was identified for further recurring funding to be set aside to support the project, delivered through annual commissioning arrangements.

The Transforming Cancer Care project was therefore established by CCC following this network-wide agreement to implement the recommendations of the Baker Cannon report, the most material of which is the development of a new Cancer Centre in Liverpool adjacent to the redeveloped Royal Liverpool University Hospital.

6. THE CURRENT STRATEGIC ENVIRONMENT

Since the Baker Cannon report was published, the conclusions contained within this have been reinforced by a number of strategic, policy and operational factors. These include:

- An increase in the number of acutely-ill CCC inpatients who have needed to be moved in order to access specialist opinion or facilities not available on the CCC site. These transfers have grown from 53 in 2011 to 67 in 2013 and in the majority of cases patients were receiving radiotherapy or chemotherapy which had to be interrupted because of their transfer. This is clearly not ideal in a modern healthcare system.
- The recognition that organisational isolation is a risk factor in the delivery of sub-optimal care (Prof Sir Bruce Keogh: Review into the quality of care and treatment provided by 14 hospital trusts in England). Although there is ample evidence which demonstrates that the care delivered at CCC is very good, the acknowledgement of this risk factor is consistent with the findings of Baker and Cannon.
- The increasing acknowledgement of the importance of clinical research in the delivery of cancer care. *'Equity and excellence: Liberating the NHS',* produced by the Department of Health, notes that organisations with strong participation in research tend to have better outcomes, and that research-active organisations are therefore able to offer increased patient benefits both through a direct contribution to knowledge and through enhanced organisational performance. The same document noted that "*a thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes. The Department will continue to promote the role of Biomedical Research Centres and Units, Academic Health Science Centres and Collaborations for Leadership in Applied Health Research and Care, to develop research and to unlock synergies between research, education and patient care".*

The investment proposal is supported by the Trust's commissioner of clinical services, Cheshire, Warrington and Wirral Area Team, as well as by the Merseyside Area Team and by local CCGs, who do not directly commission specialist cancer services but nonetheless have a very strong interest in the delivery of high quality cancer care to their respective populations. The project also has the strong support of clinicians within CCC, as well as those with a cancer interest across the MCCN.
The project is consistent with the strategic plans for the delivery of clinical and other services across Merseyside and Cheshire. In particular it supports Liverpool City Council's vision for the future of the city region which sees healthcare and life sciences research as a core component in the ongoing development of the city *(Liverpool City Region's knowledge economy: delivering new opportunities for growth).*

The project also sits alongside Liverpool CCG's Healthy Liverpool Programme which has been set up to help the CCG adapt to face future challenges, such as an ageing population and increase in long-term conditions, while also improving the health of residents. Although the location of some services may change as a result of this

Programme it is clearly understood that the Royal Liverpool University Hospital will remain a hub for delivery of acute services to the population of Liverpool and, as such, will provide the type of services which will complement the cancer services which are planned to be delivered by CCC on the Royal Liverpool campus.

The retention of a full range of cancer outpatient services at the existing Clatterbridge site is also supportive of Wirral Council's vision for retention and potential development of the Health Park at Bebington. As CCC further develops its own strategic plans there will be opportunities to work closely with partners in Wirral to explore ways in which to maximise the role of CCC on this site.

7. OUTCOME OF THE PRE-CONSULTATION ENGAGEMENT WORK UNDERTAKEN OVER THE WINTER OF 2012/13

A wide ranging pre-consultation exercise was held over the winter of 2012/13 to understand the views of the public on the central proposal within the Transforming Cancer Care project – the opening of a new Cancer Centre in Liverpool. This exercise reached over 90,000 people through 114 roadshows and 96 group sessions, and involved 7 District General Hospitals and 12 Primary Care Trusts. Every Healthwatch and a wide range of Cancer Support Groups were also part of this process. 14,500 people visited the roadshows and 4,164 formal written responses were received.

People were asked a Principal Consultation Question (PCQ):

"After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?"

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (*"why do you think this?"*).
Overall, the results were as follows:

Yes – **82.63%**
No – **12.70%**
Not sure – **4.66%**

This showed overall strong support for the proposal. However further analysis of the responses by postcode showed significant differences in view, with the greatest number of people answering 'no' or 'not sure' appearing in the CH postcode areas i.e. those areas closest to the existing CCC site. When only answers from the CH areas the results were as follows:

Yes – **40.53%**
No – **49.75%**
Not sure – **9.72%**

When people explained their view by answering the follow-up question 'why do you think this?' there were similar themes regardless of whether they thought the proposal was a good idea. The main areas highlighted are shown below:

- Accessibility
- Cost
- Good current services
- Ill health (and the impact on ability to travel)
- Loss of services (from the current location)
- Travel
- Visits

In a number of these areas some people saw advantages whilst others saw disadvantages in the proposal. For example, those living in the Liverpool area were likely to comment on a beneficial impact for service accessibility whilst those living on the Wirral were likely to cite adverse impact on accessibility.

The information received from the pre-consultation engagement work has already had an impact upon the Transforming Cancer Care project. In particular it has:

- Emphasised strongly the importance placed by patients on access to sufficient, convenient and free car parking when attending for treatment.
- Highlighted the value placed by patients on the existing organisational culture and values of CCC, and identified the need for the Trust to ensure that this organisational culture is extended to the operation of the new Cancer Centre in Liverpool.
- Endorsed the overall direction of travel through the strong support given by the public to the consultation question.

The pubic consultation planned to run over the summer of 2014 will be used to gain more information on these issues identified as significant as a result of the pre-consultation engagement work.

8. THE PROPOSED CHANGES IN CANCER SERVICES AS A CONSEQUENCE OF THE TRANSFORMING CANCER CARE PROJECT

In their work to look at options for the future location of the Cancer Centre to address the issues above, Baker and Cannon looked at a long list of nine options which were assessed against ten criteria. The preferred option identified as a result of this appraisal process was the establishment of a new Cancer Centre adjacent to the Royal Liverpool University Hospital.

This new Cancer Centre would provide all inpatient oncology beds for the Cancer network, together with outpatient oncology services for those patients for whom the Liverpool site is the most accessible. The new Cancer Centre would operate as the hub, supporting a network of cancer services which would include the satellite radiotherapy centre at Aintree, the existing Cancer Centre at Clatterbridge which would continue to deliver outpatient cancer care to its local population on the Wirral and in West Cheshire, and the distributed network of CCC outpatient and chemotherapy clinics operated in partner hospitals throughout the MCCN.

This preferred option was considered and supported by the Cancer Taskforce, which included representatives from the MCCN, Trusts and PCTs across the network.

It is this preferred option which the Transforming Cancer Care project now aims to take forwards.

The consequences of this can be summarised in Table 4 below:

Table 4: Current (C) and proposed (P) geographical distribution of CCC clinical services with changes highlighted+

Site	Inpatient beds	TYA	Chemo daycase	R'therapy treatment	R'therapy planning	Acute Oncology	Out patients
New Cancer Centre – L'pool	–	–	–	–	–	–	–
	P	P	P	P	P	P	P
CCC – Clatterbridge	C	C	C	C	C	C	C
	-	-	P	P	P	P	P
CCC - Aintree	-	-	-	C	-	-	C
	-	-	-	P	-	-	P
Aintree University Hospital	-	-	C	-	-	C	C
	-	-	P	-	-	P	P
The Walton Centre	-	-	-	-	-	-	C
	-	-	-	-	-	-	P
Royal Liverpool University Hospital	-	-	C	-	-	C	C
	-	-	(provided instead in new	-	-	P	(provided instead in new

			CCC on site)				CCC on site)
Arrowe Park Hospital	-	-	-	-	-	**C**	**C**
	-	-	-	-	-	**P**	**P**
St Helen's & Knowsley Hospitals	-	-	**C**	-	-	**C**	**C**
	-	-	**P**	-	-	**P**	**P**
Warrington & Halton Hospitals	-	-	**C**	-	-	**C**	**C**
	-	-	**P**	-	-	**P**	**P**
Alder Hey Children's Hospital	-	-	-	-	-	-	**C**
	-	-	-	-	-	-	**P**
Liverpool Women's Hospital	-	-	**C**	-	-	-	**C**
	-	-	**P**	-	-	-	**P**
Liverpool Heart and Chest Hospital	-	-	**C**	-	-	-	**C**
	-	-	**P**	-	-	-	**P**
Southport Hospital	-	-	**C**	-	-	**C**	**C**
	-	-	**P**	-	-	**P**	**P**
Countess of Chester Hospital	-	-	**C**	-	-	**C**	**C**
	-	-	**P**	-	-	**P**	**P**

To summarise the above table, the **key proposed changes** would be:

- The creation of a new Cancer Centre on the Royal Liverpool campus, bringing together inpatient cancer services with critical care, other support facilities and a wide range of medical and surgical experts.
- The relocation of all CCC's cancer inpatient beds from the Wirral to Liverpool.
- The relocation of the Teenage and Young Adult Unit (including their inpatient beds) from the Wirral to Liverpool.
- The establishment of a new radiotherapy service in Liverpool and an overall increase in radiotherapy capacity.
- The relocation of complex outpatient radiotherapy from the Wirral to Liverpool, representing about 6% of treatments given.
- An increase in the capacity of chemotherapy and outpatient services in Liverpool.

The things that would **stay the same** would be:

- The continuation of the existing Cancer Centre on the Wirral as an important site for the delivery of cancer services.
- Retention of an outpatient radiotherapy service on the Wirral for treatment of the common cancers, which comprise around 94% of treatments given.
- Retention of a chemotherapy and outpatient service on the Wirral.
- The services delivered at the Aintree radiotherapy satellite centre.
- The services delivered by CCC in other hospitals across the cancer network.
- The national eye proton therapy service, based at the existing CCC site at Bebington.

9. BENEFITS WHICH WOULD BE DELIVERED BY THE PROPOSED CHANGES

When the establishment of a new Cancer Centre in Liverpool was first proposed in 2008 it was noted that such a centre would enable the benefits described below:

Benefits expected as a result of a new Cancer Centre in Liverpool

- Better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single health campus which currently hosts the majority of Specialist Cancer Multi-Disciplinary Teams which are central to the delivery of high quality cancer care.

- Improved access for CCC inpatients to specialists from other clinical disciplines and to specialist clinical facilities eg intensive care, which cannot be provided in the existing Cancer Centre.

- Delivery of cancer treatments nearer to home for the majority of patients.

- Location of the Teenage and Young Adult Unit closer to both the Royal Liverpool University Hospital and Alder Hey Children's Hospital and closer to the majority of the population served, improving patient access and choice.

- Closer integration between the NHS and research teams within the University of Liverpool and other key research partners in the public and private sector.

- An increase in patients who benefit because they are able to take part in clinical trials.

- Location of specialist services in a place more easily accessible to the majority of patients so that more patients can benefit from improved access, particularly those who need repeated and regular radiotherapy for certain types of cancer and for palliation.

- Best use of NHS resources by enabling clinical teams to work more effectively and efficiently together.

- Establishment of a focus for innovation and knowledge, complementing and amplifying the efforts of all partners including local employers and councils to promote the region as a premier choice for investment.

- Maintenance of those NHS services which are best delivered in more local settings, including district general hospitals and the community.

The development of the new Cancer Centre in Liverpool would bring the inpatient facilities for radiotherapy and chemotherapy onto a single large acute teaching hospital campus adjacent to both university and private sector research partners.

This would give the people of Merseyside and Cheshire, an area with some of the very poorest cancer outcomes in the country, access to the same sort of comprehensive cancer facilities as are already available in other major cities across the UK such as London, Manchester and Birmingham.

The above reasons together form the clinical benefits arising from the changes proposed by the Transforming Cancer Care project.

The National Clinical Advisory Team, who until April 2014 were responsible for reviewing the clinical justification for any proposed service change, assessed the Strategic Outline Case which had been prepared by the CCC as a first step in implementing the recommendations of the Baker Cannon review. **This report unequivocally supports the establishment of a new Cancer Centre in Liverpool in order to deliver the benefits described.**

10. IMPACT ON PATIENTS AS A CONSEQUENCE OF THEIR PLACE OF TREATMENT

General accessibility

The existing Cancer Centre at Bebington is not well served by public transport – the new Cancer Centre in Liverpool would be much more accessible by both bus and train because of its City Centre location. From an analysis of travel times it can be shown that when using public transport, a number of areas which are geographically closer to the Bebington site are closer from a time and convenience perspective to the proposed site in Liverpool.

An Equality Impact Assessment of the proposed changes which was undertaken by Liverpool John Moores University in March 2013 drew the following conclusions:

- There are a number of areas geographically close to the Bebington site where travel time by public transport is over an hour.
- The rail network that links the Wirral and Liverpool works in the favour of those Wirral residents travelling to the Royal Liverpool over those Liverpool-side residents travelling to Bebington.
- Patients from Sefton, Western Cheshire, Knowsley, St Helen's and Halton can expect in most cases to travel for more than an hour to reach either site, although a good proportion of these patients might be able to reach the Royal Liverpool site within 45 to 60 minutes, whereas it is unlikely that any of these patients could reach the Bebington site in under an hour.

Public transport links are important since access to private transport, as shown by car ownership, is much less across Merseyside than in other parts of the Cancer Network. This is shown in Table 5 below:

Table 5: Car ownership and percentage of households with a car or van (RAC Foundation, based on 2011 census data)

Local Authority	Rank (out of 348)	Cars/vans per 1000 people	% households with car/van
Cheshire East	76	606	83.9
Cheshire West	135	572	81.4
Warrington	164	546	80.7
St Helen's	240	482	73.3
Wirral	250	476	72
Halton	254	469	73
Sefton	261	462	71.5
Knowsley	315	378	62.9
Liverpool	327	323	53.9

Although it is hoped that public transport would be used to attend the new Cancer Centre in Liverpool it is recognised that many people would still prefer to use private transport. Good car parking is very important for cancer patients and so dedicated free parking would be provided for cancer patients attending the new Cancer Centre in Liverpool, and would continue to be provided at the existing Clatterbridge sites on the Wirral and at Aintree.

Patients who are eligible for Ambulance Transport would continue to have this provided, irrespective of the site attended. In 2013 patient attendances by ambulance at the existing Cancer Centre at Bebington were as shown in Table 6 below:

Table 6: Ambulance attendances at Clatterbridge by principal PCT

PCT	Individual planned patient attendances by ambulance
Liverpool	5828
Halton & St Helen's	4159
Wirral	2154
Knowsley	1922
Sefton	4055
Warrington	2037
West Cheshire	1641
Central & E Cheshire	391

The establishment of a cancer centre in Liverpool is expected to have a beneficial impact on ambulance services since there would be an overall reduction in patient travel times as a result of the opening of a centre in Liverpool.

Inpatient services (including TYA)

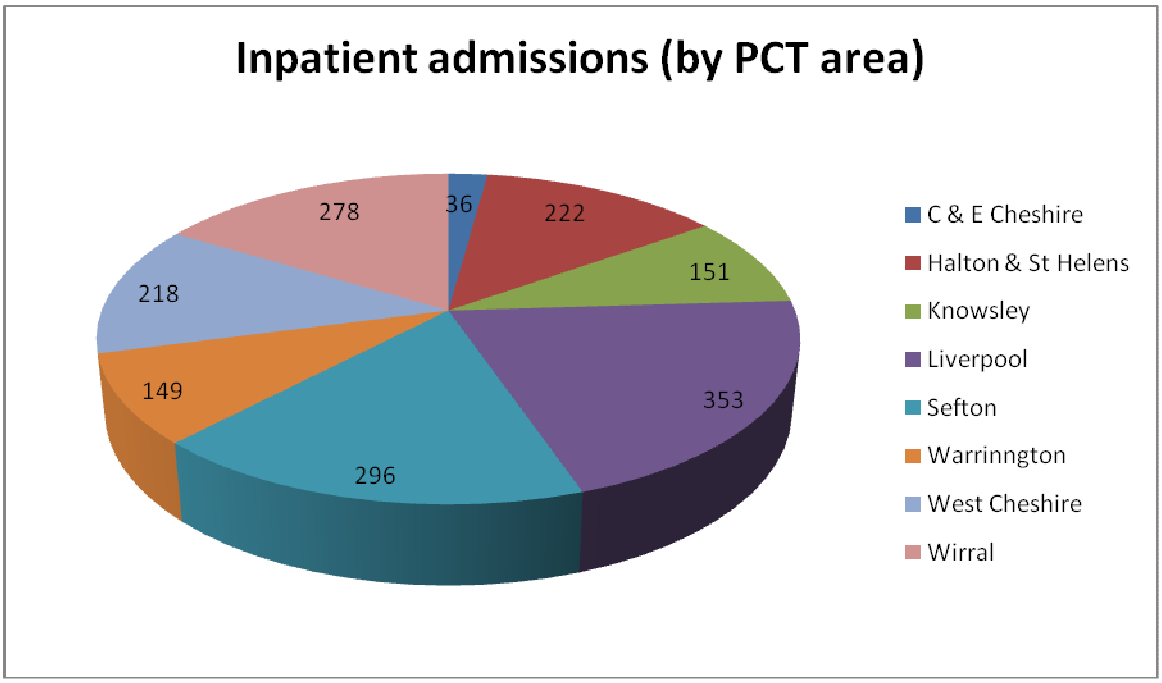
The proposed changes mean that those patients living in West Cheshire and on the Wirral who need to be admitted to an inpatient bed are likely to travel further for their care, as will their visitors. However these are the patients who are the most unwell or who have the most complex needs, and it is these patients whose treatment would benefit most from being admitted to a Cancer Centre which can draw on the facilities and expertise which is only available in a large acute hospital such as the Royal Liverpool.

In practice the greatest impact of this relocation of inpatient services would be on visitor travel time, and so the consultation planned over the summer will aim to explore this in more detail with a view to understanding how the impact of this might be ameliorated. It should also be acknowledged that there would be a beneficial impact on a greater number of people who currently have to travel from Merseyside to the Wirral in order to visit their relatives admitted to the current cancer centre as an inpatient, and who are less likely to have access to a car or to convenient public transport links.

Patients from Wirral and West Cheshire who may currently be admitted to Clatterbridge but who are not receiving chemotherapy or radiotherapy as part of their inpatient care may well in the future be admitted instead to Arrowe Park or the Countess of Chester under the care of the acute oncology team there, meaning that travel time for them, together with their friends and family would be largely unchanged.

The forecast numbers of inpatients by area who would in future be admitted to Liverpool is shown in Figure 5 below (based on a 2018/19 activity forecast)

Figure 5: 2018/19 forecast inpatient numbers by area admitted to the new Cancer Centre in Liverpool for active chemotherapy or radiotherapy treatment



The above figures show the number of forecast inpatient admissions by PCT for patients who need to be admitted in order for them to receive radiotherapy and/or chemotherapy. They exclude any patients who may need to be admitted to a hospital in order to help deal with the side-effects of their cancer but who are not part-way through a course of radiotherapy or chemotherapy.

Those excluded are the 'acute oncology' patients, who at present are usually admitted to their local District General Hospital under the care of the onsite medical team, supported by the local CCC acute oncology service; however, a proportion are admitted to CCC, either directly from clinic or because Clatterbridge is local to them. Work is currently underway to examine the patient pathways for these patients and determine where best they would be cared for in future.

Radiotherapy services

The significant majority of patients from Wirral and West Cheshire receiving radiotherapy services on an outpatient basis would continue to attend the existing Bebington site. However a small number of Wirral and West Cheshire patients, specifically those suffering from the less common cancers, would need to travel to Liverpool for their outpatient radiotherapy treatment. Conversely patients from Merseyside, many of whom currently travel to Bebington, would receive their treatment closer to home. The forecast impact of this on patient numbers, based on activity modelling which has been undertaken to support the Outline Business case, is shown in Table 7 below:

Table 7: Current and forecast place of treatment for radiotherapy patients by PCT (by attendances)[+]

	Bebington				New Cancer Centre in Liverpool				Aintree			
PCT	**12/13**	**%**	**18/19**	**%**	**12/13**	**%**	**18/19**	**%**	**12/13**	**%**	**18/19**	**%**
C & E Cheshire	1,481	1	1251	7	0	0	450	26	4	0	5	0
Halton & St Helen's	6,454	5	262	2	0	0	7,231	55	4807	43	5606	43
Knowsley	3,285	5	0	0	0	0	3,822	57	2,595	44	2928	43
Liverpool	9,615	5	0	0	0	0	10,802	57	7244	43	8018	43
Sefton	6,649	5	0	0	0	0	7,286	53	5616	46	6346	47
Warrington	5,224	7	140	2	0	0	6,086	77	1428	21	1698	21
W Cheshire	10,287	1	11,261	9	0	0	720	6	9	0	10	0
Wirral	14,476	1	14,106	8	0	0	2,269	14	13	0	12	0

[+] CCC activity model

The model above has assumed that some of those Wirral patients who are geographically closer to Liverpool than Bebington would attend the new Centre rather than Bebington in the future. In practice, however, these patients may prefer to have their treatment on the Wirral in which case the proportion of Wirral patients being treated at Bebington in the future is likely to be higher and to come in line with the West Cheshire figure of 94%.

It should be noted that all patients would be given a choice of site, provided this was consistent with the specific treatment they required as a consequence of their type of cancer. In practice this means that almost all patients suffering from the common cancers e.g. breast, lung, prostate, colorectal, could choose which of the three sites they wished to attend for radiotherapy in future.

Chemotherapy and outpatient services

A similar picture to radiotherapy is expected for outpatient chemotherapy and outpatient consultations as a consequence of the proposed changes. Wirral and West Cheshire patients would continue to have their chemotherapy provided at Bebington and to continue to have their outpatient consultations there. However patients who would currently travel to Bebington but who are geographically closer to Liverpool would instead be offered treatment at the planned new Cancer Centre in Liverpool.

Delivery of networked cancer services by CCC

Overall, the Trust remains strongly committed to the philosophy of a networked model of cancer service delivery, providing care as close to the patient's home as

possible and only centralising where access to expertise or specialised equipment requires it if patients are to benefit from the best outcomes.

11. TIMESCALES

The key milestones for the Transforming Cancer Care project are shown in Table 8 below:

Table 8: key project milestones

Milestone	Date
Publication of the Baker Cannon Report	2008
Initial feasibility study	2010-11
Approval to proceed by Merseyside NHS Cluster Board	2011
Development of the Strategic Outline Case	Q3 2012
Pre-consultation public engagement	Q3 2012-Q2 2013
Formal public consultation	July-Sept 2014
Outline Business Case approval	Oct 2014-Feb 2015
Full Business Case approval	June 2016
Construction of the new Cancer Centre in Liverpool	July 2016-July 2018
Refurbishment of Cancer Centre on the Wirral	Sept 2018-Sept 2019

12. STAKEHOLDER INVOLVEMENT

The Consultation Plan for the Transforming Cancer Care project has been produced in tandem with this Case for Change document and is entitled 'Transforming Cancer Services for Cheshire and Merseyside; Communication and Consultation Plan January 2014 to September 2014'. For further information on the consultation process together with stakeholder engagement, please refer to this document.

13. SUMMARY

The Transforming Cancer Care project represents an opportunity to significantly improve the way in which Cancer Care is delivered to the people of Merseyside and Cheshire, areas with some of the very worst cancer outcomes in England. It is hoped that the proposals to deliver these service changes will be endorsed by all stakeholders, enabling the vision of the Transforming Cancer Care project to be realised. The people of Wirral, West Cheshire and Merseyside deserve to have the very best in cancer services.

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The Clatterbridge Cancer Centre NHS
NHS Foundation Trust

NHS England

The Clatterbridge Cancer Centre NHS Foundation Trust
Transforming Cancer Services for Cheshire and Merseyside

Communication and Consultation Plan January 2014 to September 2014

Jacqueline Robinson
Head of Patient & Public Voice
May 2014

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Appendices

1. Introduction

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services in Cheshire and Merseyside with the aim of developing recommendations to ensure that services were delivered in the best way to improve outcomes for patients. The resulting report, 'The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network', made a number of recommendations to improve the way non-surgical cancer services were organised in the MCCN area.

Since then much work has been undertaken to implement the recommendations of this report and the Transforming Cancer Care project represents the culmination of this activity.

- The need to encourage the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight LINACs.

- The decentralisation of chemotherapy requiring a larger clinical workforce with a greater local presence.

- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.

- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.

- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.

- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncology to local providers would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.

- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and MDTs were factors in the difficulty in addressing this deficiency.

2. Work done to date

Several reports have been produced in order to understand the implications of reconfiguration. These include the *Baker-Cannon* report(1) and the *Ellison-Cottier* report(2). Equality issues, such as whether the reconfiguration would positively or negatively impact on a group with characteristics protected by law, have also been considered(3).

There has been significant pre-consultation activity undertaken on the implications of the proposals contained within the Transforming Cancer Care project. This was conducted within the spirit and guiding principle of "***No decision about me without me"*** which puts patients, service users and their carers at the centre of the decision-making process.

The pre-consultation exercise informed local people about the proposal and sought to find out whether they were in support of the proposed reconfiguration. It was also undertaken in order to help guide the planned formal consultation exercise and development of the business case. Local people were asked a Principal Consultation Question (PCQ):

"After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?"

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (*"why do you think this?"*). The data gathered was largely qualitative and therefore has been subjected to an epistemological analytic approach using Nvivo computer software. The survey data comprised 4,164 responses to the PCQ. This data also revealed that 3,755 (90%) respondents left comments to the open question within the survey. The analysis was independently undertaken by John Moores University and the report (Appendix 1) has been made available to key stakeholders as part of the feedback process.

A further Equality Impact Assessment(3) considered the responses to the PCQ in relation to where people lived and further investigates the themes arising from the additional question about why people responded to the question in the way they had.

Results

- 90,000 people engaged
- 114 roadshows
- 96 group sessions with 53 different groups
- 7 District General Hospitals participated
- 12 CCGs involved
- Every area Cancer Support Group engaged
- Every area Healthwatch supported the engagement
- Every area CVS advertised events to support attendance

- Over 40 cancer community champions recruited
- 14,500 visited roadshows
- 4,164 formal written responses

Overall, the process has given The Clatterbridge Cancer Centre a wealth of qualitative information which the Trust is committed to actively reflect within the plans as they develop.

The process has also given the Trust robust evidence and greater confidence that their proposals meet the requirements of its population. It has helped to differentiate the varying concerns of patients, carers and the public and understand these concerns in more depth. It has also confirmed to the Trust the importance of car parking and access and how robustly this must be considered and evidenced within the plans.

The analysis of 4,164 respondents found that those who opposed the reconfiguration were mainly from areas close to the current services ('CH' postcode) but that overall a large majority of respondents supported the proposal.

The emerging themes identified and evidenced (in alphabetical order) were: -

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Services
- Travel
- Visits

These themes were observed across many responses but with Loss of Services, Cost and Good Current Services being themes particularly pertinent to "No" voters and to a lesser extent, therefore, respondents with a 'CH' postcode.

It is now the intention to use the information gathered from the pre-consultation engagement work to shape a formal public consultation exercise which will be conducted from July-September of 2014.

Therefore there are a number of phases of consultation:-

- **Pre-consultation** as part of the development of recommendations was undertaken August 2012 to February 2013. Feedback on findings from the pre-consultation was undertaken January 2014 to March 2014.
- **Formal consultation** on the actual recommendations for change is planned to commence July 2014 to September 2014.
- **Post-consultation** feedback detailing how the decision is being implemented (dates to be agreed pending outcome of consultation).

3. The Vision for Transforming Cancer Services

Transforming Cancer Care aims to ensure people in Cheshire and Merseyside benefit from easy access to the best clinical expertise, the most advanced treatments and the best facilities for many years to come.

We aim to achieve this through:

1. A new Clatterbridge Cancer Centre at the heart of Liverpool, centrally located for the 2.3m people in Cheshire and Merseyside, and on the same health campus as Royal Liverpool University Hospital, University of Liverpool, CR:UK's Liverpool Cancer Trials Unit and other key research partners.

2. Continuing to provide most cancer services at The Clatterbridge Cancer Centre in Wirral in addition to the new centre on the Liverpool health campus, the satellite radiotherapy unit at Aintree University Hospital and satellite chemotherapy services at seven hospitals across Cheshire and Merseyside.

What would change?

- There would be a new cancer hospital in the heart of Liverpool, closer to the c. 70% of patients who live north of the Mersey.
- Inpatient care would move from Wirral to the new centre in Liverpool. Some complex outpatient treatment would also move, as would the Teenage and Young Adult unit, bringing it closer to Alder Hey.
- For the first time, patients could access cancer surgery, chemotherapy, radiotherapy, intensive care, inpatients, outpatients, and acute medical/surgical specialties together on the same site.
- Seriously ill patients with complex conditions could receive treatment that can't be provided at the moment because there is no intensive care on site at Clatterbridge.
- Cancer experts from different hospitals, the university and key research partners would be together, offering new scope for research. Patients could also access a much broader range of clinical trials.
- The Wirral site would receive further investment so local patients would continue to receive the same high standard of care for the foreseeable future.

What would stay the same?

- The warm, compassionate Clatterbridge care patients value so much would also be provided in the new centre.
- Most Wirral and West Cheshire patients could continue being cared for at the existing centre. They would only need to travel to Liverpool for inpatient care or the more complex treatments. All outpatient chemotherapy would be available at Wirral, as well as radiotherapy for common cancers including breast, prostate and lung.

- The specialist eye proton therapy service – the only one of its kind in the UK – would also remain at Wirral.
- The satellite radiotherapy unit at Aintree (Clatterbridge Cancer Centre Liverpool) would remain, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours.
- The satellite chemotherapy services across Cheshire and Merseyside would also continue.
- Patients – including those from Wirral – would receive an even better quality of care.

4. Aims and Purpose of Communication and Consultation

Under Section 242 of NHS Act 2006, providers of NHS services must make arrangements to secure the involvement of people who use, or may use services in:

- Planning the provision of services;
- The development and considerations of proposals for change in the way those services are provided – where the implementation of the proposals would have an impact on the manner in which those services are delivered, or the range of services that are delivered;
- Decisions to be made by the NHS organisation affecting the operation of services.

The aim of the consultation plan is to ensure that decisions/recommendations are informed and guided by the views of stakeholders and patients, carers, and the public, which will further inform the progress of transforming cancer care across Cheshire and Merseyside.

As a major service provider, The Clatterbridge Cancer Centre is committed to providing the best possible cancer services in order to improve outcomes and reduce health inequality.
Staff are one of the key stakeholders in Transforming Cancer Care. There has been regular staff engagement throughout the pre-consultation period and lessons learnt from their feedback will be built upon. Staff will remain one of the key stakeholder groups throughout consultation and the post-consultation period.

There will be extensive and ongoing communication and engagement through a variety of forums including roadshows, the intranet, noticeboards/newsletters, informal events and more formal involvement of staff representatives in project groups. Staff suggestions for enhancing the proposals for change – both for the new Centre and as part of the Trust's wider organisational development plan – will be very much encouraged and valued.

Clinical engagement and support is an essential element of this project and input from specialist clinicians, clinical commissioning groups, health and wellbeing boards etc, will be sought to ensure their feedback and commentary are considered in the proposals for change.

Local authorities have been engaged since the inception of this proposal and have received regular updates as the plan has progressed through various stages. A request will be made to convene a joint Overview and Scrutiny Committee to allow a collective forum to discuss the proposals, scrutinise the plans, hear from clinical staff involved and view the findings from the patient and public consultation.

This consultation plan seeks to:-

- Outline the objectives for communications and consultation within the project;
- Define the communications and stakeholder consultation strategic approach;
- Define the development of communications and key messages;
- Identify the stakeholder groups (key target audiences);
- Identify the channels of communications for these stakeholders;
- Plan communications and consultation activities;
- Systematically record all engagement aligned to the requirements set out in 2012 Health and Social Care Act and 2006 NHS Act;
- Ensure the consultation activity is aligned to best practice, in particular to:-
  - NHS England guidance as detailed within Transforming Participation in Health and Care September, 2013
  - NHS England guidance as detailed within Planning and Delivering Service Changes for Patients, December 2013
  - Cabinet Office Code of Conduct for public consultations
- Ensure that all phases of the consultation will be composite and will be compliant with the requirements set out in the Four Tests for major service changes;
- Define the means of monitoring feedback and evaluating the success of communications and engagement.

There is an absolute commitment to carry out the work with full engagement from all stakeholders, particularly local patients, carers, providers and staff.

A time-limited group has been established by NHS England Cheshire Warrington and Wirral (CWW) Area Team, to steer the project through the consultation and scrutiny process.

5. Context for Communications & Consultation Activity

This plan supports NHS England CWW Area Team as service commissioners, and The Clatterbridge Cancer Centre NHS Foundation Trust as the service provider, in delivering their communications and engagement responsibilities. There are a number of key specific documents that have informed and shaped the communication and consultation plan which are highlighted in blue below:

Health & Social Care Act 2012

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (sections 13E and 14R)

- Inequality (sections 13G and 14T),
- Promotion of patient choice (sections 13I and 14V)
- Promotion of integration (sections 13K and 14Z1)
- Public involvement (sections 13Q and 14Z2)
- Innovation (sections 13K and 14X)
- Obtaining advice (sections 13J and 14W)

  The duty to have regard to joint strategic needs assessments and joint health and wellbeing
- Section (14Z2) outlines how this legal duty for involvement:
  - in the planning of its commissioning arrangements,
  - in developing and considering proposals for changes in the commissioning
  - arrangements that would impact on the manner in which services are delivered or on the range of services available, and
  - In decisions that affect how commissioning arrangements operate and which might have such impact.
- Section (14v)Duty as to Patient Choice
  - Each CCG (*who will take over from PCT post April 2013*) must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

Government and Public Involvement in Health Act 2007

- Strategies (section 116B of the Local Government and Public Involvement in Health Act 2007)

NHS Act 2006

- Section 244 of the NHS Act 2006 duty to consult the relevant local authority in its health scrutiny capacity.

Public Sector Equality Duty 2010

Planning and delivering service changes for patients, December 2013, NHS England

Transforming Participation in Health and Care 2013, NHS England

Everyone Counts: Planning for Patients 2013/14, NHS England

NHS Operating Framework for the NHS in England 2013/14

Independent Reconfiguration Panel guidance

- Make sure the needs of patients and the quality of patient care are central to any proposals;
- Assess the effect of the proposals on others services in the area;
- Give early consideration to transport and access issues;
- Provide independent validation of the responses to engagement and consultation.

Rules on service reconfiguration Indicative evidence requirements against the *"Four Tests'*

- Test 1 – support from GP commissioners
- Test 2 – strengthened public and patient engagement
- Test 3 – clarity on the clinical evidence base
- Test 4 – consistency with current and prospective patient choice

6. Specific Stakeholder Engagement Plans

It is vital to involve a wide range of stakeholders in the debate for change. This will ensure that people are informed about the reasons for the proposed changes and they have an opportunity to comment on and influence these plans.

NHS Cheshire and Merseyside Commissioning Support Unit (CMCSU) will work in partnership with Voluntary and Community Sectors (VCS), locality Healthwatch and carer/patient support groups, and build upon its existing networked approach to engaging patients, carers, and the wider public. It will include the use of the community cancer champions model which proved successful during the pre-consultation phase. This approach has been identified as crucial in reaching key stakeholders, including those traditionally hard to reach. Together the CMCSU, The Clatterbridge Cancer Centre outpatient sites and the VCS partners will work to collect views, comments and insight on patient experience and expectations.

Community champions, communities, organisations and patients and will be provided with consistent information and communication materials to share this across the sub-region which is inclusive of key stakeholders in the North and South Mersey regions.

The feedback from this activity will be used to inform the Outline Business Case.

As an early involvement strategy, all of Cheshire and Merseyside Healthwatch organisations, carer groups and VCS have been provided with feedback from the pre-consultation phase and asked for their continuing support in the formal consultation programme. This has been secured and dedicated “cancer champions” awareness events will be held to share the range of activity which is planned and allow people to choose options to volunteer.

A communications and engagement work plan has been appended (see Appendix 3). This will be a fluid plan; as new opportunities arise CMCSU will consider the capacity to add to its exiting programme of work.

Representatives from the community voluntary sector and Healthwatch have acknowledged and valued information regarding the process and have responded positively to our request for a collaboration of approach during the formal consultation period.

Target Audiences

The approach to communication and engagement aims to be comprehensive and robust. Our aim is to work closely with key organisations that can easily communicate with a range of audiences within their networks as follows:-

- Local residents
- Patients and Carers
- Third sector providers
- Voluntary Patient Groups
- Charities
- Hospices
- Hospital Trust Governors and Members
- Hospital Trust Volunteers
- Local Healthwatch Organisations
- Local Council for Volunteer Service network
- NHS England Area Teams for Cheshire and Merseyside
- Cheshire and Merseyside Clinical Senates
- Chairs and Chief Officers of Clinical Commissioning Governing Bodies
- GPs members across Cheshire and Merseyside
- Chairs of Local Medical Committees (LMCs)
- Primary and Secondary Care Trust Communication and Engagement Leads
- Hospital Trust Chief Executive Officers
- Hospital Senior Operational Managers
- Senior Consultant Cancer Clinicians
- Associated Operational Clinicians and staff
- Cancer Networks
- The University of Liverpool
- Local Authority Health Overview and Scrutiny Committees
- Members of Parliament for constituent localities
- Directors of Public Health
- Health and Wellbeing Boards
- Local media

Engagement Channels

Stakeholder engagement will be carried out through a range of channels to promote and explain the purpose and progress of the review, including:

- Senior officer meetings
- Attendance at Health Overview & Scrutiny panels
- Production of patient and clinician DVD to disseminate during the consultation
- Corporate launch events
- 2 Volunteers / Community Champion launch events
- Publicity available at every GP practice

- Local activity at all Clatterbridge Cancer Centre outpatient sites
- Activity at the Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Targeted letters and emails
- Attendance at high volume public events throughout Summer
- Newsletters information within Hospital Trust membership publications
- Internal staff briefings
- Web based consultation information and online survey
- Dedicated phone line
- 10,000 leaflets distributed to cancer centres, community groups
- Coverage on local Radio via live interviews and information on their website reaching the North West and Wales.

A matrix demonstrating reach to respective groups is detailed in Appendix 2.

7. Key Messages

The following key messages will be covered in all communications to all stakeholders:

- The need for change
- Why is this a local priority
- Who it would affect
- What are the benefits
- What this would mean to local people and services
- How it would be implemented
- What are the timescales
- What can you influence
- What are your views on this proposal

8. Milestones

This plan is delivered in the context of a changing NHS. In order to be effective in our communications and engagement we may need to adapt this plan over time to reach our target audiences in the most effective way. Progress against the key milestones will be monitored.

Action plans for communications and engagement are set out in Appendix 3.

References

1. Baker, M.R. and Cannon, R.C. (2008) *The organisation and delivery of no-surgical oncology services in the Merseyside and Cheshire Cancer Network: A feasibility study into the potential for the relocation of non-surgical oncology services from Clatterbridge to Liverpool*, Cancer Taskforce.
2. Ellison, T. and Cottier, B. (2009) *An Analysis of Radiotherapy Services in the Merseyside and Cheshire Cancer Network*, The National Cancer Services Analysis Team.
3. Hennessey, M., McHale, P. and Perkins, C. (2013) *Equality Considerations in the Development of a Comprehensive Cancer Centre*, 2013, Centre for Public Health: Liverpool John Moores University.

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Comprehensive Cancer Centre Pre-Consultation: Qualitative Analysis Report

June 2013

CPH | CENTRE FOR PUBLIC HEALTH
LIVERPOOL JOHN MOORES UNIVERSITY

Contents

Executive Summary

Following an independent review into cancer service provision, commissioned by the Merseyside and Cheshire Cancer Network (MCCN) in 2008, The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) are in the process of developing a business case to reconfigure the non-surgical oncology services they provide in line with the review recommendations. In outline, the proposal is for CCC to build a new cancer centre in Liverpool to provide all oncology inpatient services and associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for. The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for Wirral and West Cheshire patients who would find it easier to access the Wirral site rather than Liverpool. CCC will also retain the satellite Radiotherapy facility on the Aintree site and will continue to provide services in the existing clinics in hospitals across the region. This report contains an analysis of responses, by the Centre for Public Health (CPH), to an engagement survey, which was carried out by MCCN as part of the development of the business case.

The survey included a Principal Consultation Question (PCQ) to ascertain whether network residents were in favour of the proposed reconfiguration and the opportunity to record, in their own words their reasons why they were or were not. The data gathered is largely qualitative and therefore has been subjected to an epistemological analytic approach using Nvivo computer software. The survey data comprised 4,164 responses to the PCQ. This data also revealed that 3,755 (90%) respondents left comments to the open question within the survey.

Results

The analysis found that respondents who opposed the reconfiguration were mainly from areas close to the current services ('CH' postcode) but that overall a large majority of respondents supported the proposal.

The emerging themes identified and evidenced (in alphabetical order) were:

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Services
- Travel
- Visits

These themes were observed across many responses but with Loss of Services, Cost and Good Current Services being themes particularly pertinent to No voters and to a lesser extent therefore, respondents with a 'CH' postcode.

Recommendations

Based on the analysis within this report, it is recommended that:

- the business case records and reflects the reported benefits to the majority of respondents, namely reduced travel for patients and their families and a view that general accessibility using public transport will be improved by locating the service in Liverpool.
- the business case includes a strategy for informing and reassuring those who oppose the proposals that the quality of service will not reduce as a result of reconfiguration.
- the business case makes provision to comment, as far as possible, on the possibility of further service reconfiguration in response to concerns that this may be the start of a programme of service withdrawal.
- consideration is given to how best to further communicate which patients will need to receive their care in Liverpool following reconfiguration and which will continue to be treated at the Wirral site.

1. Background

This analysis has been commissioned by NHS Cheshire, Warrington and Wirral on behalf of themselves and NHS Merseyside.[a] These NHS organisations together with Specialist NHS Trusts, Acute Hospital Trusts and Hospices make up the Merseyside and Cheshire Cancer Network (MCCN)[b].

In 2008, MCCN commissioned an independent review of how cancer services are organised across the region. This showed that benefits could be gained for patients and their families by expanding the services provided by The Clatterbridge Cancer Centre NHS Foundation Trust (CCC). The review recommended the establishment of a comprehensive cancer centre. The establishment of such a centre would involve the reconfiguration of current services such that inpatient services currently provided at The CCC on the Wirral[c] would be located adjacent to the redeveloped Royal Liverpool University Hospital[d] as well as associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for.

The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for Wirral and West Cheshire patients who would find it easier to access the Wirral site rather than Liverpool. CCC will also retain the satellite Radiotherapy facility on the Aintree site and will continue to provide services in the existing clinics in hospitals across the region.

Further work is being carried out in order to develop a business case for the proposed investment. An engagement exercise with the local populations who might be affected by the proposed reconfiguration has been carried out and this report contains an analysis of the responses to that consultation. This engagement exercise was designed to inform local people about the proposal, find out whether they were in support of the proposed reconfiguration and inform the formal consultation exercise and development of the business case. Local people were asked a Principal Consultation Question (PCQ):

> *"After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?*"

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer (*"why do you think this?"*). This analysis considers the responses to the PCQ in relation to where people lived and further investigates the themes arising from the additional question about why people responded to the question in the way they had.

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[a] These organisations are due for reorganisation under NHS reforms and cease to exist at the time of publication

[b] For a full list of network members, see http://www.mccn.nhs.uk/index.php/about_us_network_organisations

[c] Hereafter referred to as CCC

[d] Hereafter referred to as the Royal Liverpool

2. Extant Literature

Several reports have been produced in order to understand the technical and costing implications of reconfiguration. These include the *Baker-Cannon* report[1] and the *Ellison-Cottier* report[2]. Equality issues, such as whether the reconfiguration would positively or negatively impact on a group with characteristics protected by law, have also been considered[3]. These reports recognise that reconfiguration will have travel implications for those currently living near to the current and proposed sites. The reports conclude that there will be some people who will experience reduced travel as a result of the proposal and some for whom journey time will increase. Overall, the reports find that a majority of future patients will experience reduced travel time based on where the burden of disease lies within the MCCN population. The reports also find that a relatively small population experience direct travel benefits from the current service location and these benefits are no longer realised once the public transport journey time exceeds about 15-30 minutes.

3. Methodology

3.1. Data

This analysis is drawn from survey data taken from a survey sample of 4,164 respondents. Cleaned data revealed that 3,755 (90%) respondents left comments to an open question within the survey. The data presented was predominantly qualitative requiring an epistemological approach and a method based on critical realism.

In order to provide quantitative and qualitative analyse of the data by location, respondents had the opportunity to record their postcode along with their responses. There was a variety of responses gathered with some respondents providing a full postcode, and some only a partial postcode. In a few cases no postcode was given (n=23). In view of this data inconsistency a number of geographies have been prepared to enable analysis to take place (Table 1)

Table 1: Postcode Geography Definitions

	Geography Name	Geography Definition
1	Liverpool Postcodes	Contains all postcodes beginning "L" (Liverpool postal district). It does not including "LL" which is a N Wales postcode district
2	Cheshire Postcodes	Contains all postcodes beginning "CH" (Chester postal district). The CH postcode is the most coterminous postcode for the Local Authority Footprints of *Wirral*, and *Cheshire West and Chester*. The classification of 'Cheshire' used here is purely for ease of presentation and does not include postcodes relating to the Cheshire East Local Authority ("CW" or Crewe postcodes)
3	Manchester Postcodes	Contains all postcodes beginning "M"
4	Warrington Postcodes	Contains all postcodes beginning "WA"
5	Wigan Postcodes	Contains all postcodes beginning "WN"
6	Miscellaneous Postcodes	Contains all postcodes not allocated to geography 1-5 above (Liverpool – Wigan). Examples include "CW" "LL", "PR", "SY", "ST", "SK", "NG" and "VH"
7	Other Area Postcodes	This grouping includes all non-Liverpool postal district (L) or Chester postal district (CH) postcodes
11	Not Known	Either no postcode was provided or location based on classifications above could not be determined

3.2 Methods

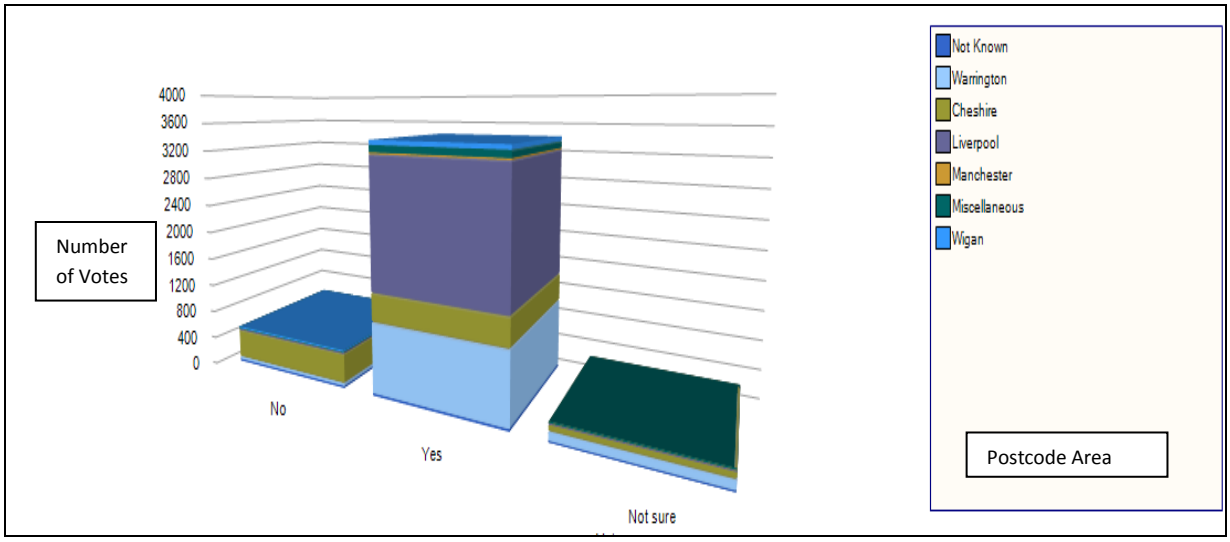
A combination of content analysis and initial evaluation using Computer Assisted Qualitative Data Analysis Software (CAQDAS) package Nvivo 10 was applied to the data. CAQDAS assists in the identification of emerging themes using textual analysis. The data analysed included no missing responses in respect of the overall 'yes, no or not sure' consultation question. However, the optional follow up question responses contained some missing or textual errors. This qualitative analysis is broadly based upon Grounded Theory and uses a process of open coding and axial coding to extract and distil themes from the free text responses[e]. Grounded Theory in its purest form is entirely data directed and presupposes no specific themes from the data. In this scenario, it is clear that there are some constraints on being able to follow a pure Grounded Theory methodology. The pre-consultation builds on the extant literature and is structured on a premise that the reconfiguration will cause a difference of opinion between local groups, most likely with differences observed between groups who live near to the current or proposed sites. In this respect the analysis should be considered semi-inductive, that is to say that the analyst will investigate some expected themes in relation to location.

[e] Grounded Theory involves taking raw data and systematically distilling it to form a theory. Key points in the data are coded and then these codes are combined to form themes and concepts which can be developed into a theory.

4. Key Findings

Analysis of the PCQ shows that significantly more people voted in support of the proposed changes and also that there is a significant difference in the PCQ responses of different locations. Figure 1 illustrates that the number of people who support the proposed reconfiguration is greatest from locations with a Liverpool postcode.

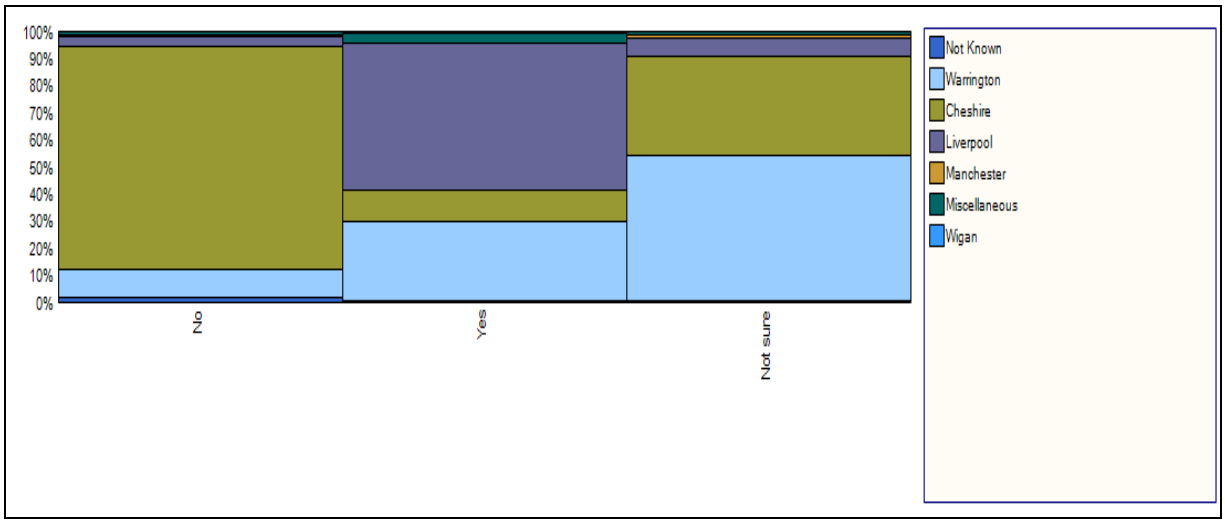
Figure 1: Distribution of Votes by Postcode Area



Source: Engagement survey 2013

Figure 2 shows the percentage of votes cast in the PCQ by each postcode area. Cheshire postoces dominated the No vote with Liverpool Postcodes recording the highest percentage of Yes vote. Warrington and Cheshire postcodes make up the majority of undecided voters.

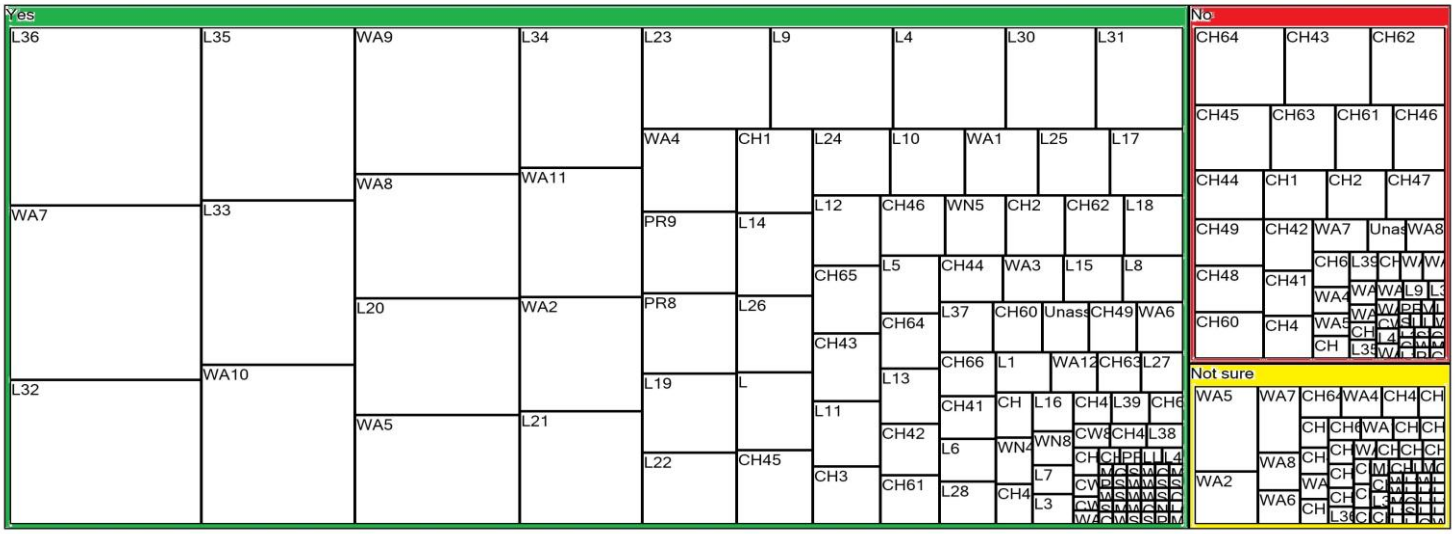
Figure 2: Percentage of No, Yes and Not Sure votes by Postcode Area



Source: Engagement survey 2013

A Tree Map (Figure 3) can be used to illustrate the responses at a lower geography, displaying what proportion of votes came from each postcode. As Figure 3 shows 'No' votes were predominant in CH postcodes with CH64, CH43, CH62, CH45 and CH63 being 'No Hotspots'. Warrington Postcodes made up a substantial proportion of the votes from people who were undecided. 'Yes Hotspots' included L36, WA7, L32, L35 and L33. This report will go on to consider the responses from these postcodes, designated '*Yes'* and '*No'* Hotspots, in more detail (Section 4.4).

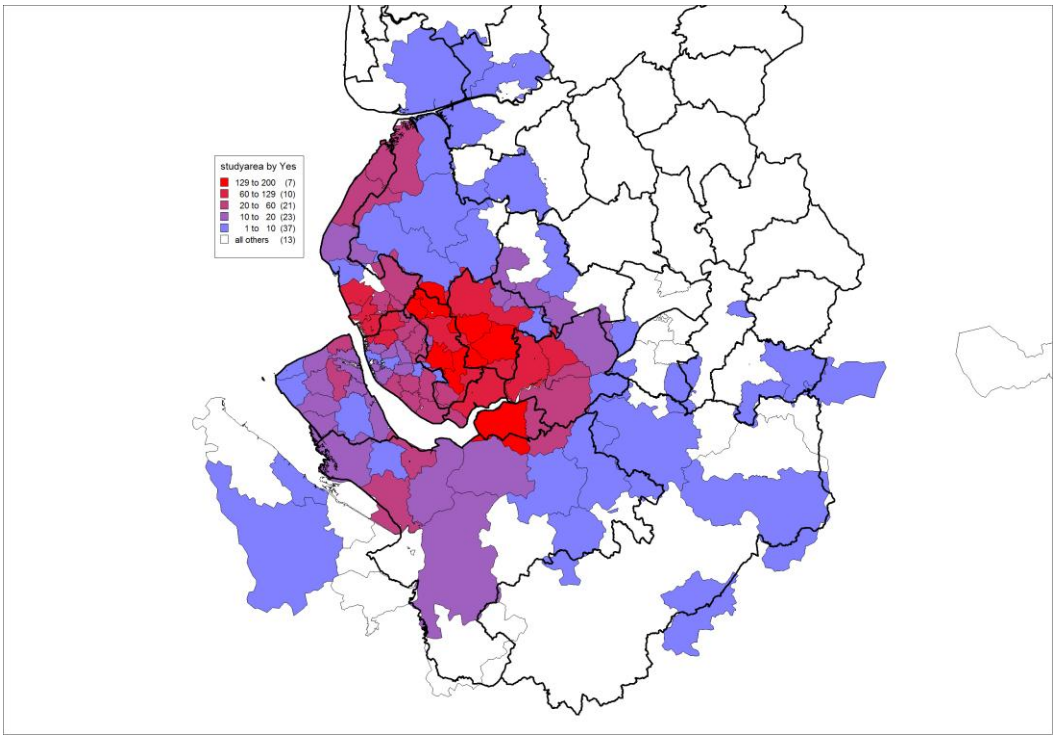
Figure 3: Distribution of Postcodes by Vote



Source: Engagement survey 2013

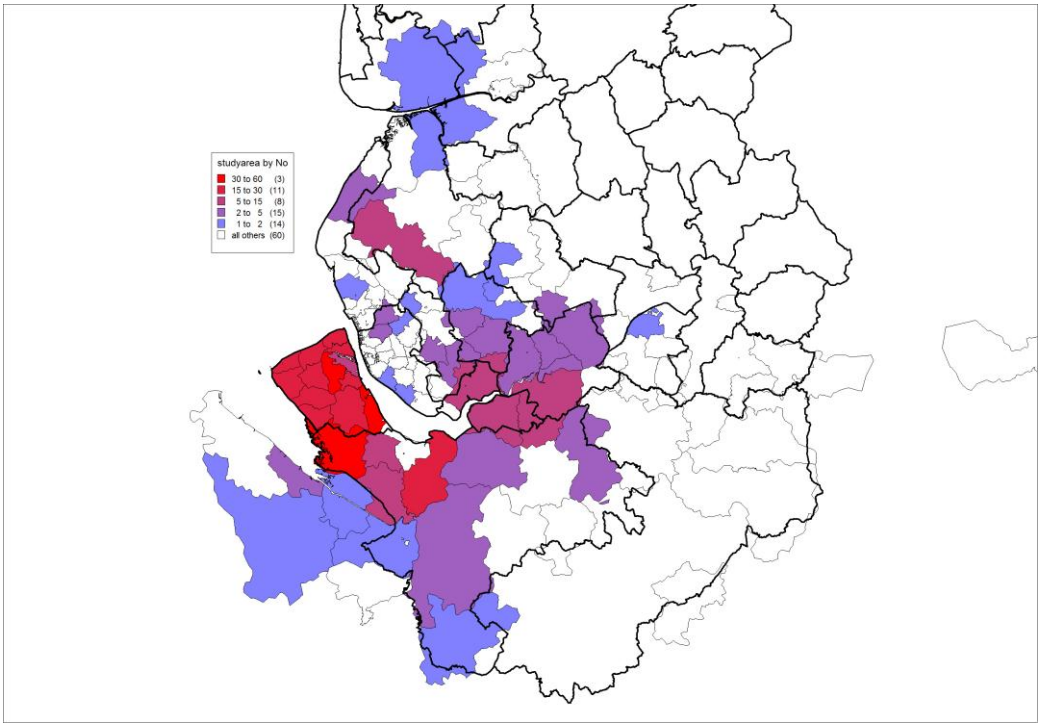
Figures 4 and 5 show how Yes and No votes were distributed across the MCCN footprint.

Figure 4: Map of the Distribution of Yes Votes across the MCCN



Source: Engagement survey 2013

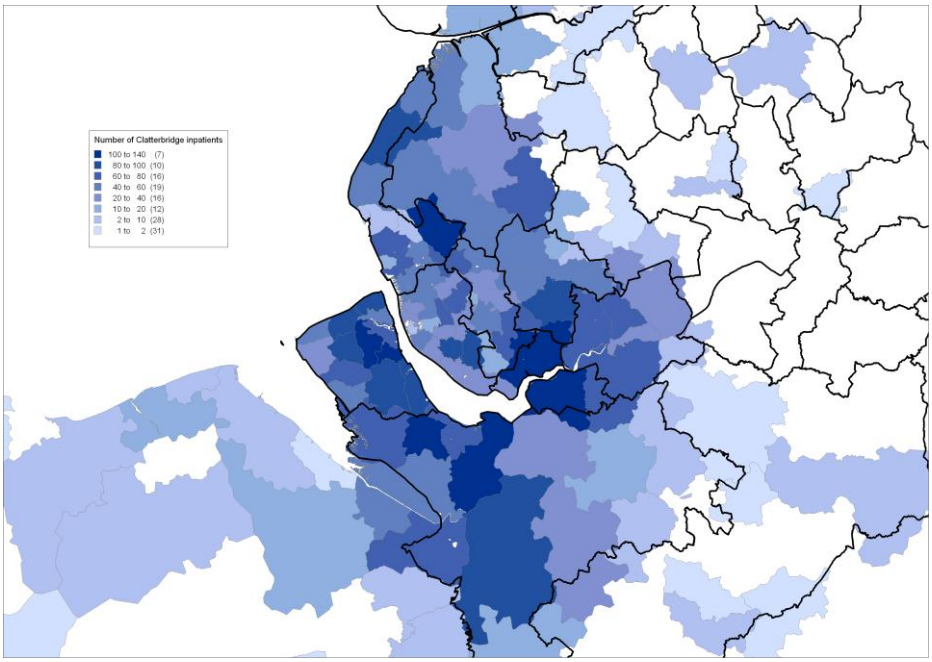
Figure 5: Map of the Distribution of No Votes across the MCCN



Source: Engagement survey 2013

In order to place these responses in some context the current geographical distribution of people attending for in-patient treatment at CCC is shown in Figure 6. Comparing the maps it can be seen that the *No Hotspots* correspond with the areas on the map with high representation in the in-patient treatment population.

Figure 6: Distribution Map of Clatterbridge Inpatients



Source: CCC data 2013

4.1 Emerging Themes

A basic word frequency query was used to identify the words that were most commonly used in people's free text responses (e.g. detailing why they said yes, no or not sure to the PCQ). These words can be visually presented in a tag cloud where the size of the word is proportionate to the number of times it appears[f]. Figure 6 shows the tag cloud for all the responses.

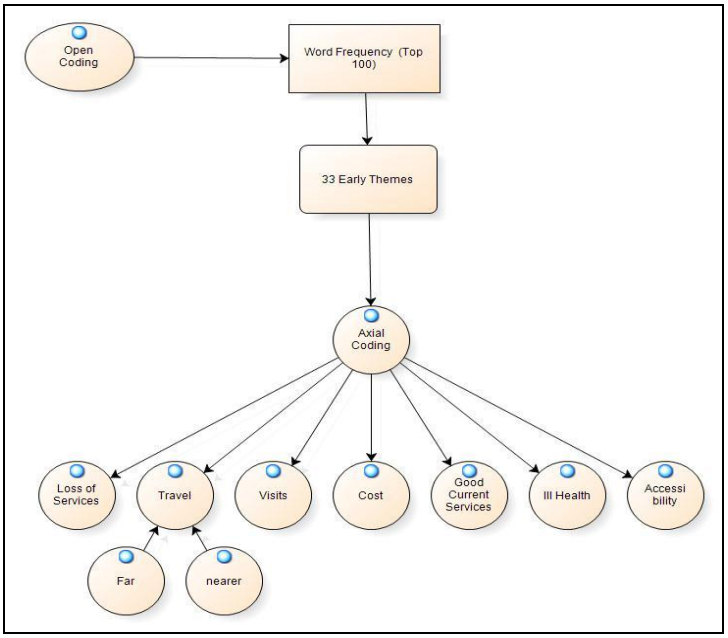
[f] The more often a word appears the bigger it is in the tag cloud

Figure 7: Word Frequency Tag Cloud for All Responses

Source: Engagement survey 2013

This word frequency investigation formed the basisof the open coding. A coding model (Figure 8) shows how themes were distilled from the datatset. In this first round of coding 33 common themes were identified. These included themes (in no particular order) like Idea, Stress, Travel, Links, Distance, Visits, Treatment, Travel, Support and Time.

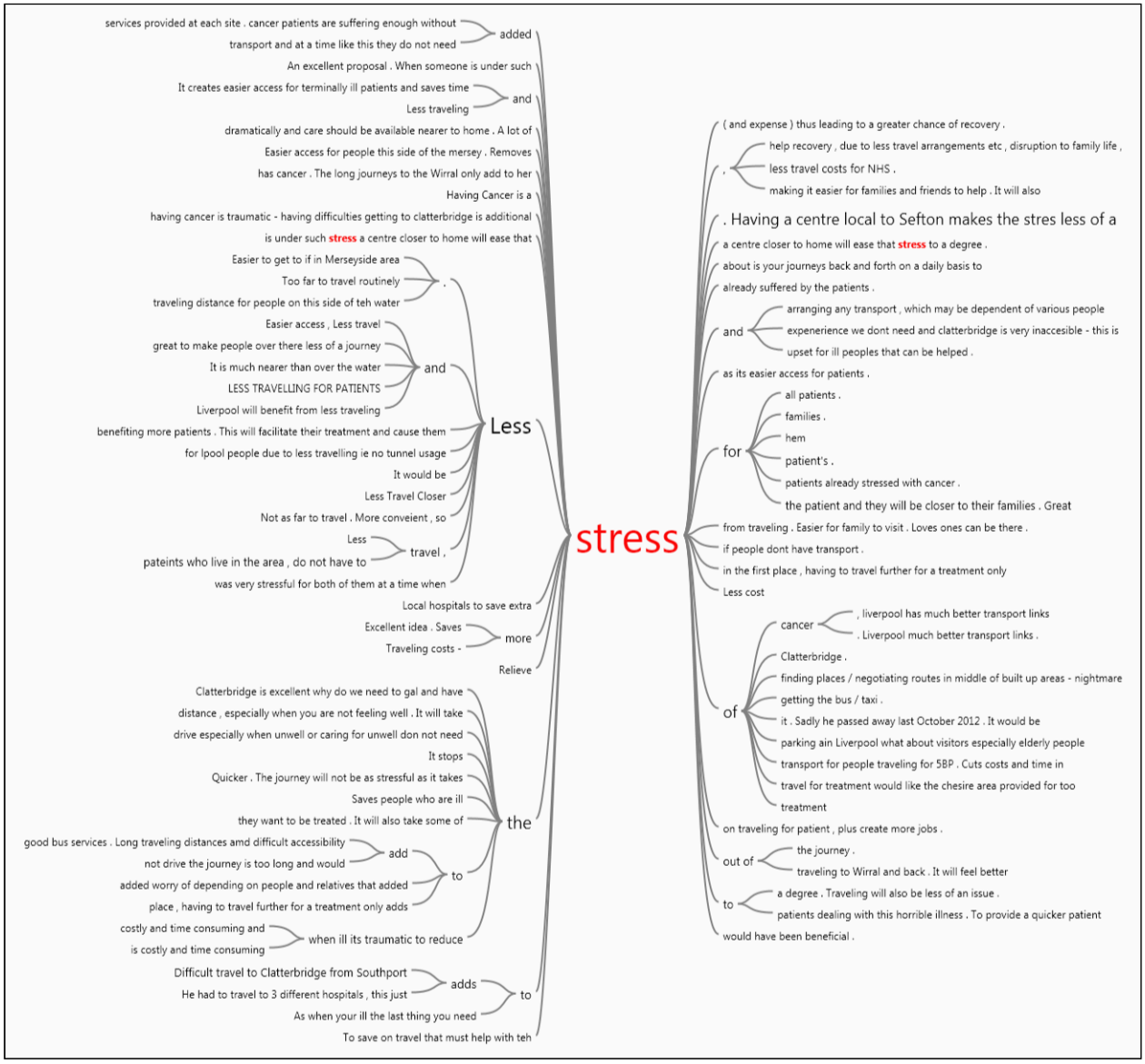
Figure 8: Research Coding Model



Source: Engagement survey 2013

The context of each theme was explored using word trees to understand more about the context that each word was used in. For example, the word “stress” was used 102 times across all the responses. Figure 4 shows the context surrounding the word.

Figure 9: Word Tree of Responses that Include the Word “Stress”



Source: Engagement survey 2013

From this it is possible to see that the word ‘stress’ is most commonly used in the context of travelling to receive treatment. A typical response is provided below:

> *Reference 39*
> *Having Cancer is a **stress** in the first place. Having to travel further for a treatment only adds to the stress.*

Appendix 1 contains more word trees for some of the other ambiguous themes

The 33 initial themes were axially coded or distilled using these methods into 7 main themes emerging from this engagement exercise. These are:

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Service
- Travel
- Visits.

Having obtained these key themes, it is possible to repeat this exercise for smaller populations than the overall survey sample, such as groups from the same postcode area or those who voted either Yes, No or Not Sure

4.2 Themes per area

The overall PCQ analysis showed that respondents from Cheshire Postcodes and those from Liverpool Postcodes tended to demonstrate different voting behaviours. Analysing and comparing the word frequency of these two groups makes the reasons for their different positions clearer.

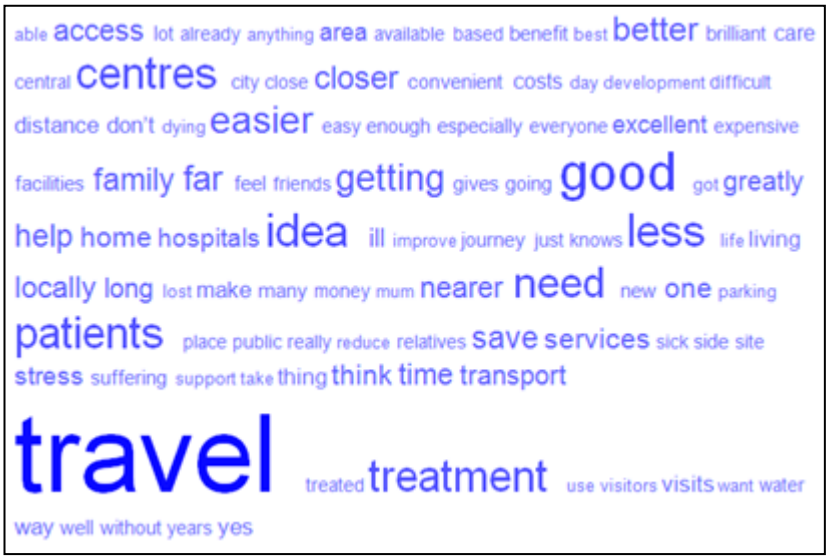
Figure 10a and 10b show the word frequencies for the two postcode areas. While many of the words are similar, suggesting that they have a similar understanding of the proposition and share some of the same views, there are notable differences.

For example, the words Costs, Parking and Tunnel have a greater prominence in responses from Cheshire. The word Tunnel is mentioned 10 times across Liverpool responses but 29 times in Cheshire responses (Table 2).

Figure 10a Word Frequency Tag Cloud for Cheshire Postcode Responses

Source: Engagement survey 2013

Figure 10b Word Frequency Tag Cloud for Liverpool Postcode Responses



Source: Engagement survey 2013

Table 2: Number and percentage of responses that include the word "Tunnel"

	Not Known	Warrington	Cheshire	Liverpool	Manchester	Miscellaneous	Wigan
Number of responses containing "Tunnel"	2	5	29	10	0	0	1
Total number of responses	19	1,008	792	1,776	5	117	38
Percentage of responses which contain "Tunnel"	10.53	0.50	3.66	0.56	0.00	0.00	2.63

Source: Engagement survey 2013

Another theme that emerged with a greater prominence from Cheshire responses was satisfaction with current services – the prominence of words like 'excellent' and 'stay' drew attention to the comments about the 'excellent' quality of current services and the request to let things 'stay' as they are. The following comments were typical of this theme.

Reference 38
I am a patient who has had an ***excellent*** *series of treatments at Clatterbridge Oncology Centre. It is a well organised and pleasant convienent hospital to attend.*

Reference 96
There is already an ***excellent*** *system at clatterbridge which should be further invested in*

Reference 105
As long as the new centre does not replace Clatterbridge, where my father received ***excellent*** *treatment*

Reference 12
Because have used services at Clatterbridge and would like it to ***stay*** *as it is*

Reference 18
Services need to ***stay*** *on the Wirral*

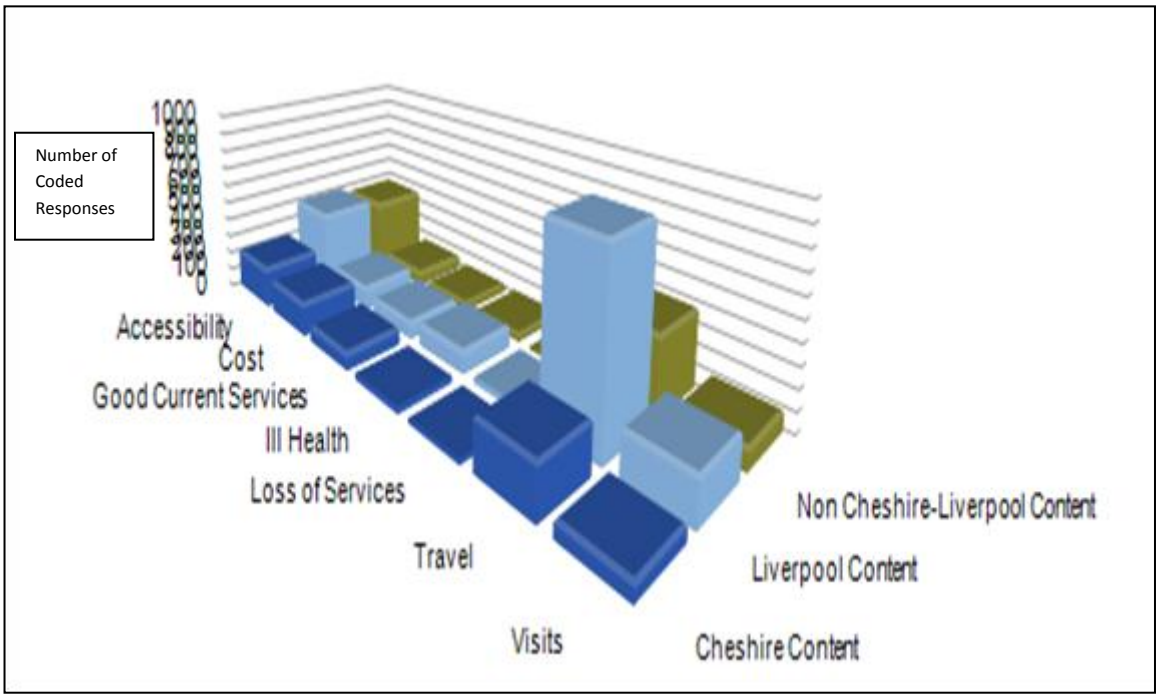
Reference 24
Clatterbridge has such a good reputatuon and should ***stay*** *as it is*

Reference 40
Having been treated at Countess and Clatterbridge would prefer services to ***stay*** *nearby*

Liverpool postcode responses tended to record that a service that 'closer' to home was one reason why respondents had voted the way they had. The number of comments about 'travel' as evidenced by its relative size in the tag cloud reinforces this point. The idea that services should be based near to where the greatest need was echoed in responses from Non Cheshire-Liverpool postcodes (see Appendix 1 for 'closer' word tree)

Figure 11 shows a cross tabulation of the key thematic content by Postcode Area. From this analysis it is clear that the notion of travel and accessibility whilst potentially feeling unwell and issues related to visiting are a common themes for Liverpool postcode respondents and a large majority of respondents overall. Cheshire respondents were raising concerns of cost and pointing out their satisfaction with current services.

Figure 11: Number of Coded Responses by Key Theme and Postcode Area



Source: Engagement survey 2013

4.3 Themes per vote

It should be noted that not everyone in a particular area voted the same way. For example, taking the two postcodes where the number of votes for and against were highest or most polarised (CH64 – 'No' and L36 – 'Yes') it can be seen that voting was not unanimous.

Table 3: Percentage of Respondents from Selected Postcodes voting Yes, No and Not Sure

	% Voting 'No'	% Voting 'Yes'	% Voting 'Not Sure'
Postcode = CH64	63.5	23.8	12.7
Postcode = L36	1.0	98.0	1.0

Source: Engagement survey 2013

In view of this it is appropriate to investigate the themes that emerged from those who indicated support for the proposal and those who opposed it. Using similar analytical methods it can be seen that 'Yes' voters were reporting travel, closeness of services and meeting the needs of family. 'No' voters reported concerns about parking, travel, inconvenience and commented on the excellent quality of current services (Figures 12a and 12b).

Figure 12a: Word Frequency Tag Cloud for Yes Responses

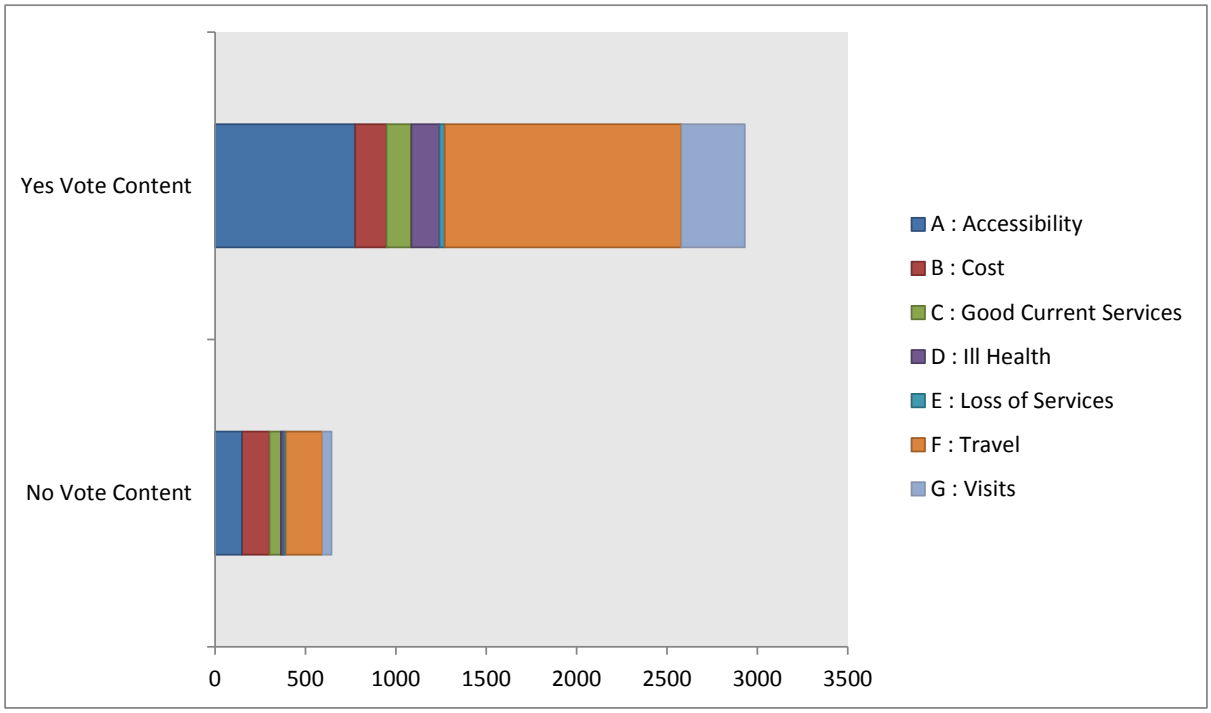
Source: Engagement survey 2013

Figure 12b: Word Frequency Tag Cloud for No Responses

Source: Engagement survey 2013

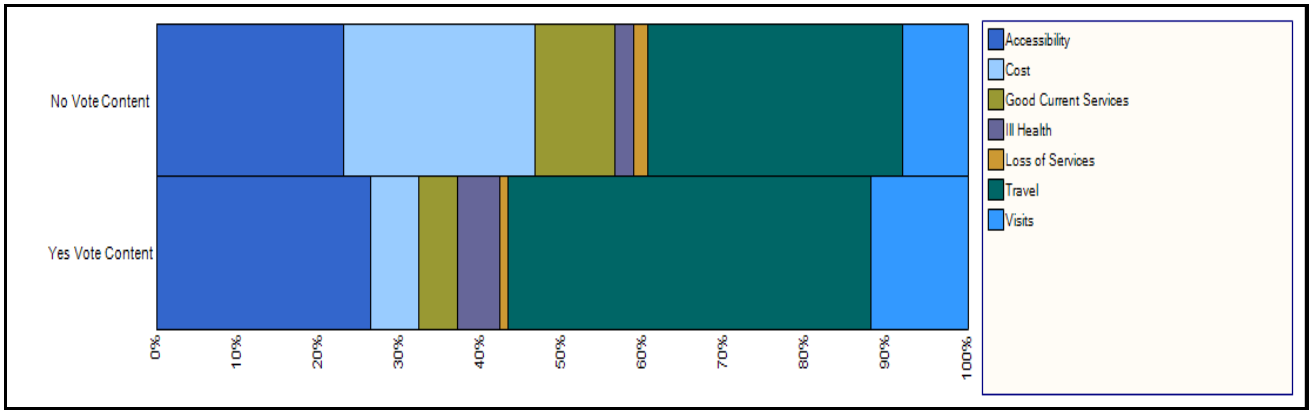
The different perspective of the two groups is also observed in the analysis of the key themes. Figure 13 shows the number of comments made in respect of each theme by the two groups and it is striking that the number of comments relating to accessibility made by the Yes group outnumber all the comments relating to key themes made by the No group. However it is important to ensure that the total number of respondents in each group does not distort the picture – there were many more yes vote responses than no vote responses. For example, the number of 'cost' comments from the 'no' voter group is quite similar to the number made by the 'Yes' group but as Figure 14, which is a presentation of themes as a percentage of comments made by each group, shows there is a greater proportion of 'cost' comments coming from the 'no' voter group. In this respect it is easy to compare which themes were particularly pertinent to each group.

Figure 13: Number of Coded References of Key Theme By Yes/No Vote



Source: Engagement survey 2013

Figure 14: Key Themes Expressed as a Percentage of the Yes and No Votes



Source: Engagement survey 2013

4.4 Key Postcode Analysis

Having identified that there are different perspectives across groups of voters and that these voters were generally split by location (Cheshire/Liverpool), it is worth considering in a little more detail what respondents are actually saying about the key themes. In order to do this, analysis has been focussed on the responses of those areas with the most polarised views. i.e. postcodes that could be described as being 'Yes' or 'No' vote Hotspots.

Figure 15: Number of Coded References by Theme and Vote Hotspot

	A : No Hotspot	B : Yes Hotspot
1 : Accessibility	84	217
2 : Cost	84	45
3 : Good Current Services	38	27
4 : Ill Health	8	40
5 : Loss of Services	5	-
6 : Travel	104	425
7 : Visits	35	112

Source: Engagement survey 2013

The themes are considered in detail below:

4.4.1 Accessibility

The accessibility theme is defined by issues of transport and travel, but more specifically this theme includes references to the availability of public and private transport, parking and congestion. In general, 'No' Hotspot responses recorded that a move would reduce accessibility for them and 'Yes' Hotspot respondents reported that accessibility would be improved because of the transport infrastructure in Liverpool. A detailed analysis of Hotspot

responses showed that 'No' vote responses considered Clatterbridge to be accessible as it was close to the motorway and that Liverpool was inaccessible due to parking and congestion. 'Yes' vote responses focussed on what they believed to be better public transport network to Liverpool.

4.4.2 Cost

Although cost was mentioned in several different contexts, the majority of the cost references were in respect of the **additional** costs of travel, such as parking, taxis and tunnel fares. 'No Hotspot' respondents tended to report that the tunnel costs would be additional to them if the service moved whereas 'Yes Hotspot' respondents reported that taxi fees were currently additional for them.

4.4.3 Good Current Health Services

Comments relating to this theme were made in qualification of a preference to keep services in Clatterbridge. Many respondents spoke of excellent services and the notion of '*if it ain't broke don't fix it*' was expressed.

4.4.4 Ill Health

Respondents who have had personal experience of cancer treatment (either themselves, a friend or relative) reported on the difficulties of travelling when feeling unwell. Respondents from 'Yes Hotspot' postcode areas in particular commented on this issue with 40 'ill health' references being reported against 8 from the 'No Hotspot'.

4.4.5 Loss of Services

The loss of services was a concern for a particular minority of voters. This theme was especially linked with those who reported personal experience of current service provision in 'No Hotspot' postcodes. In some of these cases it was clear that the respondent felt that this might be the thin end of a wedge, resulting in the ultimate closure of services and loss of jobs at Clatterbridge. For example:

> *Reference 2*
> *A devious way of closing the oncology unit at Clatterbridge, which is highly regarded for people in Wirral, Cheshire and N. Wales*

Two respondents made specific reference to the relocation of other health services away from the Wirral.

4.4.6 Travel

Travel is by far the most commented on theme to emerge from the responses. Travel comments are predominantly related to distance. Issues of general transport availability have been collected under the accessibility theme. However, reference to transport 'links' have been recorded within this theme. The majority of those comments relating to travel come from respondents with Liverpool postcodes and reflect the opinion that current provision is 'too far'. Many made reference to the difficulties of travelling when ill. A typical response is recorded below:

Reference 1
Family have been affected by cancer and the travel to Clatterbridge took alot out of them when they were unwell. It was too far.

4.4.7 Visits

Many respondents were clearly able to draw on personal experience of cancer treatment services. Analysis shows that some 75 references were made to parents who had cancer and had used services. Many of these comments were surrounded by reflections on travel and accessibility for the individuals who were receiving treatment but many also commented about the importance of the patient's support network and therefore the need to make it easy to visit. Analysing hotspot responses in respect of this theme, it is clear that the No Hotspot respondents valued the proximity of current services to them and their family, whereas Yes Hotspot respondents reported the difficulty families had travelling to Clatterbridge.

Appendix 3 includes examples of these responses.

5. Summary

The qualitative analysis identifies and evidences the following emerging themes (in alphabetical order):

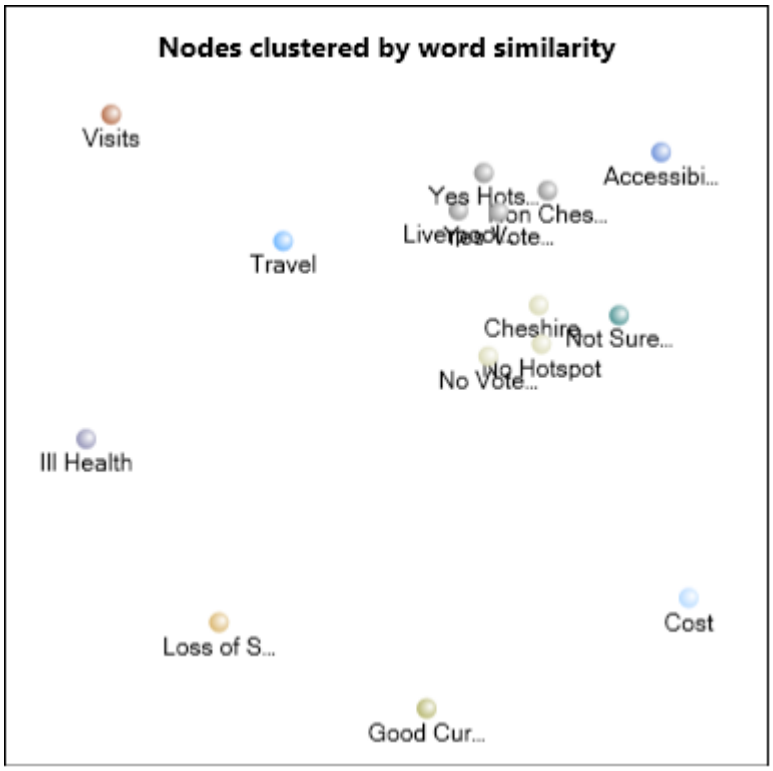
- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Service
- Travel
- Visits

These themes were generally observed across the whole dataset but it is clear that different perspectives exist between those who voted 'Yes' and those who voted 'No'. There was also a geographical dimension to the responses but as Figure 16 shows this was not as strong an association as voting behaviour.

The Cluster Analysis (Figure 16) uses statistical methods to chart the similarity of the words used by the groups selected and the spatial relationship between objects in the chart shows how similar they are. The closer together a group the more similar the content of the responses. From this chart it is possible to see that 'No' votes are the ones most closely

associated with some of the themes like Ill health, Loss of Services , Cost and Good Current Services.

Figure 16: Cluster Analysis of Themes, Votes and Postcode Area by Word Similarity



Source: Engagement survey 2013

Based on the analysis within this report, it is recommended that:

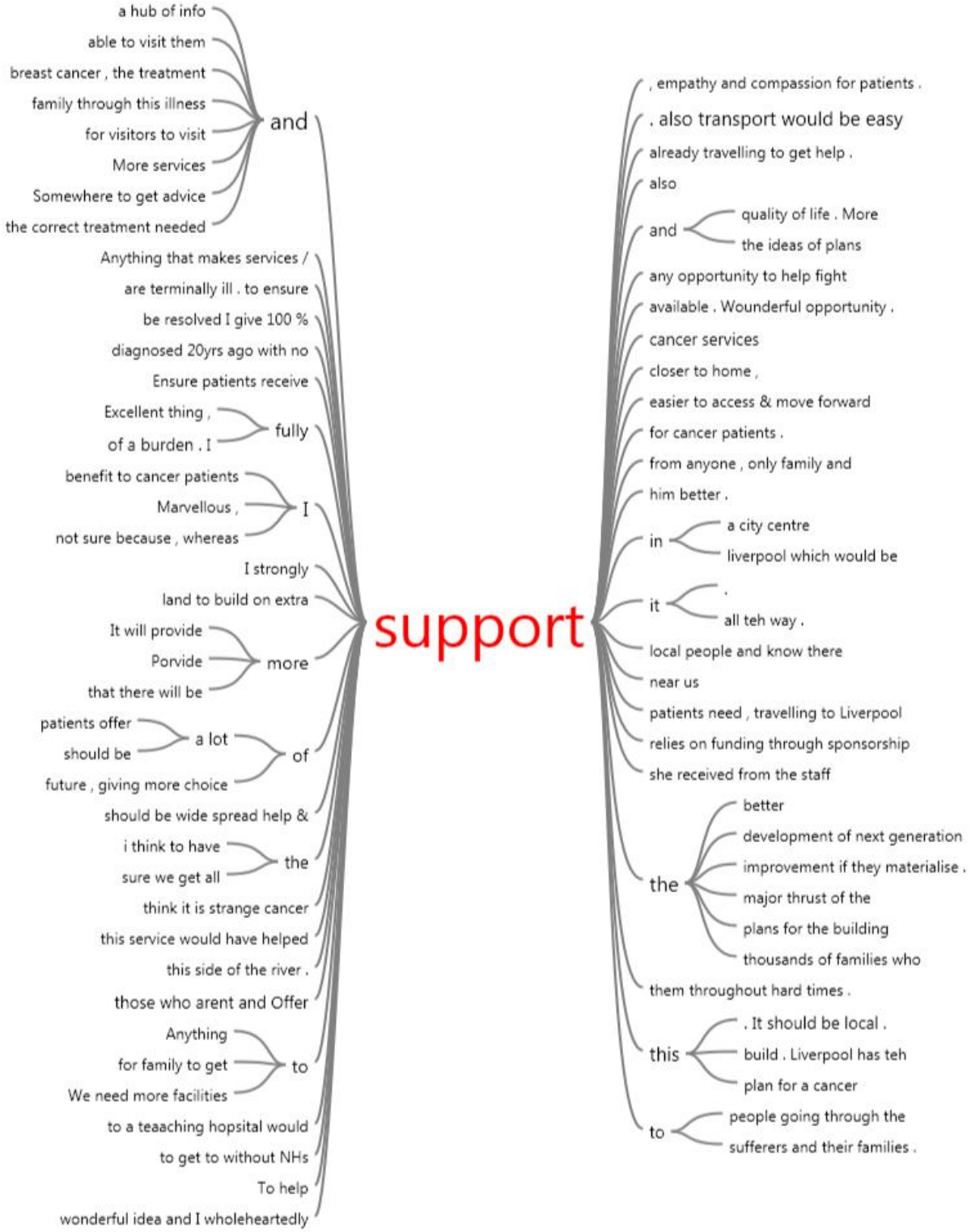
- the business case records and reflects the benefits that the majority of respondents reported, namely reduced travel for the majority of patients and their families and a view that general accessibility using public transport will be improved by locating the service in Liverpool.
- the business case includes a strategy for informing and reassuring those who oppose the proposals that the quality of service will not reduce as a result of reconfiguration.
- the business case makes provision to comment, as far as possible, on the possibility of further service reconfiguration in response to concerns that this may be the start of a programme of service withdrawal.
- consideration is given to how best to further communicate which patients will need to receive their care in Liverpool following reconfiguration and which will continue to be treated at the Wirral site.

6. References

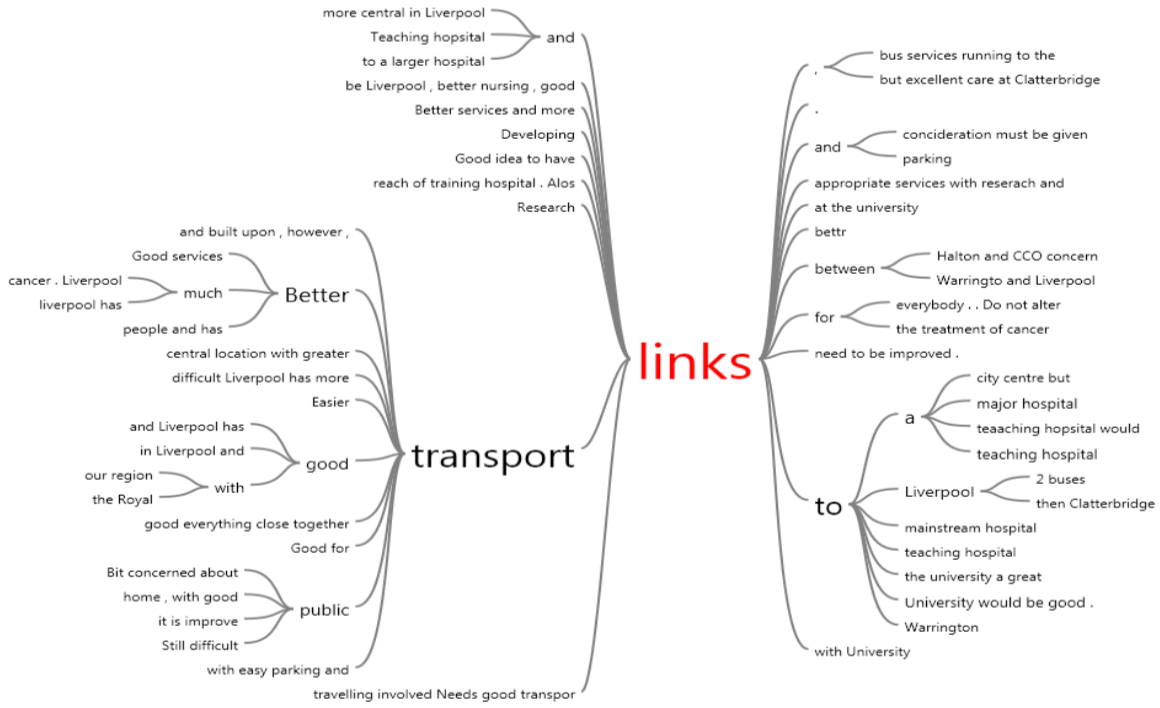
1. Baker, M.R. and Cannon, R.C. (2008) *The organisation and delivery of no-surgical oncology services in the Merseyside and Cheshire Cancer Network: A feasibility study into the potential for the relocation of non-surgical oncology services from Clatterbridge to Liverpool*, Cancer Taskforce.
2. Ellison, T. and Cottier, B. (2009) *An Analysis of Radiotherapy Services in the Merseyside and Cheshire Cancer Network*, The National Cancer Services Analysis Team.
3. Hennessey, M., McHale, P. and Perkins, C. (2013) *Equality Considerations in the Development of a Comprehensive Cancer Centre*, 2013, Centre for Public Health: Liverpool John Moores University.

7. Appendix 1: Word Trees

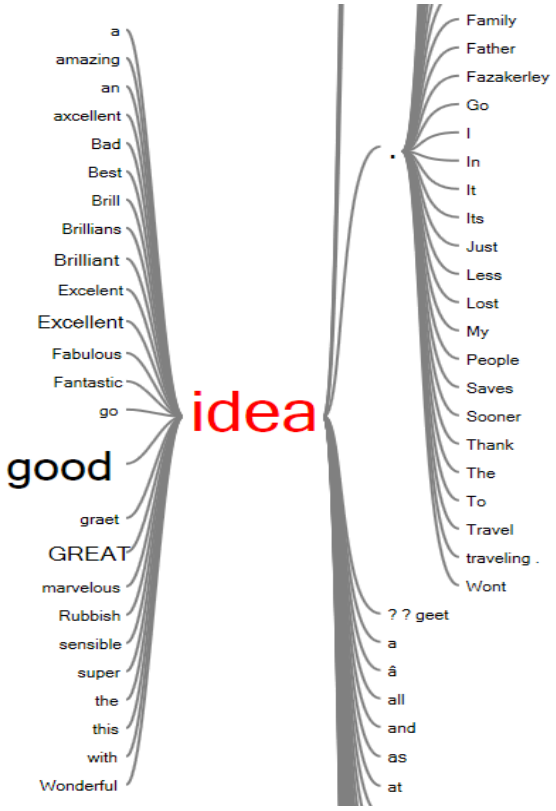
Word Tree of Responses That Include the Word "Support"



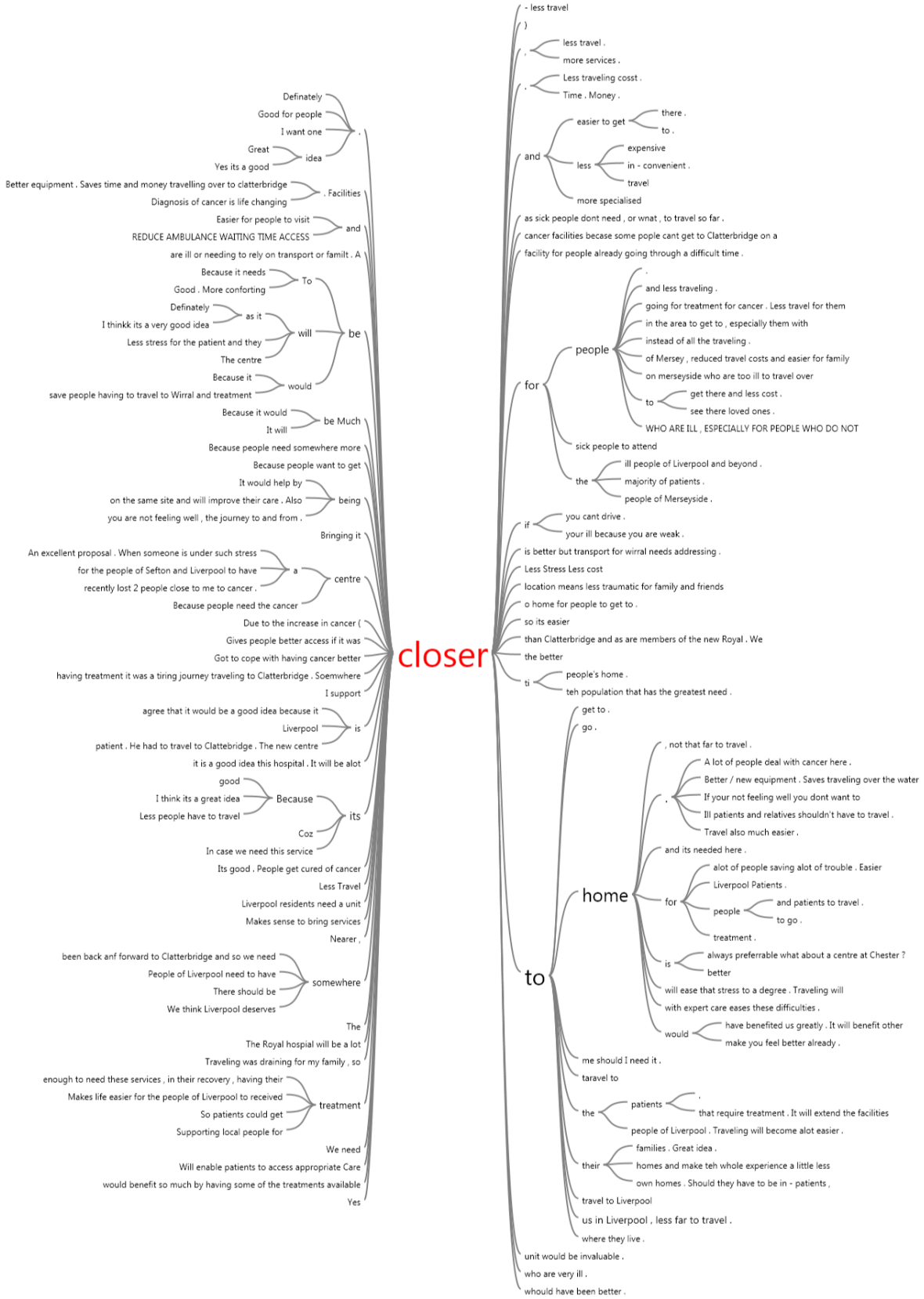
Word Tree of Responses That Include the Word “Links”



Word Tree of Responses That Include the Word “Idea”

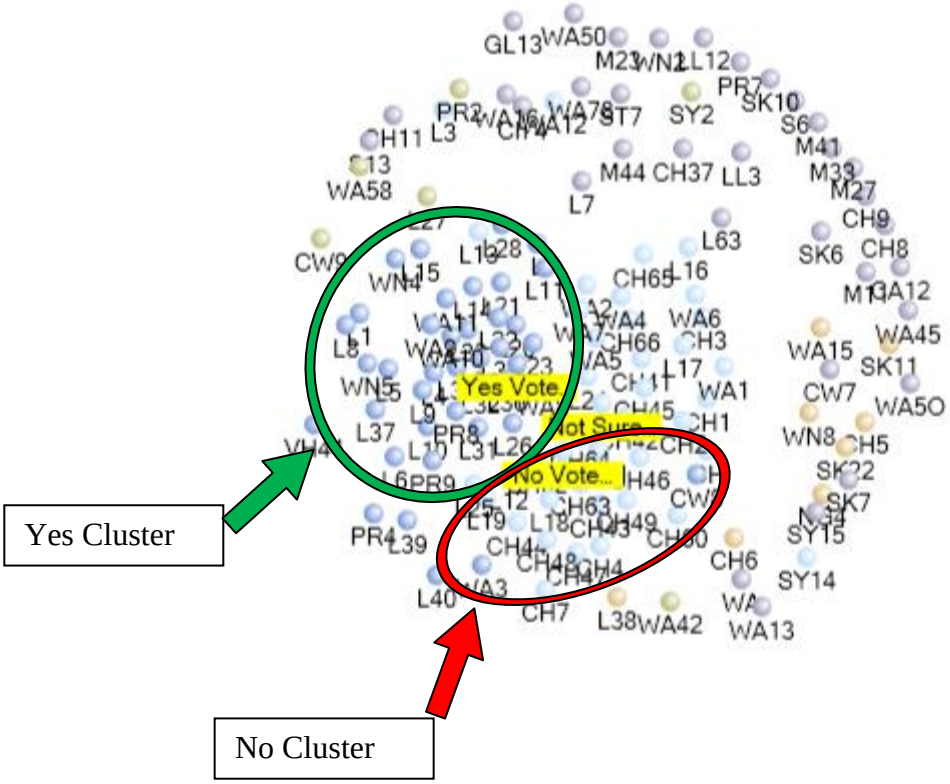


Word Tree of Responses That Include the Word “Closer”

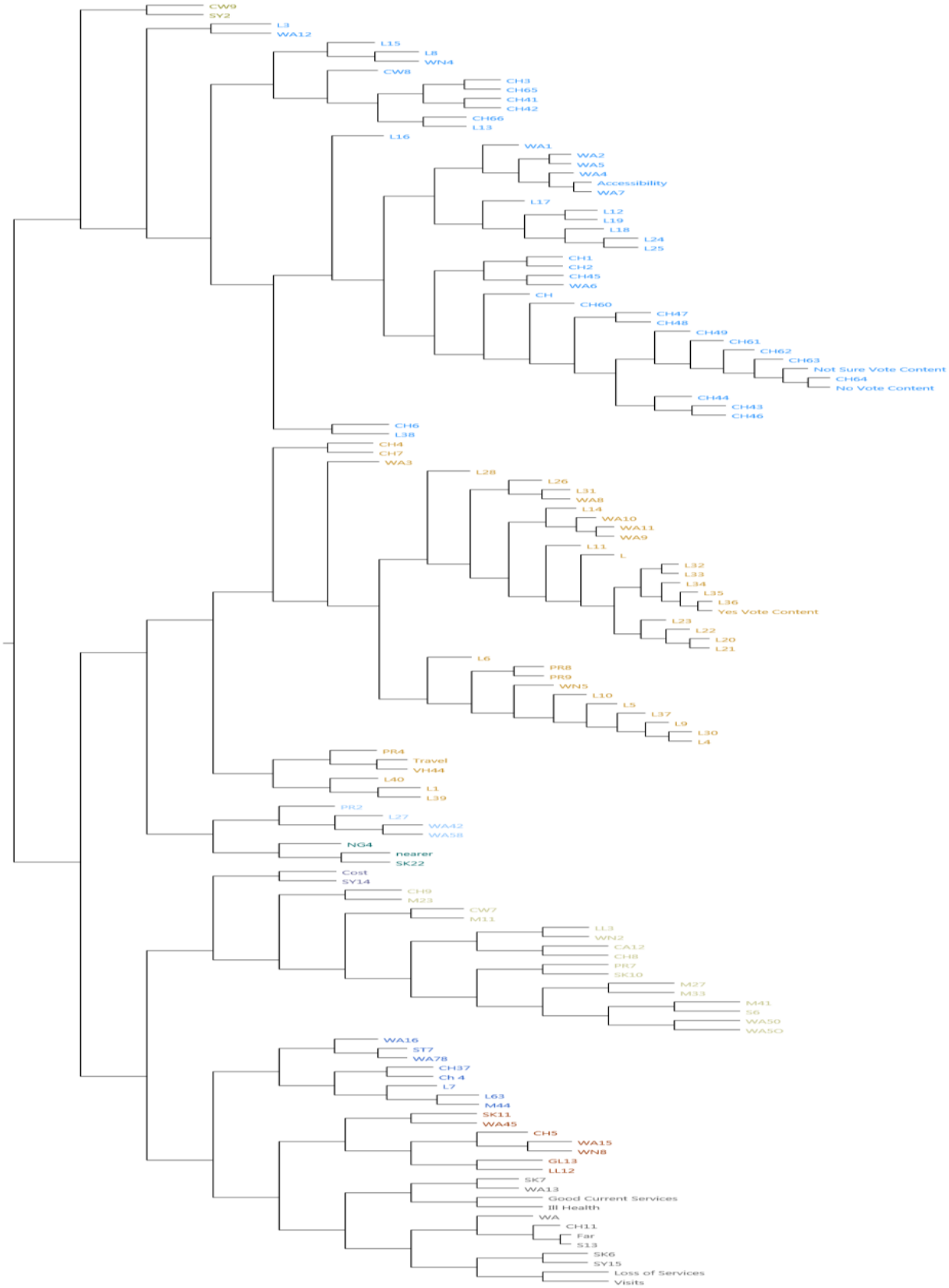


8. Appendix 2: Cluster Analyses

Cluster Analysis: Postcodes Clustered by Word Similarity



Cluster Analysis: Dendrogram of Postcodes, Vote and Themes by Word Similarity



The closer together items are in the tree above, the more similar their word content: For example, the responses the mention 'accessibility' were most similar to responses from WA7 and WA postcodes

9. Appendix 3: Theme Report

Theme Report: "Travel" Theme

Appendix_Travel report (excerpt)

Name	Description	Number Of Coding References	Coded Text	Percent Coverage Of Source
Travel Report		0		
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A centre for the care of cancer patient and for research in to finding cures would be one of the most useful establishments one could hope for. Especially now that so many advancements have been made. Things will get better.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A centre of excellence seems a good idea, as long as it does not take money and resources from local services.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A city like Liverpool should have its own centre to ease the burden of travelling to clatterbridge	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A devious way of closing the oncology unit at Clatterbridge, which is highly regarded for people in Wirral, Cheshire and N. Wales	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	a good place to go good bus service and train	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A layman's view. Provided the service currently available at the existing Clatterbridge site is not diminished in any way then the new proposal is an excellent idea otherwise not so. To avoid confusion the Liverpool site should	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A long way from home.	0.02 %

Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A long way to travel when visiting Clatterbridge, so the Royal will be good.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A lot more research and treatment is needed to help people with cancer and also to help families come to terms with their diagnosis.	0.02 %

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APPENDIX 2 – CLATTERBRIDGE CANCER CENTRE STAKEHOLDER MAXTRIX MODEL

Stakeholder Group	Level of Interest (1-5)	Level of Influence (1-5)	Communications / Engagement Channels	Methods of Communication/Engagement				
				Meetings	Forums / Events	Briefings / Email / Letter	Newsletter	Local Media
Patient and Public Groups	5	4	• Cheshire and Merseyside Healthwatch	X	X	X	X	X
			• Members of the public		X	X	X	X
			• Previous attendees at pre-consultation sessions		X	X		X
				X	X	X		X
			• Patients	X	X	X	X	X
			• Patient and carer support groups	X	X	X	X	X
			• Wider Voluntary and Community Sector (including people under protected characteristics and hard to reach groups)	X	X	X	X	X
NHS England	5	5	• NHSE Managing Directors	X	X	X		
			• NHSE Specialist Commissioning (Cheshire, Warrington,Wirral)	X	X	X		
			• NHSE Medical Director	X	X	X		
			• NHSE Lancashire (external assurance team)	X	X	X		
Clinical Commissioning Groups	5	5	• NHSE Managing Directors	X	X	X		
			• Cheshire and Merseyside CCG Boards	X	X	X		
			• Cheshire and Merseyside GPs (via CCG Boards communications) members	X	X			
			• Chairs of LMCs (via CCG Boards communications)	X	X	X		
			• Communication and Engagement Leads	X	X	X		

Hospital Trusts	5	4	• Chief Executive Officers • Members of Strategic Overview Group • Clinicians • Non-medical professionals • Senior Operational Managers • Trust Governors • Trust Non Executive Directors • Trust Members • Patient Reference Group Members • Staff members • Trade Union representatives	**X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	**X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	**X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	 **X** **X** **X** **X** **X**	
Political Leaders/ Local Authorities	5	5	• Constituent MPs • Overview and Scrutiny Panels • Elected members • Chief Executive Officers • Healthand Wellbeing Boards • Directors of Public Health	**X** **X** **X** **X** **X** **x**	**X** **X** **X** **X** **X** **X**	**X** **X** **X** **X** **X** **X**	**X** **X** **X** **X**	
NHS Specialist Commissioners	5	5	• NHS England Cheshire, Warrington & Wirral • NHSE England Lancashire Area Team (external assurance)	**X** **X**	**X**	**X** **X**		
Other	4	4	• NHS Gateway • North West Ambulance Service • Strategic Clinical Network • Merseyside and Cheshire Cancer Network • Universities • Charities	**X** **X** **X** **X**	 **X** **X** **X** **X** **X**		**X** **X**	

			• Hospices					
Communication Channels	5	3	• Local press releases/other proactive media • Radio • Event advertisements • Posters in clinical and community facilities • Hospital Trust and Commissioning Support Unit network					**X** **X** **X** **X** **X** **X**

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APPENDIX 3 – STRATEGIC COMMUNICATION AND ENGAGEMENT PLAN

STAGE ONE - STRATEGIC COMMUNICATION AND CONSULTATION PERIOD						
No.	**TASK / RESPONSIBILITY**	**KEY ACTIONS**	**TIMESCALE**	**LEAD**	**PROGRESS RAG RATING**	
1.	**Scope key stakeholders**	Review all work undertaken in pre-consultation and feedback sessions	Jan-Mar 14	CSU	**Completed**	
2.	**Keep CCC staff, patients and members informed**	Articles in CCC magazine 3 x year; monthly Team Brief updates; press releases; staff events etc	Jan-Sep 14	CCC	**Completed (Jan-May); on track for May-Sep**	
3.	**Plan stakeholder events and meetings**	Ensure inclusion of all constituent areas, adherence to equality duties (protected characteristic groups)	Feb-May 14	CSU	**Completed**	
4.	**Ensure adherence to requirements in Health and Social Care Act 2012 (including duties to consult Overview & Scrutiny)**	Keep scrutiny officers appraised of proposal plans to align dates without impact on purdah and that public consultation is 12 weeks with time for OSC consideration as part of its consultation	Jan-Sep 14	CSU	**Work in progress and delivery on track**	
5.	**Overview and Scrutiny**	Joint letter with	May 2014	NHS England	**Completed**	

Green – Completed. Amber = In progress / on track. Red = Not started.

		NHS England to local authority overview and scrutiny committees		and CCC		
6.	**Prepare consultation materials**	Prepare full and summary consultation documents, consultation questions, information film and supporting materials and share with patient reference group for feedback	Apr-Jun 14	CCC	**Work in progress and delivery on track**	
	Consultation website and social media	Prepare online versions of consultation documents & films, and finalise digital/social media campaign (Twitter, YouTube etc)	May-Jun 14	CCC	**Work in progress and delivery on track**	
8.	**Brief MPs**	Write to MPs to inform them of public consultation (follows ongoing process of meetings and briefings via CCC Chair)	May-Jun 14	NHS England & CCC	**To be actioned – plan in place**	
9.	**Procure and conduct Equality Impact Assessment**	Carry out further analysis on more detailed clinical	Jun-Aug 14	CCC	**Work in progress and delivery on track**	

Green – Completed. Amber = In progress / on track. Red = Not started.

		proposals as recommended by earlier EIA				
10.	**Procure external evaluator**	Academic Health Science Network to support procurement	May 14	CCC	**Work in progress and delivery on track**	
11.	**Advertise consultation**	Book advertising in selected media outlets (print/radio)	Jun 14	CCC	**To be actioned – plan in place**	
12.	**Hold information sessions for key stakeholder partners**	Request support from partner organisations and communities to help steer and disseminate/deliver on consultation activity	Jun-Jul 14	CCC/CSU	**Work in progress and delivery on track**	
13.	**Print and distribute consultation materials**	Print consultation materials and distribute to key sites/venues	Jun 14	CCC/CSU	**To be actioned – plan in place**	
14.	**Media briefings**	Pre-consultation briefings for key media across Cheshire and Merseyside to support communication and publicity	Jun 14	CCC	**To be actioned – plan in place**	
15.	**CCC Governor briefing**	Brief CCC foundation trust Council of Governors	Jun 14	CCC	**Work in progress and delivery on track**	

Green – Completed. Amber = In progress / on track. Red = Not started.

16.	**Begin formal 12 week public consultation Attend Overview and Scrutiny Meetings**	Ensure the plans are flexible to add more activity as new information or public member opportunities arise. Including CCC staff events, Healthwatch, patient groups, public meetings / events etc.	Jul-Sep 14	CSU	**To be actioned – plan in place**	
17.	**Distribute press releases and arrange media interviews / ongoing activity**	Sustained proactive media campaign across Cheshire and Merseyside, publicising consultation and local events	Jun-Sep 14	CCC	**To be actioned – plan in place**	
18.	**Begin consultation with Overview and Scrutiny Meetings**	Support scrutiny officer leading on behalf of Local Authorities for attendance and submission of materials ahead of meetings.	Jul-Nov 14	CCC/CSU	**To be actioned – plan in place**	
19.	**Collate Feedback**	Collate qualitative and statistical feedback information for external review	Sep 14	CSU	**To be actioned – plan in place**	
20.	**Begin external analysis of findings**	Procured organisation to review data and	Sep-Oct 14	TBA – procurement	**To be actioned – plan in place**	

Green – Completed. Amber = In progress / on track. Red = Not started.

		qualitative feedback and write up findings		underway		
21.	**Feedback report produced for Trust**	Analysis report sent to Trust executive team	Oct 14		**To be actioned – plan in place**	
22.	**Feedback report produced for Overview and Scrutiny**	Share findings of consultation with scrutiny committee	Oct 14		**To be actioned – plan in place**	

STAGE TWO- POST CONSULTATION STAGE

No.	TASK / RESPONSIBILITY	KEY ACTIONS	TIMESCALE	LEAD	PROGRESS	
1.	**Receive feedback from Overview andScrutiny Committee**	Provide all documents on request to support scrutiny in its functions	Oct-Nov 14	CCC	Feedback plans dependent on outcomes	
2.	**Share scrutiny findings with CCC Trust Board**	Report scrutiny feedback for consideration and response, as appropriate.	Nov 14-Jan 15	CCC	Feedback plans dependent on outcomes	

Green – Completed. Amber = In progress / on track. Red = Not started.

STAGE TWO- POST CONSULTATION STAGE						
No.	**TASK / RESPONSIBILITY**	**KEY ACTIONS**	**TIMESCALE**	**LEAD**	**PROGRESS**	
		Review/finalise Outline Business Case as appropriate. Inform NHS England and Monitor through the assurance process, as appropriate				
3	**Feed back findings to all key stakeholders outlined in consultation and ensure range of mediums used to disseminate broadly at using technology where appropriate**	Comprehensive communications plan to feed back results via proactive media, CCC website, presentations to key stakeholders etc	TBC – dependent on outcome of scrutiny	CCC	Feedback plans dependent on outcomes	

Green – Completed. Amber = In progress / on track. Red = Not started.

NHS ENGLAND

REPORT TO WIRRAL OVERVIEW AND SCRUTINY COMMITTEE

JULY 2014

1 CONTEXT

NHS England is the national body, tasked by Government, to improve health and care, underpinned by the NHS Outcomes framework and the NHS Constitution. The mandate given to NHS England sets out objectives and deliverables for the next two years. NHS England has established agreements for successful working alongside Public Health England, and Monitor. A concordat with the LGA recognises Health and Wellbeing Boards as system leaders comprising of membership drawn from Local Government, CCG's and NHS England.

NHS England is structured by Region and Area. Each Area Team is responsible for three main activities- system development, assurance and commissioning.

NHS England undertakes some commissioning on behalf of the NHS directly, rather than through local government or CCG's. This commissioning is in five areas. Offender, Military, Public Health, Primary Care and Specialised Services.

These areas were retained by NHS England due to the scale and geography of commissioning, the expertise required and to drive England wide service standards in these areas, so they are not impacted by local variation.

2. THIS REPORT

This report outlines national and regional context together with specific update on priorities that the Area Team is responsible for delivering and how these priorities are progressing. The report also summarises the proposed initiatives in the Operational 2 year plan for commissioned services. It also provides a brief report card on the initiatives pursued in 2013-14 and the outcomes from these so far.

3 2013-14 SUCCESS AND PROGRESS ON PRIORITIES

NHS England has now completed the first full year of operation, which has been formative in developing new structures, building teams and relationships both locally but also between the national team responsible for standard setting and strategy and the local team responsible for implementation.

Governance structures have been developed internally, NHS England has become a member of health and wellbeing boards, communication and engagement structures have been established with CCG's across the area and with Area Teams and CCG's in the North West in respect of Specialised Services.

Assurance systems have been developed, and this will now enable the team to move forward with a more developmental and enabling approach for CCG's and joint commissioning structures with partners. NHS England has taken up the opportunity to support sub regional health and wellbeing transformation under the auspices of the regional Leaders Board.

Primary Care

The following has been achieved since April 2013:

- A robust Area Team Primary Care Governance process has been established to monitor and manage primary care providers. Currently the dashboard which supports this process is mainly paper based and needs to be developed where it becomes electronic.
- Performance of Primary Care providers has generally been very good and where providers have been identified as low performers the Area Team has acted promptly with those providers.
- Regular Assurance meetings with the Clinical Commissioning Groups have been established which focus on the Medical providers and the co-commissioning responsibility between the Area Team and Clinical Commissioning Groups.
- There are a number of service reviews which have been completed or will continue into 2014/15, with the following services :-

    - Salaried Dental Services
    - All Day health centre, Wirral
    - Willaston GP Surgery
    - Orthodontic Service
    - Primary Care Oral Surgery Service
    - Optometry enhanced Services
    - Public health initiatives within Dental, Pharmacy and Optometry providers – initially focusing on smoking cessation but with the opportunity to expand this to other initiatives.

- Completion of the procurement and mobilisation of the successful bidders of primary medical services for Townfield Medical Centre and TG Medical Centre, Wirral.
- Progress the procurement of Primary Medical Services for the patients and residents of Willaston, Cheshire.
- Commissioning and performance management of 2ndry care dental services.
- Management of budget within challenging financial limits.

Public Health

The following has been achieved since 1 April 2013:

- Performance for Screening & Immunisation programmes have continued to be at high levels and to either improve or at least be maintained
- Nationally specified additions and amendments have been made to vaccination programmes including Rotavirus, Shingles, Childhood flu, Meningococcal C
- The first phase of the MMR Catch-Up programme resulted in improvements in MMR coverage amongst the target 10 to 16 year age group
- Midwives have been delivering the seasonal flu vaccine to pregnant women after being trained by the Area Team
- A joint procurement with Warrington BC has taken place for an integrated 0 to 19 Public Health Nursing Service. This was an innovative joint procurement, and is a model that will be developed further with the other LA partners.
- A review of breast screening services has been conducted and will lead to changes in programme configuration
- Seasonal flu vaccination performance has been at target levels for age 65 and over and has improved for all groups
- The team is on track to achieve workforce expansion targets for Health Visitors
- The team has established programme boards for all service areas to ensure there is appropriate governance and accountability

- The team have a managed a wide range of issues and incidents to a conclusion
- There are a number of areas where gaps in services should be addressed, specifically:
- Three of the Breast screening programmes are below specified minimum population size
- The Wirral Diabetic Eye Screening Programme has fragmented commissioning arrangements
- The CHIS services do not meet national requirements

Specialised Commissioning

The following has been achieved since April 2013

- Financial frameworks have been developed between CCG's and NHS England to enable budgets to be agreed and risks managed (As resources moved to NHS England from CCG;s in the allocations process)
- A full review of services against national standards (called a 'compliance review) which has revealed improvements required by providers to meet these standards within 1 year and where more strategic changes are required to close this gap, these are identified as commissioning reviews.
- Governance structures have been established to effectively provide oversight on £2bn budget across the North West with contracting teams and specialised service advisors.
- A service review has been completed on Neuro rehabilitation with a point prevalence study for required capacity across all providers in the North West. This has resulted in an agreed business case for capacity and the project is now moving toward procurement for a lead provider
- A service review has been completed in Cancer services for both Greater Manchester and Cheshire & Merseyside. This review has resulted in a proposed consolidation of provision into fewer centres together with future procurements.
- Vascular services in Lancashire have been reviewed and will be taken forward in 2014-15 as part of the work plan for next year along with Greater Manchester Vascular services.
- Learning Disabilities review of individual clients and placement in response to Winterbourne,
- Trauma services have been reviewed in terms of sustainability and will feature as a key priority area for 14-15
- Matrix working between Area Teams has been developed for Quality Teams, so that providers in each of the Area Team sub regions will have a local Quality team providing oversight on quality improvement.
- Operational Delivery Networks have been established in Trauma, Critical Care, Neonatal services.

2. PLANNING GUIDANCE 2014

In November 2013, NHS England, NHS Trust Development Agency and Monitor wrote to all NHS Organisations to outline their requirements for all organisations to develop a five year strategic plan and two year operational plan by 20th June 2014.

The Planning Guidance "Everyone Counts" defined that the 6 characteristics of high quality, sustainable health and care systems in 5 years' time are as follows:

- Citizen inclusion and empowerment
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence

Organisations would need to work together to develop their plans for the local population based on the agreed "unit of planning". For Cheshire, Warrington and Wirral, these are as follows:

- Eastern Cheshire CCG
- South Cheshire CCG & Vale Royal CCG
- Cheshire West CCG
- Warrington CCG
- Wirral CCG

Both NHS England and Clinical Commissioning Groups have been working to develop both their five year strategies and two year operational plans. The final draft of the Operational Plan was submitted on 4th April. The purpose of this report is to outline NHS England's key priorities for the next two years and how these are linked to the Health and Wellbeing Strategy.

3. NHS ENGLAND TWO YEAR OPERATIONAL PLANS FOR CHESHIRE, WARRINGTON AND WIRRAL

This 2 year operational plan represents the first 2 years of a 5 year strategic plan for Cheshire, Warrington and Wirral. CWW AT is committed to driving improvements to secure equity of access and a reduction in variation in the services all patients across Cheshire, Warrington and Wirral and the North West (for specialised services) receive.

There are a number of service priorities that will be addressed over the next 2 years. These service issues have been identified through a number of routes including:

1. Legacy Issues from previous commissioning organisations (some dating back several years)
2. Quality Improvement reviews and improvements relating to national standards
3. Capacity issues arising from growth in need for services

The service priorities for each area of direct commissioning are listed below. These service reviews are not likely to have significant service change therefore will only require engagement.

Primary Care

- Work with CCG's on the Primary Care Strategy which is envisaged as embedded within new community based integrated teams for population outcome improvement.
- Complete all the Dental Service reviews and redesign the model of service delivery and care pathways (based on national models when available) to deliver a sustainable and financially viable service model for the future.
- Complete the amalgamation and redesign of Primary Care Support Services to deliver a safe and robust service within the financial envelope available, which will result in a 40% reduction in costs.
- Complete and recommission (where appropriate) the reviews for the 3 APAMS contracts due to end on 31 March 2015.
- Complete and recommission (where appropriate) the review of the Warrington Local Pharmacy Provider.

Public Health

- Breast Screening Review – to ensure that these services meet Quality Assurance standards on population served
- Diabetic Eye Screening Review – to deliver a robust, consistent and accessible screening service within current resources given the pressures of an increasing population of patients with diabetes

- Child Health Information Systems – to deliver a robust system which is able to meet national and local requirements, especially to ensure that the system is able to communicate with other systems and provide timely reports

Specialised Services across the North West

- Securing specialised cancer services that comply with national standards and guidance
- Ensuring sufficient capacity at each level of care for neurorehabilitation patients
- Addressing need for intermediate step down for spinal injuries patients
- Working with CCGs in providing comprehensive obesity services
- Implementing in partnership with CCGs the findings of the national CAMHs tier 4 review
- Ensuring compliant cardiac services and taking into account the impact of the paediatric cardiac surgery review
- Implementing the output from the vascular reviews that have been undertaken, undertaking procurement as required.
- HIV services are reviewed and connected in a network of sexual health services.
- Review of medium and low secure services across the northwest for capacity and flow

Offender Health across the North West

- Transforming Rehabilitation programme & “Through the gate”
- Lack of integrated provision of substance misuse across list prisons
- Escorts and Bed Watch – Lack of prison officer capacity resulting in delayed access to secondary care
- Escorts and Bed Watch overspend against current allocation
- Services for prisoners with a learning disability
- Assessment for Autistic Spectrum Disorders
- Impact of introduction of ‘opt out’ blood borne virus testing
- SARC provision
- Low level of coverage of existing liaison and diversion services
- Lack of needs analysis across the NW secure estate
- Strategic co-ordination of patient engagement across the secure estate
- Social Care

(Please note: Offender Health Services are commissioned by the Lancashire Area Team on behalf of the North West)

The specific initiatives that Overview and Scrutiny Committees will be asked to consult on as they are likely to have significant service change and therefore require formal consultation are as follows:

- Call to Action – 5 Year Plan for Primary Care and Integrated Services
- Breast Screening Review
- Diabetic Eye Screening Review
- Cancer Surgery IOG Compliance
- Cardiac Services Review
- Review of Medium Secure Mental Health Services
- Caring Together
- Development of comprehensive cancer centre (CCC) for Cheshire and Merseyside
- Cheshire & Merseyside Maternity Review

Our definition of significant service change is based on the following criteria:

- Changes in accessibility of services: any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

- Impact on the wider community and other services: This could include economic impact, transport, regeneration
- Patients affected: changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- Methods of service delivery: altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- Potential level if public interest: proposals that is likely to generate a significant level of public interest in view of their likely impact.

Financial Context and QIPP Challenge

NHS England is facing a significant financial challenge both in 2014-15 but also a larger potential gap in funding for 15-16 if savings are not found from redesign in pathways, reducing in variation in costs and better value commissioning.

Each of the commissioning areas have a QIPP program which will close this gap, and requires close partnership working across all commissioners and with providers to achieve. A dedicated turn around team has been established which includes commercial terms of business, clinical policies and management, redesign projects, informatics and finance.

Commissioning Area	Commissioning developments	DOMAIN 1 Preventing People from dying prematurely	DOMAIN 2 Enhancing quality of life for people with long-term conditions	DOMAIN 3 Helping people to recover from episodes of ill healt or following injury	DOMAIN 4 Ensuring People have a positive experience of care	DOMAIN 5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Public Health	• Expansion of childhood flu vaccination programme to 4 year old children
	• Commissioning of maternity services to implement pertussis programme.
	• Review of Immunisation programmes to include:
	  ○ Hep B Neonatal programme review
	  ○ targeted MMR catch-up exercise
	  ○ Pharmacy flu programme
	  ○ Men B
	  ○ Shingles extension
	• Planning for potential expansion of new born blood spot screening.
	• Implementation of information systems review in respect of new born, infant physical exam (NIPE).
	• Healthy Child Programme 0-5years, implementation of national expansion for health visiting and family nurse partnership
	• Implementation of Men C vaccination for university entrants
	• Extension of screening programmes to include bowel screening at 55, Implementation of findings following
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Commissioning Area	Commissioning developments	DOMAIN 1 Preventing People from dying prematurely	DOMAIN 2 Enhancing quality of life for people with long-term conditions	DOMAIN 3 Helping people to recover from episodes of ill healt or following injury	DOMAIN 4 Ensuring People have a positive experience of care	DOMAIN 5 Treating and caring for people in a safe environment and protecting them from avoidable harm
	breast screening review taking place during 2013-14. • Strategic review of Cervical screening laboratory arrangements in Cheshire & Merseyside • Diabetic eye screening review and implementation of findings. • Review of Sexual Assault Services • Ensuring that Offender Health has the full provision of screening and immunisations as appropriate. Health needs assessment at Risley and Thorn Cross.	L L	M	M		L M M
Specialised Commissioning	• Securing sufficient capacity in compliant providers for CAMHs tier 4 services, working in partnership with CCGs to ensure availability of appropriate services across the patient pathway. • Addressing long waiters for paediatric spinal surgery through agreed action plan with providers • Establishment of compliant clinical models for cancer, cardiac and vascular services across the North West • Securing compliant services across HIV networks, working in partnership with CCGs and Local Authorities.	M	M M	M	H M M	H M

Commissioning Area	Commissioning developments	DOMAIN 1 Preventing People from dying prematurely	DOMAIN 2 Enhancing quality of life for people with long-term conditions	DOMAIN 3 Helping people to recover from episodes of ill healt or following injury	DOMAIN 4 Ensuring People have a positive experience of care	DOMAIN 5 Treating and caring for people in a safe environment and protecting them from avoidable harm
	• Working with CCGs to secure sufficient capacity at each level of care for neurorehabilitation patients and intermediate step down beds for spinal injured patients in order to prevent a blocking of the major trauma centre inpatient capacity. • Ensure financial and clinical sustainability of major trauma centres across the North West	M	M	M	M	M
Primary Care	• Developing the Primary Care Strategy for Area Team with patients groups, CCGs, LAs, providers and local committees. This will be based on the CCGs strategies and will form part of their Integrated Care Models. • Improving access to medical services, including improved availability of primary care services • Pilot new NHS Dental contract. • Completing the review of Orthodontic Services		M M M		M M M	

4. CHESHIRE, WARRINGTON AND WIRRAL FIVE-YEAR STRATEGIC PLANS

It is anticipated that as 5 year plans are formulated across the Area by CCG's and in partnership with Local Government, these will be aggregated and tested to ensure there is alignment and coherence. It is important that these plans represent the total plan for 'place' and take account of prevention through to specialist care. The impact assessment of these plans in terms of identification of opportunities, risks, and any gaps will be developed over the coming month in anticipation of the first cut submission.

NHS England Cheshire Warrington and Wirral Area Team is also responsible for development of 5 year plans, these are being formulated with a strong collaborative and partnership model in the three commissioning areas: Specialised Services, Public Health and Primary Care. Each of these areas will have a first 'cut' plan for the 4th of April which will focus on vision and scope, direction. The detailed road map of change toward this vision will be fleshed out during the following 3 months.

Primary Care

A Primary Care Transformation Board has been established with membership from NHS England, Regional and National level, and CCG's/providers. This Board operates as a joint model of leadership between NHS England and CCG's in developing the 5 year plan for primary care. NHS England will ensure there is a strong emphasis on integration, innovation, standards and value alongside the CCG overall integrated care strategies for primary and wider community and social care services. The vision is to create integrated primary and community teams operating as accountable teams for improving care and outcomes for a defined population. These teams will have services build around the needs of these populations as well as core service offered universally. There is a focus on care co-ordination, early intervention and developing specialist teams accessible for treatment and care of complex patients. A national strategic framework for Primary Care is also under development which will be utilised in developing this work further

Public Health

NHS England is responsible for commissioning child health, immunisation and screening programmes. All of these interventions are integral to maintaining and developing healthy communities, but clearly are only part of the plans for change in this area. It has therefore been agreed that the Directors of Public Health together with Public Health England and NHS England will work collaboratively alongside 'CHAMPS', to develop a 5 year framework. This work will map out the contributions of partners toward healthy individuals and communities identify how this relates to the priorities and needs within the JSNA's and opportunities and risks arising from this initial work. For example any opportunities to collaborate to address inequalities. The work will also address the opportunities for greater collaboration in developing and improving outcomes through pathways of care and integrated commissioning models. Four areas have initially been prioritised in this work. Obesity, Alcohol. Children's and Sexual Health. The initial work from this framework in terms of mapping contributions will be provided by the 4th April.

Specialised Services

There is a national strategy under development which sets out the vision for concentration of services into centres of excellence, initially outlined as 15-30 nationally as well as delivering on QIPP and the financial challenge faced by NHS England. These centres will operate as networks and will comply with national standards of care. The service provided in these centres will be 'bundled' in accordance with best practice of co-location of service for improved outcomes, and ensuring that services provided between sites within a centre will not impinge on quality of care. The strategy will seek to optimise equity of outcomes and access whilst driving value for money through larger centres and sustainable workforce. Three sub regional planning groups have been

established for Greater Manchester, Cheshire and Merseyside and Lancashire. An initial report will be provided on vision, current state and gaps during autumn 2014.

RECCOMENDATIONS

The committee is asked to:

1. Note the contents of the report;
2. Build the specific initiatives into the Committee's work plan over the next two years as advised.

Andrew Crawshaw
Director of Operations and Delivery

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

8 July 2014

SUBJECT:	**FUTURE COUNCIL**
WARD/S AFFECTED:	**ALL**
REPORT OF:	**CHIEF EXECUTIVE**
RESPONSIBLE PORTFOLIO HOLDER:	**LEADER OF THE COUNCIL**
KEY DECISION?	**NO**

1.0 EXECUTIVE SUMMARY

1.1 This report provides the Families and Wellbeing Policy & Performance Committee with an update as to the progress of the Future Council project, as well as an opportunity to engage with and influence the emerging options which are being developed in order to transform the Council and achieve the savings required of us.

1.2 The emerging options will be further developed and then published by the Chief Executive, as officer budget options, for full public, staff and service user consultation in September 2014.

2.0 BACKGROUND AND KEY ISSUES

2.1 The Council's Corporate Plan is clear in that the Council budget – in terms of investment decisions and budget savings – should be set according to three key priorities;

- Tackle health inequalities, poverty and disadvantage - narrow the gap between our richest and poorest communities
- Protect the vulnerable, making sure people are safe and feel safe – and can remain independent as long as possible
- Driving economic growth – investing in Wirral's future

2.2 The Council is also committed to ensure that savings are identified and delivered based on the following principles where possible:

- Spend less on the cost of running the Council
- Broadest shoulders to bear the greatest burden
- Mitigate the impact of savings on frontline services

2.3 The Council, as is the case with many other authorities, is dealing with a budget position which remains extremely stark. We have consistently forecasted the savings required and made substantial savings already. However, the funding gap for the next two years is at least £45 million (as reported to Council in Feb 2014) with further savings required as we add in the likely grant figures for subsequent years (2017/18 and beyond). The outturn position in 2013/14 has been positive and will enable a further contribution to be made to fund the restructuring costs. It is important that we focus on the outcomes we want to see for Wirral by investing the ongoing net budget which is still forecast to be £250 million per year. It is, of course, vitally important that we focus on ensuring we use those resources in the right way.

2.4 The Future Council project has completed a full review process across every Council service. The information collected is now being analysed and work is ongoing to produce options for service transformation and immediate savings.

2.5 The emerging options are presented within this report and associated Appendix for consideration by Members. Options will continue to be worked on, with business cases and impact assessments produced, before they are published for full consultation by the Chief Executive in September 2014.

2.6 Following a report to Cabinet in April 2014, the Leader of the Council has requested that, in accordance with the Council's policy framework, Members are fully engaged and able to participate with the development of budget options through pre-decision scrutiny. This report provides the first opportunity for that activity, with Members invited to debate and inform the principles upon which budget options and investment priorities are being developed.

2.7 During autumn of this year, Members will have the opportunity to conduct more detailed scrutiny of the options which are published by the Chief Executive, before making recommendations to Cabinet.

3.0 PURPOSE OF SESSION

3.1 The purpose of this session is to enable Members to debate the future direction of service provision and the principles upon which budget options and investment proposals are being developed. Members are also provided with a summary of the emerging options within each theme for consideration. The options relevant to the Families and Wellbeing Policy & Performance Committee are included as Appendix 1.

3.2 Further work will be completed on developing these options, before they are published by the Chief Executive for public, staff and stakeholder consultation in September 2014.

4.0 APPROACH

4.1 Services have been considered and are presented to Members according to themes, which were developed based on shared outcomes which services work to. These themes are;

- Enabling Services
- Community and Neighbourhood Services
- Specialist and Targeted Services

4.2 Emerging options within each of these themes have been provided to Coordinating Committee within three position papers. In addition to this, universal options which cover all services and themes are in development, and the emerging details of these are also provided.

4.3 To enable wider scrutiny and participation in developing options, these papers will also be presented to external boards and stakeholders for consideration, including health and wellbeing board, investment board and the public service board.

5.0 CROSS-CUTTING OPTIONS

5.1 The Future Council process has identified and begun to scope a number of cross cutting projects which will drive savings for the authority. More work is being completed on these projects in advance of the publication of all budget options in autumn. However, a summary is provided below to enable Members to give their early consideration and views:

- Charging, income and collection; making sure the Council has effective and efficient processes for collecting income.

- Commissioning, procuring and contracting; reviewing all contracts and service level agreements which are in place to ensure the best value for money is being achieved.

- Reshaping customer contact; making sure access to Council services is appropriate, and is offered through the most cost effective channels, and ensuring a full review of all information, advice and guidance provision is completed to target resources effectively.

- Efficient approach to transactions; making sure administration is streamlined, and combining similar functions and processes wherever possible to improve efficiency and save money.

- Flexible and mobile working; ensuring the Council workforce can work as flexibly and efficiently in the field as they can in the office to increase productivity.

- Asset Management; getting the best value out of the Council's assets throughout the borough.

- Out of Hours provision; combining our various out of hours services into one multi-functional division

6.0 NEXT STEPS

6.1 Feedback from Members on the principles and emerging options will form part of the budget development process. Officers will continue to develop options and the Chief Executive will publish his proposals in September.

6.2 In September, Members will have further opportunities to debate and comment on the detailed options.

7.0 RELEVANT RISKS

7.1 A full programme risk register has been developed and is regularly updated and reviewed in line with the programme governance arrangements for the Future Council approach.

8.0 OTHER OPTIONS CONSIDERED

8.1 Council has made a commitment that all decisions related to the budget setting process should be underpinned by comprehensive, genuine and robust consultation with all stakeholders. Therefore, no further options have been considered.

9.0 CONSULTATION

9.1 The Future Council process will include a comprehensive programme of stakeholder engagement and consultation in the development of a series of budget and service delivery options. These will be the subject of a wide ranging Member, staff, stakeholder and public consultation process which will commence in September 2014.

9.2 Ongoing, fortnightly briefings are being held with Trade Union colleagues specific to this project, and briefings are ongoing with political parties and Council staff.

10.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

10.1 All actions related to this project are either complete or in process.

11.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

11.1 Effective partnership working with organisations within the voluntary, community and faith sector will be vital to ensure the Council can meet its financial challenges while still ensuring the right outcomes are being achieved for Wirral residents. Comprehensive engagement and discussions with organisations from the sector is ongoing and will continue throughout this process.

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

12.1 None arising as a result of this report.

13.0 LEGAL IMPLICATIONS

12.1 None arising as a result of this report.

14.0 EQUALITIES IMPLICATIONS

14.1 Yes. An Equality Impact Assessment was developed and reported to Cabinet on 13 March 2014.

15.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

15.1 None arising directly as a result of this report.

16.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

16.1 None arising directly as a result of this report.

17.0 RECOMMENDATION/S

17.1 The Committee is requested to:

- Note and provide feedback on the principles described within the Position Paper upon which budget options and investment proposals are being developed.
- Consider how they would prefer to approach the more detailed scrutiny sessions in September.

16.0 REASON/S FOR RECOMMENDATION/S

16.1 Council has made a commitment that all decisions related to the budget setting process should be underpinned by comprehensive, genuine and robust consultation with all stakeholders and the Future Council process is vital to ensuring this commitment is delivered.

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APPENDICES

Appendix 1 – Specialist and Targeted Services

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SPECIALIST AND TARGETED SERVICES

1.0 INTRODUCTION

The Council's Corporate Plan is clear in that the Council budget – in terms of investment decisions and budget savings – should be set according to three key priorities;

- Tackle health inequalities, poverty and disadvantage - narrow the gap between our richest and poorest communities
- Protect the vulnerable, making sure people are safe and feel safe – and can remain independent as long as possible
- Driving economic growth – investing in Wirral's future

The Council is also committed to ensure that savings are identified and delivered based on the following principles where possible:

- Spend less on the cost of running the Council
- Broadest shoulders to bear the greatest burden
- Mitigate the impact of savings on frontline services

This document is designed to provide Members and stakeholders with concise, relevant information related to the challenges and opportunities influencing the future delivery of targeted and specialist services.

1.1 Overall Context

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 care, 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.

We will 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 adapt and find innovative solutions to make certain the financial restraints 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 out whether other organisations can deliver services on our behalf.

We will shift focus, proactively involving service users in the design, procurement, delivery and evaluation of services. Every penny we spend will be scrutinised – this will include who is funded for what as well as how that funding is provided. We will commit public resources only where it will have most impact – and ensure that impact is targeted, evaluated and substantial.

1.2 Purpose of Session

The purpose of this session is to enable Members to debate the future direction of service provision as described within this document, particularly in relation to the principles which are provided. Members are also provided with a summary of the emerging options within this theme for consideration.

Further work will be completed on developing these options, alongside more, before they are published by the Chief Executive for public, staff and stakeholder consultation in September 2014.

2.0 FUTURE DIRECTION

The majority of services within this theme fall within the directorate of Families and Wellbeing, which is part way through the delivery of its 2013-2016 Improvement Plan.

The plan works to four key themes; managing the money, delivering differently, working together and transforming the business. The transformation of the directorate is designed to ensure that, within a reduced financial envelope, the Council is able to deliver the following key outcomes:

- Children are ready for school
- Young people are ready for work and adulthood
- Young people have their needs met as early as possible
- Young people feel safe and are safe
- Vulnerable adults are safe and protected from avoidable harm
- Adults can access the widest possible options for care and support close to where they live
- Adults who use services have a positive experience of care and support
- Adults can choose the care they need from a range of high quality support services and options for care

- The need for care and support is delayed and reduced
- Less people living with preventable ill health and dying prematurely, with a focus on reducing the gap between communities
- The population's health is protected from major incidents and other threats

To deliver these outcomes for Wirral people we will focus on the four key themes of change, identified within the Families and Wellbeing directorate plan. These being;

Managing the Money
The quality of financial and performance data will be strengthened to make sure it effectively informs intelligent business decisions. A robust internal challenge process will be established so that all budget related activity is clearly understood by all managers and staff.

Delivering Differently
The key is to move away from dependence based, institutionalised approaches to care and services to an approach which is based on early intervention and prevention. A greater focus will be placed on engagement with service users, carers and local communities to enable us to focus on services which support them to become more resilient and foster more responsibility for themselves and their families, and where the Council is not the sole provider.

Working Together
We must work more closely with partners to meet shared objectives and to get the best value for the Wirral pound. Particularly important in this area will be joint commissioning between health and social care, and working closely with schools and colleges. The role of the community, voluntary and faith sector is also vital – we will work with them to maximise opportunities for new delivery models and collaborative investment agreements.

Transforming the Business
To transform the way we delivery services successfully we must also transform our workforce; how we think and how we act. To achieve this we will improve systems and processes, policies and procedures and invest in effective training and development opportunities.

2.1 Principles for Change

The challenge now is to take our current service model, in the context of our current and future demographic challenges and our vastly reduced financial resources, and redesign it completely – ensuring we deliver the outcomes residents need effectively and within budget. To help inform that transformation, a series of principles have been developed which will be used to guide service re-design and potential budget options.

- Maximising the totality of public resources available to ensure innovative approaches to delivering outcomes which transform people's lives
- Putting the child and people at the centre of everything we do
- Solving challenges in partnership
- Removing all wasted effort and duplication
- Managing demand at the earliest opportunity through asset based delivery models
- Consider innovative options against dividend and risk through a strengthened commissioning approach in conjunction with partners
- Consider the most appropriate delivery vehicle for all services
- Drive a commercial culture which maximises opportunities to generate income

The change activity to reach the future operating model will be predicated on driving the right level of demand across specialist and universal services. The key factors that need to be addressed to transform the current model of services to one that is able to achieve the right outcomes, within the remaining financial resources, include:

- Exploring and implementing alternative delivery models for universal services, and influencing behaviour change to encourage self assessment, self help and community resilience.
- Maximising the role of communities, social networks and individual people – ensuring people are well informed and empowered to be able to support themselves.
- Reducing the reliance on high cost, complex packages of care for children and a reduction in residential placements for adults – working to make sure people can be supported to be safe and independent at home.

3.0 EMERGING OPTIONS

Initial, emerging budget options have been identified which build on the platform of the Families and Wellbeing improvement plan, but drive fundamental shifts in the operating model for these services.

The new operating model will be based on whole systems redesign of the care pathway or child's journey, which will bring a series of benefits both in terms of finances and outcomes for residents, including:

- Reducing demand by delivering outcomes through partners, e.g. schools, health, voluntary community and faith sector providers
- Integrated commissioning with Health and through the Children's Trust
- Exploring a range of new delivery models for services such as a local authority trading company for Day Services, the

commissioning of Children's Centre provision and working with schools to deliver services for two year olds
- Developing integrated working arrangements with colleagues in Health
- Reducing the need for specialist services through early intervention and prevention
- Targeting capacity around charging, collections and contracts – driving a commercial culture, maximising income opportunities

Through the Future Council Programme we will drive a number of approaches and projects to deliver this vision through a series of emerging budget options, including:

- Maximise opportunities to work across the spectrum of children's and adults services, for example the establishment of an all age disabilities service, and an integrated approach to assessment
- Scaling up and embedding what works, such as learning from the Intensive Family Intervention Programme
- Strengthening safeguarding practice and generating potential efficiencies through building on corporate safeguarding and the multi agency hub
- Establishing a single shared services with Cheshire West and Chester for schools traded services, but also working with schools to fundamentally transform the relationship to one based on outcomes delivery through the Children's Trust

4.0 SERVICES IN SCOPE

The services below are considered within this theme, which fall within two blocks.

Specialist Services:

Those services, primarily within social care, which are provided to residents due to those residents having an assessed need for them, either due to having a disability or being otherwise vulnerable.

- Specialist Services
- Adoption and Permanence
- Children in Care
- Children's Social Work
- Fostering Service
- Integrated Disability Service
- Neighbourhood Teams
- Pathways Services
- Safeguarding Adults
- Safeguarding Children's
- SEN and Children with Disabilities

Targeted Services:

Services which are provided which aim to achieve early intervention, to prevent or correct problems in health, lifestyle or aspirations and achievement at an early stage to reduce the need for more costly, specialist services in the future.

- 14-19 and participation
- Anti Social Behaviour
- Community Safety
- Early Years (Children's Centres)
- Family Intervention
- Independence
- Property Pool Plus
- Public Health
- School Improvement
- Supported Housing & Homelessness
- Youth Offending

WIRRAL COUNCIL

Families and Wellbeing Policy and Performance Committee

8th July 2014

SUBJECT:	**Attainment Sub-Committee**
WARD/S AFFECTED:	**ALL**
REPORT OF:	**Clare Fish (Strategic Director of Families & Wellbeing)**

1.0 EXECUTIVE SUMMARY

1.1 This report enables members to approve the terms of reference and nominate the membership to the Attainment Sub-Committee for the 2014/15 municipal year.

2.0 ATTAINMENT SUB-COMMITTEE FOR THE 2014/15 MUNICIPAL YEAR

2.1 The Attainment Sub-Committee was established in December 2013 as a successor to the 0-19 Standards Sub-Committee. The proposed terms of reference for the Sub-Committee are attached as an appendix to this report.

2.2 When instigated last year, the Attainment Sub-Committee was established on a politically proportionate basis. This will mean that the membership for the 2014/15 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1. The Chair and Vice Chair of the Panel will be nominated at the first meeting of the Panel. Deputies can be nominated as detailed in the terms of reference.

2.3 It is suggested that a work plan for the Sub-Committee will be developed at the first meeting of the Sub-Committee.

3.0 RELEVANT RISKS

3.1 N/A

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 N/A

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 N/A

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

8.1 It is expected that officer support for the Attainment Sub-Committee will be met from within existing resources.

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATION/S

13.1 Committee approves the terms of reference for the Attainment Sub-Committee.

13.2 Committee is requested to make the appropriate nominations for members and deputies to the Attainment Sub-Committee.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 The recommendations will ensure that the previous work of the Attainment Sub-Committee can continue for the forthcoming municipal year.

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APPENDICES:
Terms of reference for the Attainment Sub-Committee

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

ATTAINMENT SUB-COMMITTEE

OBJECTIVES

The objectives of the Attainment Sub-Committee are to support the Council and its partners in:

- raising the aspirations of young people, and in particular to raise overall attainment, especially of vulnerable groups;
- improving the outcomes for children and young people in terms of their education, training and their social and economic wellbeing;
- ensuring access to all for early years childcare and education, primary and secondary education and lifelong learning;
- ensuring that children and young people's views and voices are evidenced in and integral to all of the above objectives.

TERMS OF REFERENCE

The Attainment Sub-Committee will provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following areas:

- Demonstrating the attainment of all young people aged 0 -19 (or 25 for those with a learning difficulty / disability);
- Driving forward the attainment of young people in vulnerable groups in order to 'narrow the gap';
- Examining the performance of all schools and colleges in the borough;
- Ensuring there is a prioritised response to schools undergoing Ofsted inspections and those in special categories;
- Improving participation levels of 16 -18 year olds in Education, Employment and Training
- Enhancing lifelong learning provision
- Monitoring Local Authority performance against its statutory duties

PROPOSED WORKING PRACTICES OF THE ATTAINMENT SUB COMMITTEE

Sub Committee meetings	
Chair	The Chair and Vice-Chair will be appointed at the first meeting of the Sub-Committee in the municipal year
Membership	The membership of the Sub-Committee will be politically proportional. (On the current political balance, this translates into 4 Labour; 2 Conservative; 1 Liberal Democrat). In addition, the 4 statutory education co-optees will be members of the Sub-Committee.
Deputies	A maximum of 8 Elected Members per political group may be nominated to sit on the Sub-Committee as Deputies The appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.
Frequency	To meet a minimum of once per school term (for example, in July, November and March) for the first year and then reviewed
Venue	At a Wirral Council venue – probably Wallasey Town Hall
Work programme	The Sub-Committee will identify a work programme for the year, to include: • Task & Finish Groups • Standing Items • Specific Officer reports / presentations
Reporting Requirements	The Sub-Committee will provide a summary report following each meeting to the next available Policy & Performance Committee. The Summary report will identify key issues, concerns and make any necessary recommendations.
Communication & Transparency	Meetings will be held in public with agendas being published prior to the meeting and formal minutes being produced. Therefore, support from Committee services will be required

WIRRAL COUNCIL

Families and Wellbeing Policy and Performance Committee

8th July 2014

SUBJECT:	**Health and Care Performance Panel**
WARD/S AFFECTED:	**ALL**
REPORT OF:	**Clare Fish (Strategic Director of Families & Wellbeing)**
Portfolio Holder	**Cllr Chris Jones (Adult Social Care and Public Health)**

1.0 EXECUTIVE SUMMARY

1.1 This report describes the proposal to introduce a Health and Care Performance Panel and gives detail of the draft terms of reference of the Panel.

2.0 BACKGROUND

2.1 During 2013, a scrutiny review entitled 'The implications of the Francis Report for Wirral' was undertaken by a panel of Elected Members. The recommendations of the panel members were subsequently approved by this Committee on 28th January 2014 and by Cabinet on 13th March 2014.

2.2 Recommendation 8 of the scrutiny report was:

> ***Establishment of the Health Performance Monitoring Panel***
> *In order to fulfill health scrutiny's role to hold providers to account, the Families and Wellbeing Policy & Performance Committee will establish a standing member's panel to monitor the performance of health providers. It is suggested that the Panel will be known as the Health Performance Monitoring Panel and will be established in readiness to review the Quality Accounts produced by health partners in spring 2014.*

The actions outlined in this report will implement that recommendation.

2.3 On 28th January 2014, this Committee agreed that a Panel be established to look at the performance of health services for Wirral and that a further report be brought to Committee to agree the terms of reference for the Panel.

2.4 A subsequent scrutiny review, 'Quality Assurance and Standards in Care Homes' recommended "The Head of Policy & Performance / Director of Public Health is requested to include the monitoring of care home quality within the remit of the proposed Health Performance Monitoring Panel. This will enable care home performance issues to be raised with Elected Members by the Director of Adult Social Services".

2.5 The draft terms of reference for the panel are attached to this report.

3.0 QUALITY ACCOUNTS

3.1 It is anticipated that some of the work of the Health and Care Performance Panel will relate to the Quality Account process. Quality Accounts are annual reports to the public from providers of NHS healthcare services relating specifically to the quality of services they provide. All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. The purpose of Quality Accounts is to ensure providers are looking systematically at the quality of service they provide and working to continuously improve this, focussing on:

- Patient Experience
- Safety
- Clinical Effectiveness

The annual Quality Account produced by each Trust will reflect on the progress towards meeting the targets set for the previous year and also set further targets for the forthcoming year.

3.2 Both Overview and Scrutiny Committees and Healthwatch are given the opportunity to comment on the Trusts' draft Quality Accounts, prior to publication of the final document, as it is recognised that both bodies have a role in the scrutiny of local health services. In looking at Quality Accounts, the Scrutiny Committee is well placed to ensure that a Trust's Quality Account reflects the local priorities and concerns of patients, as well as providing challenge to the performance of local health services. It also gives an opportunity for Members to engage in the wider processes of continuous quality improvement.

3.3 All healthcare Trusts are required to submit a Quality Account to the Department of Health by the 30th June each year. The draft Quality Account should be submitted to Overview and Scrutiny Committees before 30th April each year at the latest. A 30 day consultation period enables the Overview and Scrutiny Committee to respond to the Trust with any comments. Those comments, if supplied, must be appended to the final version of the Quality Account before the Trust submits the report to the Department of Health.

3.4 The Health and Care Performance Panel met initially at the end of April 2014 to meet with representatives of the following health Trusts to discuss issues pertinent to the relative draft Quality Account.

- Wirral University Teaching Hospital NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral Community Trust
- Clatterbridge Cancer Centre NHS Foundation Trust

Subsequently, the Chair of the Panel wrote to each of the Trusts, providing the comments of the Panel. In addition, the panel members also sent a written response to the draft Quality Account of the North West Ambulance Service.

3.5 In the future, it is envisaged that the Quality Account process will form a key part of the work of the panel, as outlined in the draft terms of reference.

4.0 THE HEALTH AND CARE PERFORMANCE PANEL FOR THE 2014/15 MUNICIPAL YEAR

4.1 It is proposed that the Health and Care Performance Panel will be established on a politically proportionate basis. This will mean that the membership for the 2014/15 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1. The Chair and Vice Chair of the Panel will be nominated at the first meeting of the panel. Deputies can be nominated as detailed in the terms of reference.

4.2 A work plan and more detailed working practices of the panel will be developed at the first meeting of the panel.

5.0 RELEVANT RISKS

5.1 N/A

6.0 OTHER OPTIONS CONSIDERED

6.1 N/A

7.0 CONSULTATION

7.1 Group Spokespersons have been consulted in the development of the proposals for the remit of the Health and Care Performance Panel.

8.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

8.1 N/A

9.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

9.1 N/A

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

10.1 It is expected that officer support for the Health and Care Performance Panel will be met from within existing resources.

11.0 LEGAL IMPLICATIONS

11.1 N/A

12.0 EQUALITIES IMPLICATIONS

12.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
(c) No because of another reason which is: The report is for information to Members and there are no direct equalities implications at this stage.

13.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

13.1 N/A

14.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

14.1 N/A

15.0 RECOMMENDATION/S

15.1 Committee approves the proposed terms of reference for the Health and Care Performance Panel.

15.2 Committee is requested to make the appropriate nominations for members and deputies to the Health and Care Performance Panel.

16.0 REASON/S FOR RECOMMENDATION/S

16.1 The recommendations will ensure that Committee members strengthen the role of health scrutiny at Wirral council as proposed by the Francis Report Scrutiny Panel.

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APPENDICES:
Draft Terms of reference for the Health and Care Performance Panel

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

PROPOSED HEALTH AND CARE PERFORMANCE PANEL

TERMS OF REFERENCE - DRAFT

CONTEXT

This panel has been established in response to the recommendations made by the Francis Report Scrutiny Panel (January 2014).

PURPOSE & FUNCTION

The Health and Care Performance Panel will support the Families and Wellbeing Policy & Performance Committee by examining, evaluating and monitoring health & social care performance issues and themes across the Borough and beyond (as considered appropriate).

The Panel shall report its findings and make recommendations to the Families and Wellbeing Policy & Performance Committee as it considers necessary and appropriate.

The Panel shall also undertake such other work / tasks as are allocated to it by the Families and Wellbeing Policy & Performance Committee from time to time.

MEMBERSHIP

Members will be drawn from the Families and Wellbeing Committee.

The Panel membership will consist of 7 Elected Members and seats will be allocated in accordance with the political proportionality of the Council.

CHAIR and VICE CHAIR

The Chair and Vice Chair of the Panel will be agreed by the Panel at its first meeting. The appointment of Chair and Vice-Chair shall be for the Municipal Year (unless otherwise changed by the Panel).

DEPUTIES

A maximum of 8 Elected Members per political group may be nominated to sit on the Panel as Deputies. The appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.

KEY RESPONSIBILITIES

The Health and Care Performance Panel will provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following key areas:

- Scrutinise the draft Quality Accounts of health service providers and offer feedback;
- Review evidence that the priorities set in the Quality Account are being delivered;
- Scrutinise the general performance of the local Trusts, escalating issues to the Families and Wellbeing Policy & Performance Committee as appropriate.
- Establish an effective flow of information and identify health service indicators with other bodies, such as Wirral Healthwatch, Wirral CCG and the Quality Surveillance Group (led by the NHS England Area Team).
- Review the performance of social care providers as appropriate.

The Panel will engage appropriately with partners across the Health & Social Care sector.

The Panel will be supported by officers from the Council and Partner agencies as and when required.

FREQUENCY OF MEETINGS

A minimum of two Panel meetings will be held per year. At least one meeting will review progress against the current quality account and one to provide comments on draft quality accounts.

Additional meetings may be scheduled as and when required by the Panel.

DELEGATED AUTHORITY

The Chair (or Vice-Chair) of the Panel will have authority to respond to Quality Accounts.

REGULAR OUTPUTS

The Panel will provide commentary on the Quality Accounts annually to the health partners. Any other commentary will be reported to the Families and Wellbeing Policy & Performance Committee.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

8TH JULY 2014

SUBJECT:	**DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT**
WARD/S AFFECTED:	**ALL**
REPORT OF:	**CLARE FISH (STRATEGIC DIRECTOR OF FAMILIES AND WELLBEING)** **FIONA JOHNSTONE (DIRECTOR OF PUBILC HEALTH, POLICY & PERFORMANCE)**
RESPONSIBLE PORTFOLIO HOLDER:	**CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH)**
KEY DECISION?	**NO**

1.0 EXECUTIVE SUMMARY

1.1 The aim of this report (Appendix 1) is to update Members in relation to the 2013/14 Year End performance of the Families and Wellbeing and Public Health Directorates against the delivery of their Directorate Plans for 2013/14 whilst also providing an update of current performance (as at 31st May 2014) against the 2014/16 Directorate Plans. The report translates the priorities set out in the Directorate Plans into a coherent and measurable set of performance outcome measures and targets. Members are requested to consider the details of the report and highlight any issues.

2.0 BACKGROUND AND KEY ISSUES

2.1 As part of the development of the Directorate Plans, SMART (Specific, Measurable, Achievable, Realistic and Time related) outcome measures have been developed that link directly to the Corporate Plan. The senior management teams have determined the corporate and directorate outcome indicators contained within the report and signed off the following parameters which underpin their on-going performance management:

- 2014/16 Families and Wellbeing and Public Health Plans
- 2014/15 Plan trajectories
- 2014/15 Performance tolerance levels (determine RAG [Red, Amber, Green] status
- Head of Service responsible for delivery of target

2.2 Directorate Plan performance (includes Corporate Plan targets) is monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). Some indicators are only available on a quarterly or annual basis, in line with the availability of data.

Heads of Service responsible for the delivery of targets must complete an exception report and delivery plan for all indicators which are under performing (e.g. red RAG rated indicators).

2.3 Monthly Directorate Plan performance reports will be produced and made available, to support corporate and directorate challenge via:

- Monthly DMTs
- Monthly Portfolio Lead briefings
- Quarterly Audit, Risk, Governance and Performance meetings
- Quarterly Policy and Performance Committees

3.0 SUMMARY

3.1 The Directorate Plan 2013/14 Year End Performance Report (Appendix 1) sets out performance against 38 outcome measures

3.2 Of the 38 measures for 2013/14, 28 are rated green, 4 are rated amber and 6 are rated red. The 6 measures rated red have action plans (included as Appendices 2, 3, 4, 5, 6 and 7) which refer to:

- Appendix 2: Smoking Quitters (4 weeks)
- Appendix 3: Smoking status at time of delivery: rate per 100 maternities
- Appendix 4: Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Appendix 5: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Appendix 6: Overall satisfaction of people who use services with their care and support
- Appendix 7: Proportion of people who use services who say that those services have made them feel safe and secure

3.3 The Families and Wellbeing and Public Health Directorate Plans 2014/16 set out the key functions the Directorates are responsible for and the contribution they make to the delivery of the Corporate Plan priorities. The plans will be monitored through the Performance Dashboard (Appendix 8) which contains 57 measures for 2014/15.

3.4 Data is currently available for 7 of the 2014/15 measures all of which are rated as Green.

4.0 RELEVANT RISKS

4.1 The performance management framework policy is aligned to the Council's risk management strategy.

5.0 OTHER OPTIONS CONSIDERED

5.1 N/A

6.0 CONSULTATION

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 N/A

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

8.1 Financial implications of undertaking the actions to deliver the Corporate Plan will be addressed by Directorates as appropriate.

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

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

(c) No because equalities implications relating to the actions set out in the Corporate Plan will be addressed by departments as appropriate, and details set out in individual departmental plans.

The report is for information to Members and there are no direct equalities implications at this stage.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATION/S

13.1 Committee are requested to use the information contained within this report to inform its future work programme.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the Council's Corporate Plan.

REPORT AUTHOR: **Tony Kinsella**
Head of Performance
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APPENDICES

Appendix 1 – Directorate Plan Year End Performance Report 2013/14

Appendix 2 – Action Plan: Smoking Quitters (4 Weeks)

Appendix 3 – Action Plan: Smoking status at time of delivery, rate per 100 maternities

Appendix 4 – Action Plan: Proportion of opiate drug users who left drug treatment successfully who do not re-present to treatment within 6 months

Appendix 5 – Action Plan: Permanent admissions of older people (65 and over) to residential and nursing care homes, per 100,000 population

Appendix 6 – Action Plan: Overall satisfaction of people who use services with their care and support

Appendix 7 – Action Plan: Proportion of people who services who say that those services help them feel safe and secure

Appendix 8 – Directorate Plan Performance Report 2014/15

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy and Performance Committee	**9th Jul 2013**
Families & Wellbeing Policy and Performance Committee	**9th September 2013**
Families & Wellbeing Policy and Performance Committee	**28th January 2014**
Families & Wellbeing Policy and Performance Committee	**8th April 2014**

Appendix 1

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st March 2014

No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
PERFORMANCE												
Tackling Health Inequalities												
Domain 2: Health improvement												
1	Alcohol-related admissions to hospital (PHOF 2.18)	Secondary Uses Service	2,486.9	NYA	2,355.2	2,355.2	2,283.5	G	+	May 12 - Apr 13	G Rickwood	This year we have seen a decrease in the rate of alcohol-related admissions to hospital. October 2013 saw the launch of the local alcohol strategy whose implementation is being overseen by a multi-agency partnership. This is a key target for the Health and Wellbeing Board.
2	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	2,259	NYA	3,500	3,500	1,691	R	-	Apr - Mar	G Rickwood	The drop of 30% of 4 week quitters from the previous financial year (2012/2013)reflects regional and national levels. 4 week quit target has been renegotiated for 2014/2015. A revised monthly monitoring framework has been agreed using lessons learnt from 2013/2014.
3	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring Return	12.0%	16.4%	11.5%	11.5%	13.7%	R	-	Apr - Mar	G Rickwood	Clinical Commissioning Group (CCG) commissions the maternity services delivered by Wirral University Trust Hospital (WUHT). Public Health has responsibility for reporting on SATOD target. Current data is reporting an increase in women smoking at the time of delivery. WUTH have reported issues with the reporting of maternity data but have not specified what these issues are. It has been made clear to WUTH that further detail is required in order to identify the challenges are in the system. Public Health are working with the CCG to strengthen the effectiveness of the commissioning partnership. As part of this offer, Public Health will be working with WUTH to develop a programme of support that will address specialist smoking cessation training for midwives and also service audit. This will be implemented during
4	Under 18 conceptions: rate per 1,000 population aged 15-17(PHOF 2.4)	Office for National Statistics (ONS)	34.6 (2011 national)	32.8 (2011)	32.9	32.9	33.5	G	-	Jan - Dec 2012	J Graham	Current data is showing a small decrease in the under 18 conception rate per 1,000 population compared to the previous quarter (Jul to Sep 2012, 35.6). This is also a decrease from the same point in 2011 (34.9). The Merseyside cluster, North West and England all experienced a reduction in rate for the same reporting period. The numbers of young women who become pregnant are relatively small and therefore a slight increase or decrease in numbers produces large fluctuations in the trend data.
5	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.7%	24.7%	22.3%	G	+	2012-13	J Graham	Data for the school year 2012/13 is reporting a decrease in the number of children recorded as overweight and obese, the numbers are at the lowest recorded since 2006/07. The number of children weighed and measured in Wirral continues to remain high at 97%.
6	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	35.6%	35.6%	33.3%	G	+	2012-13	J Graham	
7	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	9.11%	NYA	10.0%	10.0%	7.76%	R	-	Oct 12 - Sep 13	G Rickwood	This target is underperforming, a remedial action plan is in place with quarterly milestones with Cheshire and Wirral Partnership NHS Foundation Trust as the main provider of drug treatment services. This target is robustly monitored at bi-monthly contract monitoring meetings with the provider. Performance tolerance ranges are being reviewed for the next financial year based on local performance against a cluster of 33 similar councils. Contractual penalties have been imposed because of persistent performance below target. This service will be recommissioned in 2014-15. This is a key outcome for the new service and will be closely monitored.
8	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	39.28%	NYA	53.0%	53.0%	52.37%	A	+	Oct 12 - Sep 13	G Rickwood	Current performance has improved over the last three months, although below target it is above the national target. Close monitoring of peformance will continue as this target is subject to fluctation. This service will be recommissioned in 2014-15. This is a key outcome for the new service.

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st March 2014

No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
9	Take up of the NHS Health Check programme by those eligible - Health check offered (PHOF 2.22i)	Integrated Performance Measures Monitoring Return	25.5%	18.5%	20% (Q2-Q4)	20%	17.7%	A	-	Jun 13 - Mar 14	J Harvey	The NHS Health Checks programme offers those between 40-74 years an assessment of their risk for vascular disease. Considering there was a 'pause' in the programme in Q1 - to enable national changes in programme to be adopted into new contracts and for a hundred healthcare professionals to be trained - this level of invites is very good. An updated clinical template has also been sent to practices to improve recording of health checks activity. A new training programme delivered to healthcare professionals and a opportunity for GP practices to give a greater focus to this programme for 2014-15.
10	Take up of the NHS Health Check programme by those eligible - Health check take up (PHOF 2.22ii)	Integrated Performance Measures Monitoring Return	57.80%	51.0%	50% (Q2-Q4)	50.0%	53.1%	G	+	Jun 13 - Mar 14	J Harvey	
Domain 3: Health protection												
11	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,505 per 100,000 (2011)	2378.4 (2011)	2,505 per 100,000	2,505	2,122	A	-	Apr 13 - Mar 14	J Graham	A true picture of performance for chlamydia screening and diagnosis will be available in June 2014 when Public Health England publish a revised and updated set of chlamydia testing and diagnosis tables for the annual year (January -December 2013)The delay is due to a reconfiguration of laboratory reporting systems which affected some local screening programmes, including Wirral. We anticipate that the current estimate of an amber rating will be maintained and that remedial work to improve the programme will result in a green rating for the second year of this contract. Performance meetings with the local provider is maintaining a focus on the achievement of this target.
Domain 4: Healthcare, public health and preventing premature mortality												
12	Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) (PHOF 4.4)	Office for National Statistics (ONS)	68.7 (2009-2011)	74.19 (2009-2011)	64.0	64.0	68.5	G	+	2010 - 2012	J Webster	Cardiovascular disease is one of the major causes of premature mortality (deaths in under 75s) in England. We are ranked 113 out of 150 local authorities for the level of premature deaths. We were ranked 14th in our peer group of 15. We have seen a reduction in premature death rates from heart disease and stroke, interventions which have led to this reduction include – stop smoking services, identification and management of high blood pressure, prescribing of aspirin and statins to those people with established heart disease. Newly published data by Public Health England now reports this key performance indicator as 87.9 per 100,000 population, due to changes in the methodology used. We will report against this new figure in 2014-15. Preliminary investigation does not indicate a significant decline in performance.

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Families and Wellbeing and Public Health Performance Report as at 31st March 2014

No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
DEPARTMENT OF CHILDRENS SERVICES												
Children looked after												
13	Rate of Children Looked After (per 10,000 population 0 – 17)	SSDA 903 Return	100.1	79.0	95.7	95.7	100.0	A	+	Mar	E Taylor	Key performance areas are being targeted to begin to reduce the LAC population. Current focus is on discharging care orders in favour of SGO's.
14	Percentage of LAC leaving care who are adopted		8.9	16.0	11.4	11.4	26.7	G	+	Feb	E Taylor	This performance is skewed as there have been a higher than expected number of adoptions during the first two months of the year.
15	Percentage of Adoptions within timescale		64.7	65.3 (2011/12)	76.0	76.0	75.0	G	-	Mar	E Taylor	There are 36 adoptions that have taken place. Of which 27 children have been adopted within timescale.
16	Rate of Children in Need (per 10,000 population 0 – 17)	Children in Need Census	415.5	343.1	396.8	396.8	401.6	G	+	Mar	E Taylor	Frontline teams have a plan to review all CIN cases. Working alongside colleagues within Targeted Services , cases will be identified which can either be closed or stepped down to TAF (Team Around the Family) over the next 12 weeks.
17	Preventative Services – Qualitative Measure (Placeholder)	A qualitative outcome metric to evaluate the impact of the new designed Targetted Services on the experience of families has been developed. It will quantify the improvements reported by the families involved in a multiagency CAF process from the first a									D Gornik	A measure has been identified linked to the multiagency distance travelled tool. A data recording mechanism is being prepared for baselining of this information.
Strategic relationship with schools												
18	Gap in attainment at KS2 - (FMS/NonFSM)	DfE	18.0	Changes to DfE reporting mean that the 2012 and 2013 data are not comparable. For 2012 the measure included English and maths, from 2013 it includes reading, writing and			20.9	G		2013	D Gornik	
19	Gap in attainment at KS4 - (FMS/NonFSM)	DfE	30.0	-	-	-	34.8			2013	D Gornik	
20	Gap in attainment Level 2 at aged 19 - (FMS/NonFSM)	DfE	21.0	-	-	-	-	G		Annual	D Gornik	
21	Gap in attainment Level 3 at aged 19 - (FMS/NonFSM)	DfE	34.0	-	-	-	-			Annual	D Gornik	No targets have been set for 2013/14 exams as this was no longer a statutory requirement from the DfE. However, targets for 2014 onward will be agreed. DfE changes to KS2 measure mean that the 2013 results are not comparable to previous years.
22	Percentage of Young People NEET	DfE	7.5	7.1 (2011)	7.0	7.0	5.7	G		Mar	D Gornik	
23	LAC attainment at KS2 - English and maths	DfE	48.0	Changes to DfE reporting mean that the 2012 and 2013 data are not comparable. For 2012 the measure included English and maths, from 2013 it includes reading, writing and			42.9	G		2013	D Gornik	
24	LAC attainment at KS4 - Including English and maths	DfE	12.0	-	-	-	11.8	G		2013	D Gornik	

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DEPARTMENT OF ADULT SOCIAL SERVICES												
Enhance the quality of life for people with care and support needs												
25	Proportion of people using social care who receive self directed support (ASCOF 1Ci)	RAP	79.0%	61.5%	80.0%	80.0%	83.9%	G	+	Mar	C Beyga	
26	Proportion of service users in receipt of a community based service	RAP	82.1%	N/A	84.0%	84.0%	83.2%	G	-	Mar	C Beyga	
27	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	ASC-CAR	8.4%	5.6%	8.0%	8.0%	7.2%	A	-	Mar	C Beyga	Performance against this indicator is likely to deteriorate monthly due to there being a static population of individuals in employment. The denominator (L1) will increase monthly as new people with a Learning Disability receive an assessment in year. Prospectively this target will be addressed corporately through the
Delay and reduce the need for care and support												
28	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2Ai)	ASC-CAR & Office for National Statistics (ONS)	908.8	810.2	695.0	703.0	835.9	R	+	Mar	C Beyga	**2013-14 Activity by Quarter:** Quarter 1 = 160 (53 per month) Quarter 2 = 125 (42 per month) Quarter 3 = 131 (44 per month) Quarter 4 = 124 (41 per month) The average monthly number of placements equates to 45 against a target of 37.
29	Delayed transfers of care (aged 18 years and over) attributable to Adult Social Care, per 100,000 population (ASCOF 2Cii)	SitRep	2.4	2.2	2.0	2.0	1.4	G	↔	Mar	C Beyga	Between the Apr '13 & Mar '14 there have been a total of 24 delayed discharges attributable solely to DASS and 24 attributable to both DASS and the NHS. **2013-14 Activity by Quarter** Quarter 1 = 13 (4 per month) Quarter 2 = 9 (3 per month) Quarter 3 = 10 (3 per month) Quarter 4 = 16 (5 per month)
30	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 100,000 population	Swift	260.9	331.0	280.0	276.0	309.9	G	-	Mar	C Beyga	During 2013-14 there have been approximately 2,000 episodes of rehabilitation / reablement recorded. 15% of activity was bed based intermediate care and 85% of activity was home based reablement.
Ensure that people have a positive experience of care and support												
31	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Adult Social Care Survey	66.7%	66.1%	70.0%	-	63.0%	R	-	Mar	C Beyga	Overall satisfaction with services is 64%, LD services is 51% 4% of people are dissatisfied with their services, LD services is 5%
32	Proportion of people who use services and carers who find it easy to find information about support (ASCOF 3D)	Adult Social Care Survey / Carers Survey	65.4%	-	70.0%	-	75.5%	G	+	Mar	C Beyga	
33	Proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	Carers Survey	59.2%	73.6%	65.0%	-	Carers survey not completed in 2013/14	-	-	-	C Beyga	Carers survey is binennial next due for collection in 2014-15. An alternative carers survey has been developed locally and is waiting to be piloted.
34	Social care assessments completed within 28 days	RAP	84.1%	-	100%	100%	97%	G	+	Mar	C Beyga	A total of 56 assessments have been recorded as having taken longer than 28 days to complete. NB. This measure excludes assessments completed by Occupational Therapy / Visual Impairment teams due to different business processes to other DASS teams.

Appendix 1

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st March 2014

No.	Description	Data Source	Performance 2012/13	North West 2012/13	Target/Plan 2013/14	YTD Target 2013/14	YTD Performance	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Safeguard adults whose circumstances make them vulnerable and protecting them from harm												
35	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)	Adult Social Care Survey	85.6%	77.8%	86.0%	-	71.7%	R	-	Mar	C Beyga	Out of 480 respondents to this question a total of 132 have stated that the services they receive do not make them feel safe and secure. 88 of the 132 respondents are solely in receipt of assistive technology. In response to Q7a 27 people indicated that
36	Safeguarding: % of Safeguarding Referrals actioned within 24hrs	Swift	98.2%	-	100%	100%	98.4%	G	⟷	Mar	J Evans	A total of 44 safeguarding referrals were not actioned within 24 hours out of a total of 2,713 **2013-14 Activity by Quarter** Quarter 1 = 13 (4 per month) Quarter 2 = 21 (7 per month) Quarter 3 = 5 (2 per month) Quarter 4 = 5 (2 per month)
37	Percentage of completed scheduled monitoring visits to residential homes	DASS Contracts Team	81.0%	-	100%	91.6%	100.0%	G	+	Mar	J Evans	
Transform the business to be as efficient and effective as possible												
38	Projected net expenditure for 2013-14 as a percentage of the 2013-2014 net budget for Adult Social Services	Departmental Budget Projections	117%	-	100%	100%	100%	G	⟷	Mar	J Evans	

+ Performance is improving Lower is better

+ Performance is improving Higher is better

- Performance is deteriorating Lower is better

- Performance is deteriorating Higher is better

⟷ Performance sustained in line with targets set

G Performance within tolerance for target set.

A Performance target slightly missed (outside of tolerance).

R Performance not on track, action plan required.

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Smoking quitters (4 weeks)
Strategic Director Lead	Policy, Performance & Public Health
Departmental Lead	Julie Webster, Head of Public Health
Target	**3,500**

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	**1,693**	1,807 off target
Non-compliance reason	The underperformance of this target has been reported by NHS Community Trust as a result of the following challenges: • Difficulties in directly influencing intermediate stop smoking advisers (pharmacies; primary care). • National decrease in smoking prevalence and 30% drop in number of people accessing local stop smoking service • Increased use of E-Cigarettes whereby Local Stop Smoking Services have reported, anecdotally, an increased number people using this product instead of attending Stop Smoking services.	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .	
What (is required)	4 week quitters target has been re-negotiated with NHS Community Trust and subsequently reduced in line with the service outturn for 2013/2014 ** (**Four-week quitter is a smoker whose quit status is smoke free at four weeks from their quit date. Follow up must occur 25 to 42 days from the quit date)
How (will it be achieved)	The quarterly trajectories have been set by the Public Health Manager and weighted on previous performance over the last few years. The monthly trajectories have been set by the NHS Community Trust and based on their monthly service outturn. A process will also be put into place by the NHS Community Trust to ensure pharmacy data returns are coordinated with the return of NRT

	vouchers which should incentivise more timely returns (and therefore provide real time data). The NHS Community Trust will continue to review current processes and practice. This will be reported back to the public health manager on a monthly basis. The performance of this target will also be raised in the monthly SLA meeting with the CT. Continued under performance will be subject to standard contractual mechanisms.
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Smoking at Time of Delivery
Strategic Director Lead	Fiona Johnstone Director of Public Health, Head of Policy and Performance
Departmental Lead	Julie Webster, Head of Public Health
Target	**11.5%**

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	**13.7%**	
Non-compliance reason	The current percentage of local women smoking at the time of delivery is 13.7%. This rate is lower than the national average which was 16.4% during 2012/2013. The rate has been increasing and we need to investigate the reason for this rise i.e. is it due to better identification and reporting or are there more women smoking at time of delivery. An audit of the programme is proposed. Wirral Clinical Commissioning Group commissions maternity service. The current target (20%) for smoking at time of delivery in the contract with Wirral University Teaching Hospital NHS Foundation Trust is much higher than the Public Health target. A new database was introduced in June 2013 and a number of data errors occurred following the transfer of data. Remedial action is on-going and we expect that the number of records where the smoking status of a women is 'not known' will reduce in the coming months	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .	
What (is required)	• Alignment of Wirral Clinical Commissioning Group and Public Health targets for smoking at time of delivery • Data issues with the new database to be resolved and all data reported accurately and appropriately • Increase in number of referrals of pregnant women to the local stop smoking service • Audit programme developed and discussion with Maternity Services with regard to the public health role of midwives

How (will it be achieved)	NICE guidance 'Quitting Smoking in Pregnancy and following Childbirth' highlights a key role for midwives to identify and refer pregnant smokers. We will work with the Clinical Commissioning Group to ensure service specifications for maternity services include the following: • All midwives to receive training so that they are competent in discussing smoking with women and delivering carbon monoxide screening • There is an effective and robust referral pathway for pregnant smokers • All targets are aligned
Who (will be responsible)	• Wirral Clinical Commissioning Group • Public Health Team • Wirral University Teaching Hospital NHS Foundation Trust
When (will results be realised)	It is anticipated that the target will be decreasing by the end of Quarter 4.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
Strategic Director Lead	Fiona Johnstone (Director of Public Health and Head of Policy & Performance)
Departmental Lead	Julie Webster (Head of Public Health)
Target	10%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	7.76% (March 2014)	+ / - Target : - 0.5%
Non-compliance reason	The profile of the in treatment population is as follows: • 46% of those in treatment have been in treatment for at least 6 years (Cluster average 23%). • 50% of those in treatment have a drug using career of over 21 years (Cluster average 21%). • 53% of those in treatment were in their first treatment episode (Cluster average 36%). This data illustrates that a high percentage of those in treatment entered the treatment system 15 to 20 years ago and have never left. The Public Health England report, "Drug Treatment in England, 2012/13", highlighted that drug treatment was still seen to be working but added that, "***The treatment population is ageing, with the over 40's now being the largest group receiving treatment. Many are older heroin users who have failing health and entrenched addiction problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which has levelled off in 2012-13 following an increasing trend over the previous 7 years***." This issue is particularly pronounced with our in treatment population, as evidenced above.	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when, knows the expected outcome and how to achieve it .	
What (is required)	• Services providers need to continuously seek new ways to stimulate and motivate service users to make the commitment to change. • Services need to work closely and co-operatively together and keep working at identifying ways of improving the effectiveness

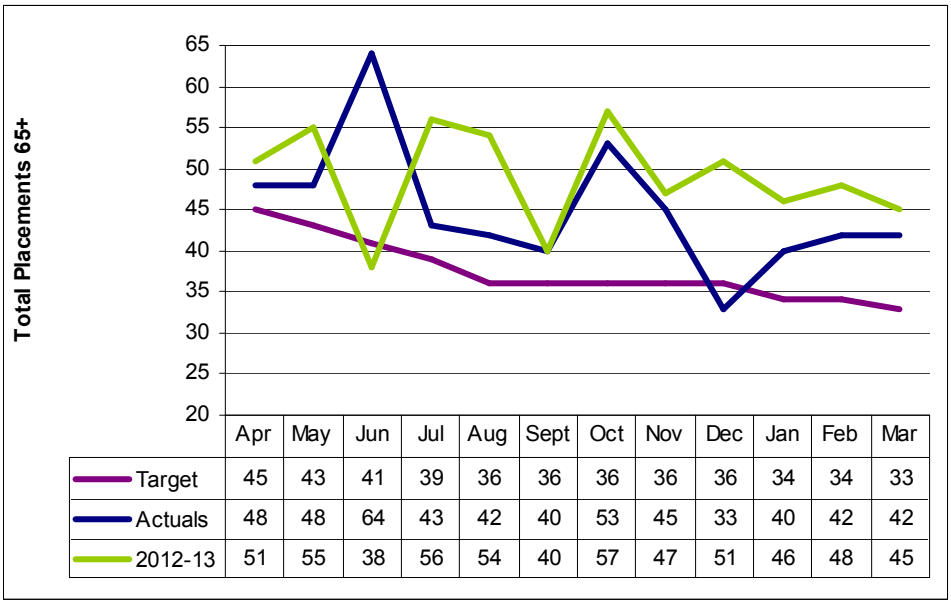
	of this. • Peer support needs to be fully factored into the treatment and recovery system. • Data reporting needs to be consistently comprehensive and accurate.
How (will it be achieved)	• Regular monitoring of performance data to focus service providers on specific activity, and ensure data accuracy • Co-ordination of system meetings to improve communication, integration and co-operation between providers as a means of improving the overall effectiveness and efficiency of the system. • Sharpened focus on the performance against this target and close monitoring of the above action plans. • Analysis of individual key worker performance to identify those who are most effective. Isolate the factors that contribute to this effectiveness and then work with wider staff group to replicate this practice across the key worker team. • Implementation of action plans designed and delivered by the providers to improve performance and deliver the targets (e.g. remedial actions plans developed by Cheshire and Wirral Partnership in response to the initiation of a number of contract queries as part of the SLA monitoring process). • Contractual penalties imposed for persistent performance below target.
Who (will be responsible)	Service Providers, with Cheshire and Wirral Partnership NHS Foundation Trust as the biggest contributor to the target followed by Arch Initiatives.
When (will results be realised)	Performance can fluctuate (month by month) but the aim is to achieve the target by the end of the financial year and then work with providers to sustain performance at or above this level. Performance has decreased from 8.5% in December 2013 to date.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
Strategic Director Lead	Clare Fish
Departmental Lead	Chris Beyga
Target	695.0 (March 2014)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	835.1	+ / - Target: -140.1 (17%)
Non-compliance reason	Performance to date during 2013/14 shows an 8% reduction in total placements when compared to 2012/13. Placement levels have started to reduce in July 2013 with a further peak in October. Quarter 1 placement levels were 26% higher than target with June a particular outlier which has impacted on the overall status of this indicator. The targeted number of placements for Q4 was 101 and the total number of placements equalled 124 (+23%). The Quarter 2 target was exceeded by 11% and the Quarter 3 target by 22%. Performance during 2013-14 has returned to a level comparable with 2011-12.	



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	45	43	41	39	36	36	36	36	36	34	34	33
Actuals	48	48	64	43	42	40	53	45	33	40	42	42
2012-13	51	55	38	56	54	40	57	47	51	46	48	45

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	**Understanding the Problem** 47% of all permanent admissions can be traced back to hospital discharges and a further 16% linked to other health related initiatives (Rapid Access, Social Care Funding, etc).These are placements that are generally made in the community by health practitioners. All placements from hospital are short term, the only exception being where a long term placement has previously been agreed and there is a change of need e.g. residential to nursing. Short term placements can be commissioned for a variety of reasons including to expedite discharge whilst waiting for community based services, carer breakdown or environmental reasons where an immediate return is not viable or the level of presenting need is felt to be so great that the individual cannot be supported safely within a community setting. In some situations this can be affected by a lack of suitable community based alternative services, making placements the only viable and safe option. A further 13% of admissions are due to capital depletion of individuals previously self funding their placements. The above scenarios mean that in Wirral very high numbers of people are admitted to care on a short term basis. Many of these placements are made outside of the control of Local Authority pathways. There are a number of risks engendered. There is clearly a financial risk which currently falls on the Local Authority to pick up people who have been placed by the NHS. There are quality risks in the placement processes. There is also a risk that once admitted people will lose their independent living skills **Focus of Activity to improve performance:** Community based options must be maximised post discharge and all reablement options exhausted for all Hospital discharges. All disciplines within the acute hospital discharge team must focus on promoting independence rather than bed focused solutions. This does require some leverage and challenge to current processes Current commissioning activity will deliver more capacity and a greater range of domiciliary care and reablement/intermediate care services work needs to continue with Health Commissioners to reduce and ultimately eliminate the use of alternative initiatives such as the social fund and rapid access, thus ensuring the health and social care economy work together to improve decision making , utilise resources and reduce the use of bed based options.

	With immediate effect the Local Authority should not "automatically" take responsibility for picking up the funding for placements made by the NHS. The responsibility for these placements should remain with the NHS until DASS assessment and formal decision making processes have been followed including the scheme of delegation. All appropriate assessments should be fully completed including exploration where relevant of alternative funding streams such as CHC.
How (will it be achieved)	A new scheme of delegation has been issued within the department with regards all placements/packages of care arranged after the 31st July 2013 to ensure appropriate authorisation levels are in place and continued rigorous scrutiny. Within this there is now enhanced recording of short term placements being made which will enable in-depth analysis of the reasons for care home placements to inform future management actions and commissioning intentions. The Pull Pilot is now operational within A& E and DASS staff are working as part of a multi disciplinary team to avoid wherever appropriate hospital admission. This focuses on the use of community based resources. People that are unfunded and need a placement to meet their needs either from Hospital or community will be prioritised There are a number of placements that are the responsibility of the NHS, the system of prioritisation and assessment will make NHS funded places a lower priority than the non funded placements. This will ensure that people are not at risk, however it will lead to the funding risk remaining with the NHS for people placed by them Work is progressing regarding the joint appointment of an Integrated Discharge Manager (funded by DASS, Community trust and WUTH) to facilitate a more cohesive approach to discharge and work is going on to enhance the development of the team. Within this there is a key focus to reduce the numbers of individuals going direct to placements, to ensure the right assessment at the right time and a more joined up approach between health and social care colleagues The recent restructure within DASS has resulted in several staff moving into the hospital from locality teams encouraging a sharing of differing experiences, skills and knowledge. The development of community Integrated Care Co-ordination Teams (ICCTs) may also assist with this as we move into a more fully integrated service model. Five ICCT's are planned for October 2013 where the focus will be to maintain individuals within the community and where needed support earlier discharge. We have recently piloted a team in the Birkenhead locality who have focused upon ensuring that short term placements are picked up quickly in the community. This is currently being evaluated and processes transferred into the above Multi Disciplinary Team work across all teams to ensure speedy resolution.

Who (will be responsible)	Head of Service (Delivery) Senior Manager (Independence), Senior Managers Neighbourhoods
When (will results be realised)	If the volume of placements made during quarter 1 of 2013-14 were to continue it is unlikely that year end performance against this indicator would be within the "green" tolerance level. However, as identified above, there are a number of initiatives in place or progressing with Health partners. These initiatives, together with the management actions that have already been put in place, should have a positive impact on the number of permanent placements made by the Department. Data is currently being gathered to analyse the impact of the initiatives and management actions and this will be available at the end of September 2013. New contract arrangements for Domiciliary care and Reablement services, which will be in place early in the new year, should also have a positive impact offering enhanced capacity and responsiveness. Progress will continue to be rigorously monitored and dependent on the scale of impact and evaluation there may be a requirement for further management actions to be agreed. **September Update** As previously reported, data has been gathered to analyse the impact of the initiatives and management actions as at the end of September 2013. Whilst the data shows a marginal improvement some of the management actions are still being embedded in operational teams and the impact of these will continue to be closely monitored over the next few weeks. Analysis of the data indicates over 50% of people requiring a service post hospital discharge were not previously in receipt of a package of care prior to admission. In addition to the management actions and initiatives previously identified, the Department is also piloting a new mobile night service which is due to commence 14th October. This commissioned service will be able to respond to both planned and unplanned episodes of care and will facilitate both admissions prevention and discharge from hospital and care homes. This will have a positive impact on the number of permanent admissions to care homes. Improved monitoring arrangements have also been put in place together with enhanced performance reporting to Senior Managers.

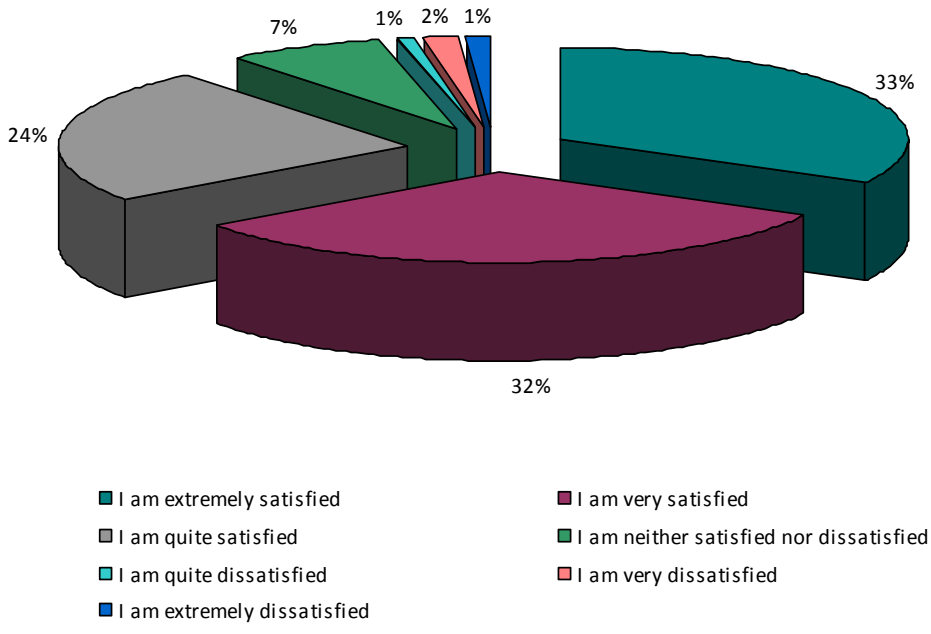
	October Update Management actions now appear to be having an impact on placement levels. As take up of the mobile night service increases and the pull pilot continues to prevent hospital admissions there should be a continued positive impact on reducing permanent admissions to care homes. Assuming placement levels continue on target this indicator could potentially change to Amber status in November/December. However, demand due to winter pressures on the social care system is a potential risk. **November Update** Due to the level of activity to date it is now unlikely that this indicator will achieve a green status during 2013-14. As the result of a recent exercise completed to resolve outstanding queries there have been a number of backdated placements recorded this month. This was a one-off exercise and the impact should not be replicated in future months. Under the scheme of delegation senior managers will continue to authorise all permanent placements. Decisions about permanent placements will be recorded on a quality assurance document signed by the senior manager to ensure an auditable decision making process. Hospital discharges continue to be the main source of permanent placements although the majority of discharges are initially into a short term bed. This can be tackled in one of two ways, either preventing admissions to hospital or ensuring a range of services are available to facilitate discharge and provide tangible alternatives to bed based services. Two members of staff will be located in the Alternative 2 Hospital (A2H) service in Arrowe Park from January 2014 and will seek to support the prevention of admissions by ensuring individuals are appropriately supported through both short term placements and community based alternatives such as the mobile night service. In instances where short term placements are used to either prevent a hospital admission or facilitate a hospital discharge these placements will be followed up in a timely manner to ensure any long term needs are fully assessed and individuals can be supported to return home where possible and appropriate. The re-tender of the intermediate care and reablement contracts should ensure there is a positive impact on placements and availability of community based alternatives. Although the target Is not currently being delivered, care home placements for older people are currently (M8) forecasting within budget. The performance target is a more demanding reduction in the

	number of new placements than is implied by the budget allocation in order to change existing behaviours and highlight the importance of resolving this issue. Plans are currently in development to support delivery of the Better Care Fund (BCF) from 2014/15 onwards. The fund provides an opportunity to transform care so that people are provided with better integrated care and support. Full payment of the fund in 2015 will be based on performance against six key metrics, one being the number of permanent admissions of people aged 65+ to residential homes with the intention that there is a reduction in inappropriate admissions of older people in to residential care. A performance dashboard is currently in development which will baseline current performance, provide benchmarking information and track current performance against targeted performance. The dashboard will evidence performance against the 6 performance metrics as well as other key health and social care performance indicators, including hospital admissions/re-admissions, use of reablement and intermediate care services and discharges to residential homes. This will provide a focus on the interrelationships between these measures and will facilitate transformation underpinned by the commissioning activity previously referenced in this action plan. **February Update** Management actions have not been actioned and can be seen to be having a positive impact evidenced by the reduced number of placements. The Better Care Fund (BCF) dashboard has now been created and will be reported to future Health & Wellbeing Boards. This will support further scrutiny of placement levels and the wider dynamics within the health and social care system in Wirral. **March Update** The Better Care Fund plans have now been signed off with an agreed target set for 2014-15 to close the performance gap between Wirral and comparable authorities. The BCF dashboard will be used by the Health & Wellbeing Board to monitor performance against key BCF measures including the number of permanent admissions to add further scrutiny to this important area.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Overall satisfaction of people who use services with their care and support (ASCOF 3A)
Strategic Director Lead	Clare Fish
Departmental Lead	Chris Beyga
Target	70%

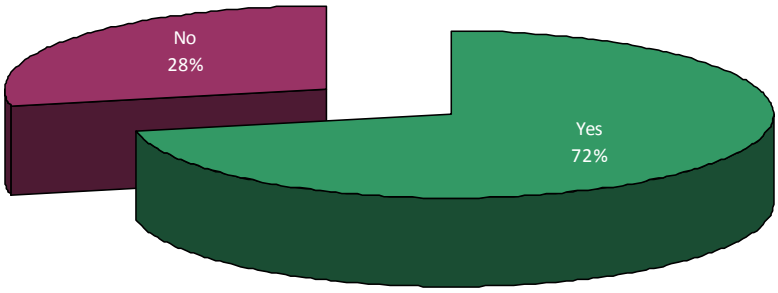
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	63.0%	+ / - Target: -7% (11% variance)
Non-compliance reason	Following completion of the annual Adult Social Care Survey a total of 547 people responded to Question 1 of the survey "Overall how satisfied or dissatisfied are you with the care and support services you receive?". Of the respondents to the survey 63% of people reported high satisfaction levels with the care and support services they receive. A further 25% reported moderate levels of satisfaction with 4% of people stating they were dissatisfied with the care and support they receive. **Overall Satisfaction of People with their Care and Support Services**  Further analysis of the data indicates that the number of people reporting that they are neither satisfied nor dissatisfied has doubled from 2012/13 to 54 people. Of these 54 people a total of 28 (52%) are solely in receipt of equipment/adaptations. Of the 123 people reporting dissatisfaction with services 62 (50%) are solely in receipt of equipment/adaptations.	

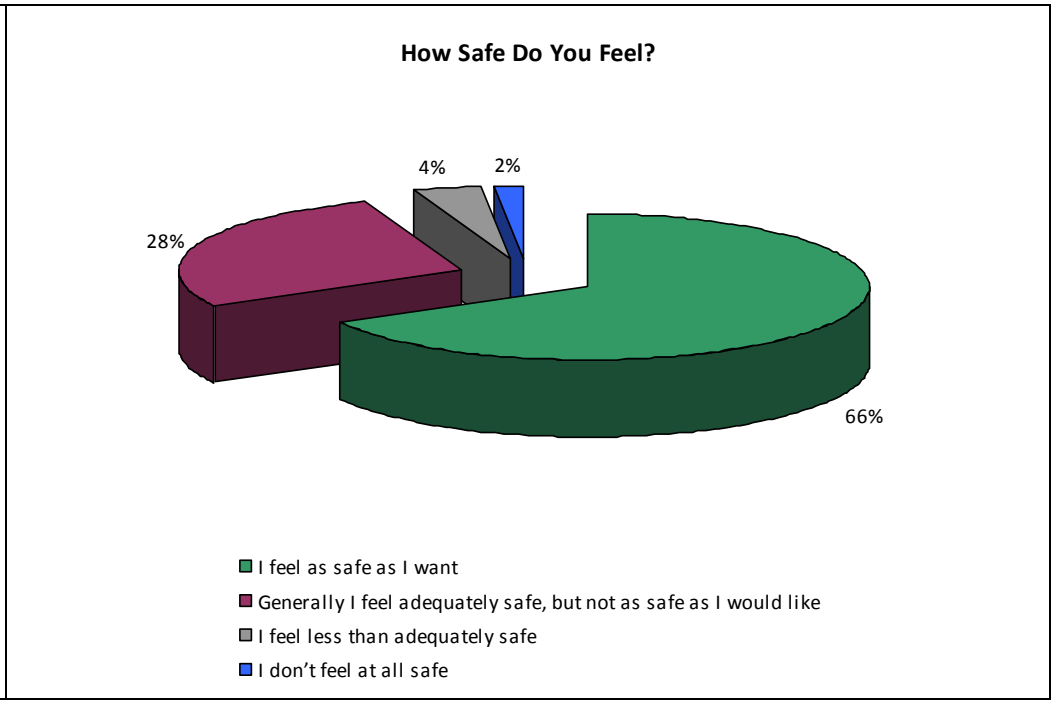
ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	Closer monitoring of service user satisfaction to have access to more timely evidence regarding service quality and impact. Satisfaction levels were previously only monitored through the Adult Social Care Survey giving a snapshot annually. By regularly monitoring service quality, achievement of outcomes for individuals and customer satisfaction we can closer monitor the performance of our contracts in achieving the desired outcomes and the performance of individual providers. In line with the analysis completed which indicated that people who receive just equipment/adaptations are generally more likely to be dissatisfied with their care and support this is an area for focus.
How (will it be achieved)	Through our ongoing commissioning cycle we have enhanced our contract monitoring processes by working with providers to develop monthly datasets underpinned by a performance framework which details Key Performance Indicators (KPIs). Provider performance against KPIs relevant to the service they provide will be monitored through monthly contract monitoring meetings. The Council will be able to further scrutinise performance by interrogating the monthly data submissions to add further value and intelligence. The KPIs are a mix of outcome based measures which have a commonality of focusing on outcomes for individuals and their satisfaction with the service they have received. Reviews are currently underway pertaining to Community Equipment Services and Assistive Technology with a view to re-commissioning these services in 2014/15. The current provider of Assistive Technology is implementing a quarterly customer satisfaction survey in 2014/15, the results of which will be shared with Adult Social Services to monitor satisfaction levels.
Who (will be responsible)	Jacqui Evans (Head of Transformation) Jayne Marshall (Senior Manager – Commissioning)
When (will results be realised)	We have now implemented an enhanced contract monitoring process against the following contracts: • Intermediate Care & Transitional Care • Domiciliary Care & Reablement • Early Intervention & Prevention The first tranche of data has been received in June 2014 with contract monitoring meetings due to take place during June/July to discuss performance against agreed KPIs. Through closer monitoring and having the ability to quickly identify underperforming services/providers the overall quality of care and support in Wirral should increase during 2014/15.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)
Strategic Director Lead	Clare Fish
Departmental Lead	Chris Beyga
Target	86%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	71.7%	+ / - Target: -14.3% (17% variance)
Non-compliance reason	Following completion of the annual Adult Social Care Survey a total of 523 people responded to Question 7B of the survey "Do care and support services help you in feeling safe?". Of the respondents 72% reported that service help them in feeling safe whilst 28% reported that services did not help them to feel safe and secure. 86% of people had responded positively to this question in 2012/13. **Do Care and Support Services help you in feeling safe?**  Of the 273 people who receive solely equipment/adaptations who responded to this question a total of 96 (35%) said that services did not support them to feel safe. Analysis of people in receipt of community based services indicates that 51% solely receive equipment/adaptations. The higher level of negative responses aligned with the greater proportion of people receiving solely equipment/adaptations impacts on the overall outcome of this measure. This question is supplementary to Question 7A of the annual Adult Social Care Survey "Which of the following best describes how safe you feel?". Of the respondents 21 people (4%) reported that they felt less than adequately safe and a further 8 (2%) reported that they didn't feel safe at all. The 8 people have since been contacted by neighbourhood teams to confirm that they are safe and to understand why they chose this response to the question.	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	Robust quality assurance and safeguarding processes should underpin both service user satisfaction and sense of security. Service provision should be supported by the achievement of demonstrable outcomes for individuals to evidence the impact these services have. These processes are further supported through the completion of scheduled reviews by the Department which will review individual needs, desired outcomes and the impact of existing services.
How (will it be achieved)	A new monitoring framework was introduced in 2013/14 with regards residential and nursing care which is evidenced by only 2 (<0.5%) people out of 89 respondents stating that the services did not help to make them feel safe. Through our ongoing commissioning cycle we have enhanced our contract monitoring processes by working with providers to develop monthly datasets underpinned by a performance framework which details Key Performance Indicators (KPIs). The KPIs are a mix of outcome based measures which have a commonality of focusing on outcomes for individuals and their satisfaction with the service they have received. Providers are expected to submit monthly monitoring reports that consider both quantitative and qualitative aspects of their service which will then be discussed in monthly contract monitoring meeting. Any under performance will be discussed and remedial action will be required, continuous poor performance will lead to sanctions in line with the agreed contract. Reviews are currently underway pertaining to Community Equipment Services and Assistive Technology with a view to re-commissioning

	these services in 2014/15. Future contracts will focus on monitoring the impact that equipment has on an individuals' quality of life and how it supports them to meet their intended outcomes whilst ensuring they are safe.
Who (will be responsible)	Jacqui Evans (Head of Transformation) Amanda Kelly (Senior Manager – Market Transformation & Contracts)
When (will results be realised)	We have now implemented an enhanced contract monitoring process against the following contracts: • Intermediate Care & Transitional Care • Domiciliary Care & Reablement • Early Intervention & Prevention The first tranche of data has been received in June 2014 with contract monitoring meetings due to take place during June/July to discuss performance against agreed KPIs. Through closer monitoring and having the ability to quickly identify underperforming services/providers the overall quality of care and support in Wirral should increase during 2014/15.

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Appendix 8

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st May 2014

No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Tackling Health Inequalities													
Domain 2: Health improvement													
1	Alcohol-related admissions to hospital (PHOF 2.18)	Secondary Uses Service	N/A	NYA	901.4	901.4						J Webster	
2	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	1691 (Provisional)	NYA	1925 (Provisional)	155.0						J Webster	
3	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring	13.7%	NYA	11.0%	11.0%						J Webster	
4	Under 18 conceptions: rate per 1,000 population aged 15-17(PHOF 2.4)	Office for National Statistics (ONS)	34.6 (2011 national)	32.8 (2011)	32.9	32.9						J Webster	
5	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.0%	24.0%						J Webster	
6	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	34.6%	34.6%						J Webster	
7	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	NYA	NYA	10.0%	10.0%		10.0%				J Webster	
8	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	NYA	NYA	53.0%	53.0%		53.0%				J Webster	
9	Take up of the NHS Health Check programme by those eligible - Health check offered (PHOF 2.22i)	Integrated Performance Measures Monitoring	17.7%	18.5%	20.0%	3.0%		20.0%				J Webster	
10	Take up of the NHS Health Check programme by those eligible - Health check take up (PHOF 2.22ii)	Integrated Performance Measures Monitoring	53.1%	51.0%	50.0%	50.0%		50.0%				J Webster	
11	Cancer screening coverage – breast cancer (PHOF 2.20i)	Health and Social Care Information Centre (Open Exeter)/Public Health England			77.0%	77.0%		77.0%				J Webster	
12	Cancer screening coverage – cervical cancer (PHOF 2.20ii)	Health and Social Care Information Centre (Open Exeter)/Public Health England			76.0%	76.0%		76.0%				J Webster	
Domain 3: Health protection													
13	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,122 per 100,000 (Provisional)		2,300 per 100,000	2,300		2,300				J Webster	
14	% of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday (PHOF 3.03iii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	96% (2012/13)	95.9% (2012/13)	95.0%	95.0%		95.0%				J Webster	
15	% of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday (PHOF 3.03viii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	96% (2012/13)		95.0%	95.0%		95.0%				J Webster	
FAMILIES AND WELLBEING - CHILDREN & YOUNG PEOPLE													
Children are ready for school													
	Measures for this outcome are under development												
Children and young people are prepared for working life and adulthood													
16	The gap between the proportion of pupils achieving a Good Level of Development (in the Early Years Foundation Stage Profile)	Local Authority Interactive Tool	39.5	38.7	36.6	-	-					D Gornik	
17	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 2 (Level 4 +Reading, Writing and Maths)	Local Authority Interactive Tool	20.9	19.0	16.0	-	-					D Gornik	
18	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	34.9	29.5	26.5	-	-					D Gornik	
19	The % of Looked After Children achieving Key Stages 2 (Level 4 +Reading, Writing and Maths)	FFT Aspire	42.9	N/A	61.0	-	-					E Taylor	
20	The % of Looked After Children achieving expected levels at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	11.8	15.7	44.0	-	-					D Gornik	

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st May 2014

No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
21	Inequality of achievement of a Level 2 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	21.0	19.0	16.0	-	-					D Armstrong	
22	Inequality of achievement of a Level 3 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	36.0	28.0	31.0	-	-					D Armstrong	
23	The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET)	Local Authority Interactive Tool	7.5	6.4	5.5	-	-					D Armstrong	
24	The % of Care Leavers in Employment Education or Training	Local Authority Interactive Tool	58.0	60.0	70.0	-	-					D Armstrong	
Children, young people and families have their needs met at the earliest opportunity													
25	Rate of Children in Need per 10,000		401.6		375.0		-					E Taylor	
26	Rate of Child Protection Plans (Per 10,00 population aged 0-17)	Local Authority Interactive Tool	39.8	41.4	37.9	37.9	-					E Taylor	
27	Rate of referrals to Social Care per 10,000		599.8		575.0		-					E Taylor	
28	Number of families achieving a positive outcome through the Payment by Results schedule		304.0		510.0		-					D Gornik	
Children and young people feel safe and secure													
29	Rate of Child Protection Plans per 10,000		41.2		37.8							E Taylor	
30	Rate of Looked After Children per 10,000		100.4		95.8							E Taylor	
31	% of Children in Foster care having three or more placements		6.8%		10.0%							E Taylor	
32	% of Children in Foster care being in placement for two years or more		67.9%		70.0%							E Taylor	
33	Percentage of children leaving care through SGO's / adoptions		26.7%		28.0%							E Taylor	
34	Percentage of children in care placed with parents		11.0%		8.0%							E Taylor	
35	Timeliness of Adoptions, within 12 months of decision date		75.0%		80.0%							E Taylor	
36	Became Looked After to Adoption Timescale in days		744 2012-13		547.0							E Taylor	
University and Infrastructure Services													
37	Percentage of on time admissions applications received online – F2		64.0		68.0	-						N Clarkson	
38	Percentage of on time admissions applications received online –Year 7		58.0		62.0	-						N Clarkson	
FAMILIES AND WELLBEING - ADULTS													
Enhance the quality of life for people with care and support needs													
39	Proportion of people who use services who have control over their daily life *(ASCOF 1B)*	Adult Social Care Survey	79.9%	76.6%	80.0%	-	0.0%		G			C Beyga	Annual Indicator
40	Proportion of people using social care who receive self-directed support, and those receiving direct payments *(ASCOF 1C)*	Local Data (Swift)	63.8% Approx. as new measure for 2014/15	67.6%	66.0%	64.2%	0.0%		G			C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. To date the technical appendix has not been released by the Department of Health to enable calculation of this measure
Delay and reduce the need for care and support													
41	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population *(ASCOF 2Ai)*	Local Data (Swift)	18.1	14.5	17.0	17.9	6.4	17.0	G		May	C Beyga	There has been 1 placement in April and 1 in May.
42	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population *(ASCOF 2Aii)*	Local Data (Swift)	835.9	777.8	759.3	823.1	501.5	759.3	G		May	C Beyga	There have been 27 placements recorded in April and 27 placements in May although the low numbers would suggest not all placements have been recorded yet.
43	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services *(ASCOF 2Bi)*	Local Data (Swift)	89.4%	83.6%	85.0%	-	0.0%					C Beyga	Quarterly indicator
44	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 10,000 population *(Links to ASCOF 2Bii)*	Local Data (Swift)	311.5	354.8	390.7	320.2	384.4	390.7	G		May	C Beyga	
45	Average monthly bed days lost due to delayed transfers of care per 100,000 *(Better Care Fund)*	NHS England Statistics	66.3	199.7	61.3	65.5	65.6	61.3	G		April	J Evans	
46	Total number of avoidable admissions per 100.000 population *(Better Care Fund)*	Local Data (Wirral CCG)	3,059.7		2,871.6	0.0	0.0					J Evans	Awaiting data from Wirral CCG
47	Proportion of people who have received short term services to maximise independence requiring no ongoing support*(ASCOF 2D)*	Local Data (Swift)	N/A	N/A	50.0%	50.0%	0.0%					C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. To date the technical appendix has not been released by the Department of Health to enable calculation of this measure
Ensure that people have a positive experience of care and support													
48	Overall satisfaction of people who use services with their care and support *(ASCOF 3A)*	Adult Social Care Survey	63.0%	65.8%	67.0%	-	0.0%				Annual	C Beyga	Annual Indicator
49	Proportion of Social Work assessments completed within 28 days	Local Data (Swift)	97.4%	N/A	100.0%	100.0%	0.0%				Monthly	C Beyga	

WIRRAL COUNCIL

Families and Wellbeing and Public Health Performance Report as at 31st May 2014

No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
50	Overall satisfaction of carers with social services *(ASCOF 3B)*	Carers Survey	Carers survey is biennial - not completed in 2013/14	45.4% 2012-13	46.0%	100.0%	0.0%				Annual	J Evans	Annual Indicator
51	Proportion of people who use services who find it easy to find information about support (ASCOF 3Di)	Adult Social Care Survey	75.5%	75.0%	80.0%	-	0.0%				Annual	J Evans	Annual Indicator
52	Improving people's experience of integrated care *(ASCOF 3E)*	TBC	0.0%	N/A	0.0%	0.0%	0.0%				Annual	C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. The Department of Health are considering options as to how the information will be captured and will inform Councils later in 2014/15, although it is likely to be incorporate within the Adult Social Care Survey
Safeguard adults whose circumstances make them vulnerable and protecting them from harm													
53	Proportion of people who use services who say that those services have made them feel safe and secure *(ASCOF 4B)*	Adult Social Care Survey	71.7%	77.0%	80.0%	-	0.0%				Annual	C Beyga	Annual Indicator
54	Proportion of Safeguarding Alerts actioned within 24hrs	Local Data (Swift)	98.4%	N/A	100.0%	100.0%	98.6%	98.6%	G		Monthly	J Evans	A total of 6 safeguarding alerts have not been actioned within 24 hours out of a total of 483 received in April and May
55	Proportion of completed scheduled monitoring visits to residential homes	Local Data (QA Team)	100.0%	N/A	100.0%	16.7%	0.0%				Monthly	J Evans	
Transform the business to be as efficient and effective as possible													
56	Projected net expenditure for 2014-15 as a Proportion of the 2014-2015 net budget for Adult Social Services	Local Data (Finance)	100.0%	N/A	100.0%	100.0%	0.0%				Monthly	J Evans	
57	Proportion of care packages able to commence within 24 hours of initial contact with agency *(Better Care Fund)*	Local Data (CAT Team)	12.5%	N/A	95.0%	95.0%	0.0%				Monthly	J Evans	

+ Performance is improving
Lower is better

+ Performance is improving
Higher is better

- Performance is deteriorating
Lower is better

- Performance is deteriorating
Higher is better

Performance sustained
in line with targets set

G Performance within tolerance for target set.

A Performance target slightly missed (outside of tolerance).

R Performance not on track, action plan required.

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WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

8TH JULY 2014

SUBJECT:	***COMMITTEE WORK PROGRAMME***
REPORT OF:	***THE CHAIR OF THE COMMITTEE***

1.0 EXECUTIVE SUMMARY

1.1 This report updates Members on the current position regarding the Committee's work programme. Some new suggestions toward managing the extensive list of work programme items are also proposed. Consideration is given to the need for flexibility in the work programme, particularly in terms of scrutinising options arising from the Future Council Programme in September.

2.0 BACKGROUND AND KEY ISSUES

2.1 The Families and Wellbeing Policy & Performance Committee is responsible for proposing the Committee's work programme for the year. It is suggested that the work programme should align with the corporate priorities of the Council and should be informed by:

- Service Performance information
- Risk management information
- Service priorities including any planned service changes
- Public or service user feedback
- Referrals from the Executive

2.2 In determining items for the Scrutiny Work Programme, good practice recommends the following criteria should be applied:

- Public Interest – topics should resonate with the local community
- Impact – there should be clear objectives and outcomes that make the work worthwhile
- Council Performance – the focus should be on improving performance
- Keeping in Context – should ensure best use of time and resources

3.0 PREVIOUS / CURRENT SCRUTINY REVIEWS - UPDATE

3.1 Care Homes Scrutiny Review
A review of 'Quality Assurance and Standards in Care Homes' has been undertaken by a panel of members, who assessed how the quality of care homes in Wirral is currently monitored. At the previous meeting of this Committee, held on 8th April 2014, the report was approved and referred to Cabinet. It envisaged that the report will be included on the Cabinet agenda at its meeting on 7th July.

3.2 Safeguarding Children Scrutiny Review
This Scrutiny Panel comprises Councillors Moira McLaughlin (Chair), Mike Hornby, Cherry Povall, Denise Roberts, Jean Stapleton. Two meetings were held in March to determine the scope for the review and receive an officer presentation regarding safeguarding processes. Due to the election period, it has not been possible to make any further progress with this Review. However, evidence–gathering work is due to re-commence shortly.

4.0 WORK PROGRAMME OF THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE – FUTURE PRIORITIES

4.1 The updated work programme for this Committee, as at the end of the previous municipal year (2013/14) is attached as Appendix 1.

4.2 All incomplete items have been transferred onto the 2014/15 work programme document, which is shown as Appendix 2. It will be necessary for members to further prioritise these outstanding items and determine how best to deal with each. One option is for the Group Spokespersons to undertake this work prior to the next meeting of the Committee in September.

4.3 At the meeting held on 28th January 2014, members of this Committee resolved that a review regarding domestic violence will "now be undertaken at a later date". At a recent meeting of Group Spokespersons, it was agreed to propose that the domestic violence scrutiny review should now commence as soon as possible.

4.4 Members will be aware of the Future Council programme and a separate report is available elsewhere on this agenda. However, in planning the work programme of this Committee, members need to retain sufficient capacity to scrutinise options emerging from the Future Council process, initially during September and October.

4.5 It is currently not proposed to commence any further in-depth reviews until those reviews described above are complete.

5.0 PROPOSED CHANGES TO WORK PLANNING FOR THE COMMITTEE

5.1 It has been recognised by Members that the remit of this Committee is extensive. This has resulted in some meeting agendas in the past being lengthy. There is also concern among Members that some issues which should be scrutinised in more depth may be overlooked. Therefore, it is proposed to introduce, on a trial basis, two new ways of working.

5.2 During the previous municipal year, Committee Members benefited from three sessions led by health partners who described the services provided by their organisation and the key challenges faced. It is therefore proposed to introduce up to six sessions during the municipal year for members to meet in an informal setting. These sessions, titled Spotlight sessions, will enable a topic to be explored in greater detail than time would allow during a formal Committee meeting. However, a short summary of the session would be provided to the next available Policy & Performance Committee meeting allowing any formal discussion and resolutions to be agreed. Initial topics which may be suitable for this new approach include:

- An overview of the NHS architecture

- An update of the provisions of the Children and Families Act 2014
- Proposals for the implementation of the Care Act 2014

5.3 In order to reduce the number of agenda items at meetings, it is proposed that some reports will be distributed to Committee Members outside the committee schedule. These reports will typically be those which are for noting. However, once Members have read the reports, they will have the opportunity to request that the Chair includes an item on the next meeting agenda if appropriate. In order to maintain public transparency, it is also proposed that, all reports dealt with in this way, will be highlighted in this report (the Work Programme update) in the future.

6.0 PROGRESS IMPLEMENTING PREVIOUS RECOMMENDATIONS

6.1 The outstanding recommendations from previous scrutiny reviews for this committee relate to the following Reviews completed in the previous municipal year:

- Outcomes for Looked After Children
- Review of Co-optees
- Implications of the Francis Report for Wirral
- Quality Assurance and Standards in Care Homes

Updates regarding the progress with implementing those recommendations will be made available in due course.

7.0 RECOMMENDATIONS

7.1 Members are requested to note the report and the appendices, making any necessary amendments to the work programme for 2014/15.

7.2 Committee is requested to authorise Group Spokespersons to develop the work programme further and undertake the prioritisation work outlined in paragraph 4.2.

7.3 Committee is requested to approve the proposed changes to improve the effectiveness of the work of the Committee, as outlined in paragraph 5. The effectiveness of the changes will be reviewed by this Committee in February 2015.

REPORT AUTHOR: **Alan Veitch**
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2013-14 Families & Wellbeing Committee Work Programme

Updated - 09/06/14

Key Activities	Lead Member / Officer	Reason for Review	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	April 2014	Outcome
Committee Dates					Tues 9th		Mon 9th		Mon 4th	Thur 5th	Tues 28th			Tues 8th	
Scheduled Reviews															
Looked After Children Review	Cllr Wendy Clements	Commenced during previous municipal year													Referred to Cabinet - 7th Nov 2013. Follow-up report to P&P Committee in approx 1 year.
Implications of the Francis Report for Wirral	Cllr Cherry Povall														Referred to Cabinet - 13th March 2014. Follow-up report to P&P Committee in approx 1 year.
Review of Co-optees	Cllr Wendy Clements	Agreed by P&P Committee on 9th July 2013													Attainment Sub-Committee and Reference Group to be introduced. New arrangements to be reviewed in Spring 2014.
Quality Assurance and Standards in Care Homes	Cllr Wendy Clements	Agreed by P&P Committee on 9th Sept 2013													Report to Committee - 8th April 2014. Referred to Cabinet - July 2014?? Follow-up report to P&P Committee in approx 1 year
Domestic Violence	Cllr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													In abeyance
Safeguarding Children	Cllr Moira McLaughlin	Agreed by P&P Committee on 5th Dec 2013													
Potential Reviews															
Reducing hospital admission and dependency on nursing and residential home for older people		Proposed by Spokespersons - July 2013													
The detrimental effects of over consumption of alcohol on communities and how agencies can work collaboratively to reduce them		Proposed by Spokespersons - July 2013													
Health Inequalities		Proposed by Spokespersons - July 2013													
Services for BME Communities		Proposed by P&P Committee on 9th Sept 2013													
Reports Requested															
Adult Mental Health re–design and outcomes of the Learning Disability re-design	Cheshire & Wirral Partnership Trust														Complete
Safeguarding Vulnerable People	Julia Hassall / Graham Hodkinson														Complete
Standards in Independent Care Homes	Graham Hodkinson														Task & Finish Group introduced
Fostering Annual Report	Julia Hassall														Complete
Adoption Annual Report	Julia Hassall														Complete
Health & Wellbeing Strategy	Fiona Johnstone														Complete
Leisure Review	Clare Fish														Follow-up report - July 2014
Child Poverty Strategy - update	Julia Hassall														Complete
Intensive Family Intervention Programme - update	Julia Hassall														Complete
Public Health Annual Report 2012/13	Fiona Johnstone / Julie Webster														Complete
SEN Transport: Demand Management	Julia Hassall														Complete
All-age Disability Service	Julia Hassall / Graham Hodkinson														Proposed report - July 2014
Audit on Public Health Annual Report 2012/13 - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													Proposed report - July 2014
Safeguarding Annual Report 2013/14	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Proposed report - July 2014
Improving the Public's Health - Kings Fund report	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													Complete

Key Activities	Lead Member / Officer	Reason for Review	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	April 2014	Outcome
NHS & Social Care Integration plus Vision 2018	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Proposed report - July 2014
Birkenhead Foundation Years Project	Julia Hassall / Zoe Munby	Proposed by Spokespersons 16th Dec 2013													Complete
NOM - Local Government Declaration on Tobacco Control	Fiona Johnstone	Agreed by P&P Committee 28th Jan 2014													Follow-up Report - proposed Jan 2015
Anti-social Behaviour, emphasising on youth	Julia Hassall	Agreed by P&P Committee 28th Jan 2014													Proposed report - July 2014
Care Bill - Update	Graham Hodkinson	Proposed by Spokespersons 10th March 2014													Training session for members proposed - Autumn 2014
Springview CQC Inspection Report - progress report and action plan	Val McGee	Agreed by P&P Committee 28th Jan 2014													Complete
Children & Families Act - Update	Julia Hassall	Proposed by Spokespersons 10th March 2014													Proposed report - July 2014. Training session for members proposed - Autumn 2014
Families and Wellbeing Departmental Plan	Clare Fish														
Cheshire, Warrington & Wirral Area Team of NHS England, Two Year Plan (to include proposed service reviews)	Andrew Crawshaw	Item requested by NHS England Area Team													
Breast Screening Service Review		Item offered by NHS England Area Team													
Standing Items															
Performance Dashboard															
Financial Monitoring															
Policy Update															
Special Budget meeting															

Note: Committee members will also be invited to participate in consultation events relating to the re-commissioning of the Healthy Child Programme aged 5 - 19 and Drug & Alcohol Treatment Services

2014-15 Families and Wellbeing Policy & Performance Committee - Work Programme

Updated - 23/06/14

Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Committee Dates					Tues 8th		Tues 9th		Mon 3rd	Tues 2nd		Mon 2nd		Mon 13th	
Scheduled Reviews															
Safeguarding Children	Cllr Moira McLaughlin	Agreed by P&P Committee on 5th Dec 2013													Commenced March 2014
Domestic Violence	Cllr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													
Future Council programme - Detail to be defined															
Potential Reviews															
Reducing hospital admission and dependency on nursing and residential home for older people		Proposed by Spokespersons - July 2013													
The detrimental effects of over consumption of alcohol on communities and how agencies can work collaboratively to reduce them		Proposed by Spokespersons - July 2013													
Health Inequalities		Proposed by Spokespersons - July 2013													
Services for BME Communities		Proposed by P&P Committee on 9th Sept 2013													
Impact Report from previous In-depth Reviews															
Looked After Children Review															
Implications of the Francis Report for Wirral															
Review of Co-optees															
Quality Assurance and Standards in Care Homes															
Reports Requested															
Leisure Review	Clare Fish														Follow-up report - originally proposed July 2014
All-age Disability Service	Julia Hassall / Graham Hodkinson														Proposed report - originally July 2014
Audit on Public Health Annual Report 2012/13 - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													Proposed report - originally July 2014
Safeguarding Annual Report 2013/14	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Proposed report - originally July 2014
NHS & Social Care Integration plus Vision 2018	Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													Proposed report - originally July 2014
Anti-social Behaviour, emphasising on youth	Julia Hassall	Agreed by P&P Committee 28th Jan 2014													Proposed report - originally July 2014
Fostering Annual Report	Julia Hassall														
Adoption Annual Report	Julia Hassall														
Health & Wellbeing Strategy	Fiona Johnstone														
Child Poverty Strategy - update	Julia Hassall														
Public Health Annual Report 2013/14	Fiona Johnstone / Julie Webster														
NOM - Local Government Declaration on Tobacco Control	Fiona Johnstone	Agreed by P&P Committee 28th Jan 2014													Follow-up Report - proposed Jan 2015

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Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Families and Wellbeing Departmental Plan	Clare Fish														
Cheshire, Warrington & Wirral Area Team of NHS England, Two Year Plan (to include proposed service reviews)	Andrew Crawshaw	Item requested by NHS England Area Team													
Clatterbridge Cancer Centre - Restructuring proposals (Are the proposals a substantial variation to service for Wirral?	Jacqueline Robinson	Item offered by Clatterbridge Cancer Centre													
Future Council - outline of process															
Standing Items															
Performance Dashboard															
Financial Monitoring															
Policy Update															
Special Budget meeting															
Spotlight Sessions															
Overview of the NHS architecture	Fiona Johnstone														Proposed July / August 2014
Proposed implementation of the Care Act 2014	Graham Hodkinson														Proposed Autumn 2014
Children & Families Act - Update	Julia Hassall	Proposed by Spokespersons 10th March 2014													Proposed Autumn 2014