



Health and Wellbeing Board

Date:	Wednesday, 11 November 2015
Time:	4.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Pat Phillips
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AGENDA

1. DECLARATIONS OF INTEREST

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

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 6)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board on 8 July, 2015.

4. VANGUARD - UPDATE

Report to follow.

5. HEALTH & WELLBEING BOARD / HEALTHWATCH / SCRUTINY PROTOCOL REPORT (Pages 7 - 18)

6. BETTER CARE FUND - UPDATE (Pages 19 - 32)

7. WIRRAL AUTISM STRATEGY (Pages 33 - 70)

8. ALL AGE DISABILITY STRATEGY (Pages 71 - 106)

9. WIRRAL PLAN PLEDGES

Verbal report – Fiona Johnstone, Director of Public Health.

10. DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting is Wednesday 9 March, 2016.

HEALTH AND WELLBEING BOARD

Wednesday, 8 July 2015

Cllr C Jones (Chair)	Portfolio Holder for Adult Social Care
Mr J Scott	Wirral University Hospital Trust
Ms S Edwards	Cheshire and Wirral NHS Partnership Trust
Mr P Davies	Chair, Healthwatch, Wirral
Ms J Evans	Head of Transformation, Adult Social Services
Ms C Fish	Strategic Director Families and Wellbeing
Mr S Jackson	NHS England
Mr S Gilby	CEO Wirral NHS Community Trust
Cllr P Gilchrist	Leader of the Liberal Democrat Group
Ms F Johnstone	Director of Public Health
Superintendent John Martin	Merseyside Police
Dr P Naylor	Wirral CCG
Mrs A Roberts	Voluntary and Community Action Wirral
Ms J Webster	Head of Public Health
Mr J Wicks	Wirral CCG
Mr P Murphy	Merseyside Fire and Rescue Service

86 **DECLARATIONS OF INTEREST**

Councillor P Gilchrist declared a personal interest in Agenda Item 7 – Public Health Annual Report by virtue of his appointment as Chair of the Cycle Forum.

87 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor P Davies, Councillor J Green, Julia Hassall, Director of Children's Services, David Allison, Chief Executive, Wirral University Teaching Hospital, Andrew Crawshaw, NHS England and Sheena Cumiskey.

88 **MINUTES**

RESOLVED: That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 15 April, 2015 be approved as a correct record.

89 **NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT**

The Chair indicated that this item was to be deferred until the next Formal Board Meeting.

90 **BETTER CARE FUND QUARTERLY REPORT**

The Board considered the report of the Director of Adult Social Services which provided an overview of the latest position of the Better Care Fund (BCF). The report highlighted that significant service redesign and transformational change was underway via various schemes, notably, 6 key priority areas which would impact on

hospital admissions. These were detailed within the appendices attached to the report.

Jacqui Evans, Head of Transformation, Adult Social Services attended the meeting to provide an overview of the report and responded to Members questions.

Ms Evans circulated a summary of all the schemes indicating that to date there was nothing to be escalated or at risk and all schemes were on track. Ms Evans further circulated the dashboard which was a requirement of NHS England and a snapshot of the BCF activity to date which was monitored monthly.

It was reported that Wirral was in the top 3 nationally in relation to performance and that in relation to the carer's data a more accurate picture would be provided to the next Board meeting.

In relation to patient discharges to residential care it was envisaged that performance would improve on this throughout the year but the department would continue to work with NHS England and participate in shared learning with health partners which had proved very productive.

In response to a Member, Ms Evans indicated that the agreed performance target of reducing non-elective admissions was different than the target reported within the CCG plan, the original target was set at 5% but the Department had taken a revised position during the winter period. There was however a 1.5% growth target.

The Director of Adult Social Services thanked all those officers and organisations that had undertaken a huge amount of work in relation to urgent as this was a significantly challenging target.

Members of the Board indicated that they felt the BCF was working in the right direction and that the benefits of joint working were now evident. A Member reiterated that the Board should be cautious not to lose sight of surges in activity and that health partners were seeing pressures throughout the year not just in Winter.

The Chair congratulated all officers for their excellent work and indicated that she had visited both intermediate care bed providers and Arrowe Park and saw evidence that urgent care was working well.

RESOLVED:

That the report be noted.

91 **HEALTH & WELLBEING STRATEGY - PRIORITIES**

The Board considered the report of the Director of Public Health inviting Members to comment on the proposed outline of the new Health and Wellbeing Strategy.

A development session of the Board was held on 26 May 2015 to discuss the strategic aims and the six areas for action were discussed and it was agreed that these areas would be developed further.

Attached to the report was the draft framework for discussion.

The Strategic Director, Families and Wellbeing commented that this was a well written strategy that focused on people's life course and fitted in well with the Council Plan.

Members reiterated the need for the Strategy to align with work undertaken on Vision 2018 and have clear links to 'Healthy Wirral' which was shortly to be introduced. Members further highlighted the need to ensure that the work undertaken by the Board encompassed employment, housing and education as well health and social care.

The Director of Public Health indicated that the priority area on high blood pressure was chosen following evidence based information as an estimated 40-45,000 adults in Wirral currently had high blood pressure but were not aware of it and that high blood pressure was the second biggest risk factor for premature death and disability after smoking. She indicated that the priority now was for people to get to know their numbers to avoid high blood pressure.

Chief Superintendent John Martin indicated that the police Authority had looked at this issue and launched a campaign encouraging officers to undertake blood pressure checks, this led to some staff reorganisation and impacted on services as some officers had to be put on 'light duties' and were unable to continue their driving duties.

Dr Naylor, Wirral CCG indicated high blood pressure was not the major problem it was the impacts of having high blood pressure and the increased risks such as heart attacks and strokes.

It was commented that there was a need to ensure that those with mental health were not disadvantaged as they did not access mainstream services.

Mr Develing, Wirral CCG indicated that the priority area fitted in with the Vanguard project in relation to educating people and getting the message across, need to outline the benefits of knowing your numbers and offer the public a different experience.

RESOLVED:

That the report be noted.

92 **PUBLIC HEALTH ANNUAL REPORT**

The Director of Public Health introduced this year's Public Health Annual Report which was based on a practical evidence based report produced by the Kings Fund in 2013 setting out what can be done, how it affected Health and the associated business case for action. Each of the nine priority areas had been reviewed to see

what was being done locally and to highlight ways in which we could strengthen our impact.

The 2014 Public Health Annual report provided recommendations within each chapter for action. Many of the actions linked closely with the aims of the existing Corporate plan to support vulnerable people, promote good health and a positive environment and encourage employment opportunities.

The Director of Public Health thanked Members for picking up the key messages that came out of the last annual report on social isolation and for the many events held and their help to raise awareness.

She further indicated that Wirral had already done a lot in relation to the nine priority areas e.g. hubs etc. and thanked officers in particular Ms Helen Armitage, Public Health Unit, for their help in putting together the annual report.

A Member congratulated the Director of Public Health and her team on an excellent report which had great examples of the many schools projects undertaken with impressive results.

RESOLVED:

That the Annual Report be noted and the Director of Public Health and her staff be thanked for all their hard work in putting together the report.

93 **WIRRAL NEW MODEL OF CARE VANGUARD - UPDATE**

The Board considered an update from the Executive Director of Strategy and Organisational Development, Wirral University Teaching Hospital in relation to the progress to date on the development and implementation of the Wirral New Model of Care Vanguard.

Mr J Develing, Wirral CCG indicated that the Vision 2018 had now been replaced by Vanguard, the business case had been submitted the outcome of which would be shared with the Board once known and the engagement process was yet to be undertaken.

Further update reports would be submitted to the Board in due course.

RESOLVED:

That the update report on Vanguard be noted and further update reports be submitted to the Board's meetings in due course.

94 **MR SIMON GILBY AND MR PAUL MURPHY**

The Chair indicated that this would be the last meeting both Mr Simon Gilby and Mr Paul Murphy would be in attendance.

The Chair on behalf of the Health and Wellbeing Board thanked them both for their valuable contributions and wished them both well for the future.

95 **DATE OF NEXT FORMAL BOARD MEETING**

The date of the next Formal Board meeting is the 11 November 2015.

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WIRRAL COUNCIL

Health & Wellbeing Board

11 November 2015

SUBJECT:	Joint Protocol – Health and Wellbeing Board, Healthwatch and health scrutiny
REPORT OF:	Clare Fish (Strategic Director of Families & Wellbeing)

1.0 EXECUTIVE SUMMARY

1.1 This report requests that members of the Health & Wellbeing Board approve an agreement which is aimed at strengthening joint working arrangements between Wirral Health and Wellbeing Board, Wirral Healthwatch and health scrutiny (currently undertaken by the Families and Wellbeing Policy & Performance Committee).

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 the Families and Wellbeing Policy & Performance Committee and by the Council's Cabinet.

2.2 Two of the recommendations of Wirral's scrutiny review were:

Recommendation 11 – Protocol for effective working between Healthwatch and health scrutiny

The Head of Policy & Performance / Director of Public Health is requested to develop a protocol between Healthwatch and health scrutiny in order to encourage collaborative and effective joint working.

Recommendation 12 – Framework for effective working between the Health & Wellbeing Board and health scrutiny

The Head of Policy & Performance / Director of Public Health is requested to develop a framework to encourage a constructive working relationship between Health & Wellbeing Board and health scrutiny, ensuring that strategies reflect priorities and deliver outcomes.

2.3 The Robert Francis report, arising from events at Mid Staffordshire hospital, stressed the necessity to "promote the coordination and cooperation between local Healthwatch, Health & Wellbeing Boards and local government scrutiny committees". Meetings of representatives of the three bodies have been held recently to review the practical working arrangements in Wirral.

- 2.4 Wirral Health and Wellbeing Board, Healthwatch Wirral and the Families and Wellbeing Policy & Performance Committee (which currently undertakes Wirral Council's health scrutiny responsibilities) share a common goal of improving health and social care services to benefit the health and wellbeing of residents. All three have a role to play in reviewing and making recommendations about the way local services are planned and delivered. However, without due consideration for the complementary roles, there is potential for duplication when reviewing the health and social care system, and a lack of understanding about how the 3 bodies interact.
- 2.5 It has been agreed that, in order to secure stronger working relationships, a draft agreement to promote closer working arrangements should be produced. The draft protocol, which is attached as an appendix to this report, aims to ensure that appropriate mechanisms are in place to:
- exchange information, intelligence and work programmes;
 - recognise issues of mutual concern / interest at an early stage and ensure they are dealt with in a spirit of co-operation;
 - avoid any duplication of effort;
 - provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.
- 2.6 The draft protocol has been considered and approved by the Families and Wellbeing Policy & Performance Committee, and has also been adopted by Healthwatch. Subject to any amendments, it is hoped that the protocol will be approved by the Health & Wellbeing Board.
- 2.7 At a practical level, steps have already been taken to strengthen the working relationships. As examples, the manager of Healthwatch Wirral has already been invited to attend meetings of the Health and Care Performance Panel and will, in future, be invited to attend meetings of the Families and Wellbeing Policy & Performance Committee (as a not-voting invitee).

3.0 RELEVANT RISKS

3.1 N/A

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 The draft protocol being presented to the Families and Wellbeing Policy & Performance Committee, Wirral's Health and Wellbeing Board and Wirral Healthwatch.

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 The proposed working agreement relates to one of the Council's third sector partners, Healthwatch.

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

8.1 It is expected that implementation of the protocol will not require any additional 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 The Board approves the proposed agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny.

13.2 Council Officers finalise any amendments to the draft agreement following the consultation with the three bodies.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 The recommendations will ensure that the Council implements two of the recommendations from one of its previous scrutiny reviews and follows good practice as proposed in the Francis Report.

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APPENDICES:

Agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny

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Agreement for joint working between Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral Health Scrutiny

1. Purpose of the Agreement

This Agreement sets out the relationship between the Wirral Health and Wellbeing Board, Healthwatch Wirral and Wirral health scrutiny (currently undertaken by the Families and Wellbeing Policy & Performance Committee). Whilst these bodies have specific distinct functions, there is potential for overlap in their work and opportunities for them to work in a complementary way whilst maintaining their independence.

The Agreement clarifies the key roles of the 3 bodies, their legal obligations to each other and how they will work together to improve the health and social care services for people in Wirral.

The following document aims to ensure that appropriate mechanisms are in place to:

- exchange information, intelligence and work programmes;
- recognise issues of mutual concern / interest at an early stage and ensure they are dealt with in a spirit of co-operation;
- avoid any duplication of effort;
- provide a shared understanding of the process of referrals and arrangements for dealing with such referrals.

2. Roles and Responsibilities

2.1 Wirral Health and Wellbeing Board

Wirral Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the residents of Wirral and to promote the integration of services. The role of the Board includes:

- A duty to encourage integrated health and social care provision and to provide advice and guidance to support such arrangements;
- A duty to oversee the development of the Joint Strategic Needs Assessment (JSNA) which provides a comprehensive picture of the health and wellbeing needs of Wirral;
- A duty to produce a Joint Health and Wellbeing Strategy (JHWS) covering social care, health care and public health;
- A duty to develop the Pharmaceutical Needs Assessment;
- A right to be consulted by Wirral Clinical Commissioning Group (CCG) on their commissioning plan and to give an opinion whether the CCG's commissioning plan takes proper account of the Joint Health and Wellbeing Strategy.

2.2 Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the Council and other organisations operating in Wirral to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. The Families and Wellbeing Policy & Performance Committee is the key committee for the purposes of fulfilling the statutory requirements of health scrutiny. The role of health scrutiny includes:

- The right to be consulted by any local commissioner on any proposed substantial variation or development in health care provision and power to refer to the Secretary of State if not satisfied with the commissioner's proposals;
- The power to scrutinise any provider or commissioner of health services, including the independent sector; to require attendance at meetings and the provision of information;
- The power to make recommendations to commissioners and providers of health services;
- The ability to scrutinise the effectiveness of the Health and Wellbeing Board and to make reports and recommendations to the Board;
- The authority to make statements on the annual Quality Account of local health providers and to engage with providers on the development of their priorities for improvement;
- A duty to receive reports submitted by Healthwatch Wirral;

2.3 Healthwatch Wirral

Healthwatch Wirral is an independent consumer champion for both health and social care. Providing a Healthwatch is a statutory requirement for all local authorities to enable patients and carers to have a safe, secure environment within which they can share their health and care concerns and experiences. The Healthwatch network was established as part of the Health and Social Care Act 2012. The aim of Healthwatch Wirral is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in the locality. In addition, Healthwatch Wirral provides, or signposts, people to information to help them make choices about health and care services.

The role of Healthwatch Wirral includes:

- enabling people to share their views and concerns about their local health and social care services and helping to build a picture of where services are doing well and where they can be improved;
- the right to alert Healthwatch England, Care Quality Commission (CQC), the Board and/or council scrutiny committees where appropriate, to concerns about specific care providers, health or social care matters;

- the power to give authoritative, evidence based feedback to organisations responsible for commissioning or delivering local health and social care services.
- the ability to provide people with information about their choices and what to do when things go wrong, as well as signposting people to how they can access services;

3. Statutory obligations

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them:

- The Health and Wellbeing Board has a duty to involve Healthwatch Wirral in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Wirral.
- Healthwatch Wirral must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Wirral must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Wirral and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Wirral.

4. Working Principles

Given that the shared aims of the Board, Healthwatch Wirral and Health Scrutiny are to improve the health and wellbeing of the people of Wirral through the commissioning and delivery of high quality services, each undertakes to:

- have a shared understanding of respective roles, responsibilities, priorities and different perspectives;
- work in a climate of mutual respect, courtesy and transparency;
- engage in early discussions on issues of common interest to ensure a joined up approach;
- promote and foster an open relationship where issues of common interest are shared and challenged in a constructive way;
- share work programmes, agendas, reports, minutes and relevant information to avoid the unnecessary duplication of effort;
- advocate for the roles of each other's organisations.

5. Working Arrangements and Commitments

In order to foster closer working arrangements and to avoid duplication of effort, the following commitments will apply:

Wirral Health and Wellbeing Board will:

- Share its work programme with Health Scrutiny and Healthwatch Wirral.
- Update Health Scrutiny on its progress with the JSNA and provide assurance that progress is being made to deliver the outcomes in the JHWS.
- Be subject to scrutiny by Health Scrutiny and provide information and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit (Health Scrutiny may choose not to do so).
- Ensure Healthwatch Wirral is a core member of the Board and involved in the preparation of the JSNA and JHWS.
- Take account of and respond to information produced by Healthwatch Wirral;
- Request (subject to available resource) Healthwatch Wirral undertakes a particular piece of work in order to inform the Board of public opinion and experiences of services to inform refreshes of the JSNA and JHWS (Healthwatch Wirral may choose not to do so).
- Receive reports and information from Healthwatch Wirral on any key themes or trends identified through engagement with patients, service users, carers and the public which impact on the delivery of the outcomes in the JHWS.

Health Scrutiny Committee will:

- Share its work programme with the Board and Healthwatch Wirral.
- Seek the views of the Board and Healthwatch Wirral when formulating Health Scrutiny work programmes.
- Take account of and respond to the views and recommendations of the Board and Healthwatch Wirral.
- Hold the Board to account for its work to improve the health and wellbeing of the people of Wirral, including its responsibilities in relation to the JSNA and JHWS.
- Make reports and recommendations to the Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Notify Committee members of the Board meeting agendas (and reports, where appropriate).
- Request Healthwatch Wirral (subject to available resource) to submit relevant intelligence and information to support scrutiny work.
- Invite representatives from Healthwatch Wirral to attend as required and, at the Chairman's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Wirral (subject to available resource) undertakes a particular piece of work to inform Health Scrutiny activity. This may include asking Healthwatch Wirral to use its 'Enter and View' powers (Healthwatch Wirral may choose not to do so).
- Refer relevant issues to Healthwatch Wirral in line with the process detailed in Section 6 of this agreement.

- Acknowledge and respond to referrals from Healthwatch Wirral in line with the process detailed in Section 6 of this agreement.
- Consider Healthwatch Wirral's annual report.
- Seek the views of Healthwatch Wirral to support its detailed scrutiny review work.
- Invite Healthwatch Wirral to be a member of working groups, where appropriate, for example, the Health and Care Performance Panel.

Healthwatch Wirral will:

- Work with the Board and Health Scrutiny to provide information and comments as the public champion.
- Provide the Board and Health Scrutiny with a copy of its Annual Report.
- Share its work programme with the Board and health scrutiny.
- Appoint one person (and a nominated substitute) to represent Healthwatch Wirral on the Board.
- Provide relevant public opinions and experiences about services to support the work of the Board and the development of the JSNA / JHWS.
- As a member of the Board, provide information and challenge from the perspective of the public, service users and carers.
- Provide Health Scrutiny with a copy of any report that responds to a consultation exercise undertaken by Healthwatch Wirral on behalf of local health or social care commissioners and providers or of its own volition.
- Highlight concerns about services to Health Scrutiny and, where appropriate make a referral in line with the process set out in Section 6 of this agreement.
- Share data and intelligence with health scrutiny, such as the concerns / findings from 'Enter and View'.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services.
- Acknowledge and respond to referrals from Health Scrutiny in line with the process detailed in Section 6 of this agreement.
- Attend meetings of the Health and Care Performance Panel, which reports to the Families and Wellbeing Policy & Performance Committee.

6. Referral Process

6.1 Referrals from Healthwatch Wirral to Health Scrutiny:

If, during the course of its work Healthwatch Wirral identifies an issue which it feels warrants further exploration, it can make a referral to Health Scrutiny. The referral needs to be made in writing to the Chairman of Wirral Health Scrutiny Committee via the Scrutiny Officer. The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. All effort will be made to ensure that referrals are dealt with in a timely manner. Healthwatch Wirral will be informed of the outcome of this consideration and if the request is supported, details of how the matter will be taken forward. If Health Scrutiny decides not to act on the referral it will provide reasons for not doing so.

6.2 Referrals to Healthwatch Wirral:

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Wirral it can make a referral. Referrals should be made in writing to the Healthwatch Wirral Manager.

The referral should detail:

- the nature of the referral;
- the reason why the referral has been made;
- any evidence about the issue;
- what action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Wirral decided not to act on a referral it will provide reasons why to Health Scrutiny.

7. Review Arrangements

This protocol will be reviewed a year after its agreement and annually thereafter or in response to any new national guidance issued in relation to Health and Wellbeing Board, Health Scrutiny or Healthwatch.

Where there is concern that this protocol is not succeeding, resolution will be sought through communication between the Chairs.

8. Signatures

To be signed by the Chair of the three bodies.

.....Date
Chairman, Wirral Health and Wellbeing Board

.....Date
Chairman, Wirral Health Scrutiny Committee

.....Date
Chairman, Healthwatch Wirral

DRAFT VERSION 4

PROGRESS CHECKER

Understanding of roles and responsibilities influences good working relationships and performance	
Indicators – working well	Indicators – not working well
A clear understanding of roles, powers and responsibilities	Lack of distinction of roles and poor understanding of where boundaries lie
Partnership decisions are open to effective scrutiny	Underdeveloped arrangements for scrutiny of partnerships decisions
Behaviour and conduct influence good working relationships and performance	
Indicators – working well	Indicators – not working well
Culture of trust and respect	Mistrust and lack of respect
Commitment to agreed priorities	Relationships too close and decisions made without proper challenge or debate
Recognition of the value each group brings (through referral, consultation, debate)	Lack of understanding and respect for other partners’ points of view, cultures and structures.
The provision of guidance, information and support influences good working relationships and performance	
Indicators – working well	Indicators – not working well
Recognition of the benefit of developing knowledge and skills and individuals feel well supported by training and guidance	Poor briefing material, information to support decision taking and accountability
Seeking out examples of good practice, and sharing research.	Insular approach with poor networking
Partners are happy about the accuracy, regularity and timeliness of the information	Weak alignment between partnership and corporate plans, targets and delivery

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WIRRAL COUNCIL

Health and Wellbeing Board

11th November 2015

SUBJECT:	Better Care Fund - update
WARD/S AFFECTED:	All Wards
REPORT OF:	Graham Hodgkinson, Director of Adult Social Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Christine Jones, Adult Social Care and Public Health
KEY DECISION?	Yes

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an overview of the latest position of the Better Care Fund (BCF).
- 1.2 The BCF was signed off with assurance from NHS England in September 2014.
- 1.3 The BCF represents partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers.

2.0 BACKGROUND AND KEY ISSUES

2.1 Considerable progress has been made to progress implementation of key schemes to deliver against the national requirements and in particular, achievement of the 3.5% reduction target for unplanned admissions. (see appendix 1 for summary of all schemes) It is important to recognise the commitment of all organisations who have worked proactively to streamline and integrate delivery of services and support the BCF priorities.

2.2 Notably:

2.2.1 The Wirral Independence service has been fully commissioned and from 1st July a 7 day response for falls, assistive technology and equipment is provided. A 4 hour response to support discharge and admission avoidance is a key element of this service.

- 1,070 prescribers to date, who are registered against 43 staff groups working across 104 Health / Social Care Teams

- Some quick calculations for the first operating quarter for deliveries and collections for all community equipment including assistive technology.
 - Number of products delivered 13,009
 - Number of products collected 7,394
 - Number of products cleaned / recycled 5,753
 - Number of products scrapped 902
 - Note the Cleaned / Recycled and Scrapped figures do not add up to the products collected as a % of these products will be in transit, i.e. in process of cleaning / repair and maintenance etc
- Falls Prevention / Post Fall Pathway, Protocols and Risk Assessments implemented this November specifically for care homes and supported by Community Voice

2.2.2 The Intermediate care and transitional care commission has been completed and from Sept 1st additional joint funding has secured an additional 40 beds across 5 providers in Wirral. We now have 110 beds to support this service and provide appropriate interventions outside hospital. A multi-disciplinary team (Rapid community service) supports individuals in both the bed settings and also in their own home. A key element of this service is to support referrals from GP's, to avoid the admission in the first place.

2.2.3 Additional growth was identified in the BCF to expand the community offer, including mobile nights, overnight support for up to 72 hours, reablement and domiciliary care. Again, these services enable an urgent 'wrap around' package to be put in place with the relevant health and social care professionals intervening appropriately to avoid admissions, as well as supporting discharge. Independent sector providers have expanded these services and same day response is a key feature. a 5% increase in activity across support at home services (Reablement, Domiciliary Care, Mobile Nights and Helping People Home). We would expect this to continue to rise by the end of 2015/16 and be closer to a 10-15% increase.

2.2.4 Wirral's older people's community service has now fully mobilised and is delivering 5 pathways of care which support admission prevention and reduced length of stay. The 5 pathways are telephone advice/triage, home visits, Older People Rapid Assessments/Urgent Outpatient Appointment, Front Door and Older People Short Stay Unit. As per current BCF reporting this service is contributing to the overall position of 3.5% reduction in admission

2.2.5 IV antibiotics (Oral Parenteral Antimicrobial Therapy service) has delivered the below and is a good example of best practice where providers are collaborating to achieve better patient journeys. Patient satisfaction for this survey shows that

- 81% of patients surveyed stated the support from the community team following discharge was excellent.
- 100% of patients surveyed strongly agreed that OPAT was preferable to inpatient treatment

- 100% of patients surveyed stated they would accept this form of treatment if the need arose again

The service has so far supported the avoidance of 111 admissions and enabled 148 early discharges, saving 1,900 bed days.

2.2.6 Key developments are underway supporting quality in care homes, including specific support for people with diabetes, to reduce associated admissions. Investment has been focussed on technology solutions to support falls prevention, a key reason for hospital admissions from care homes, A and E attendances and NWS calls. We have also invested in additional nurse support into a dedicated care home support team to assist training, guidance and advice across the care homes in Wirral.

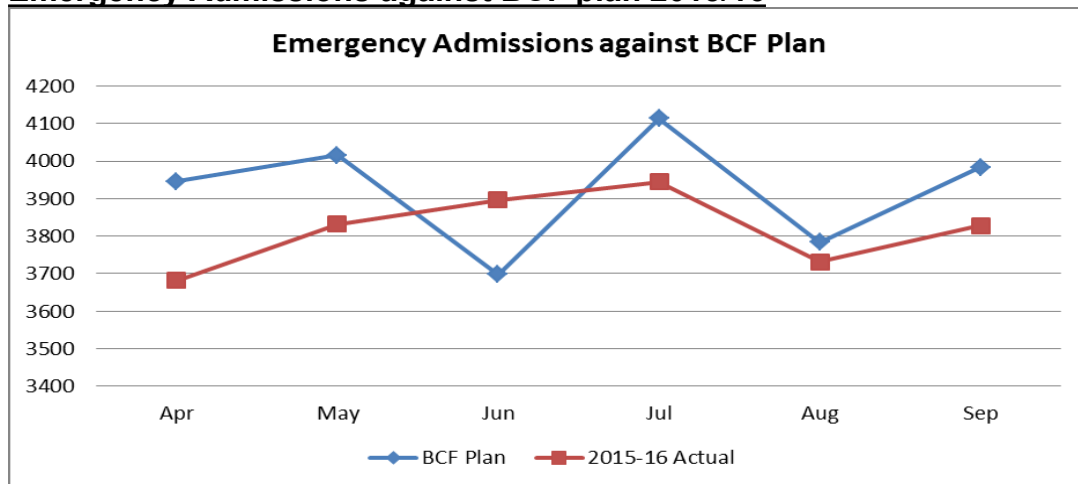
2.3 Performance:

Wirral is bucking the trend locally and achieving a reduction in admissions, with the schemes funded through the BCF playing a key role.

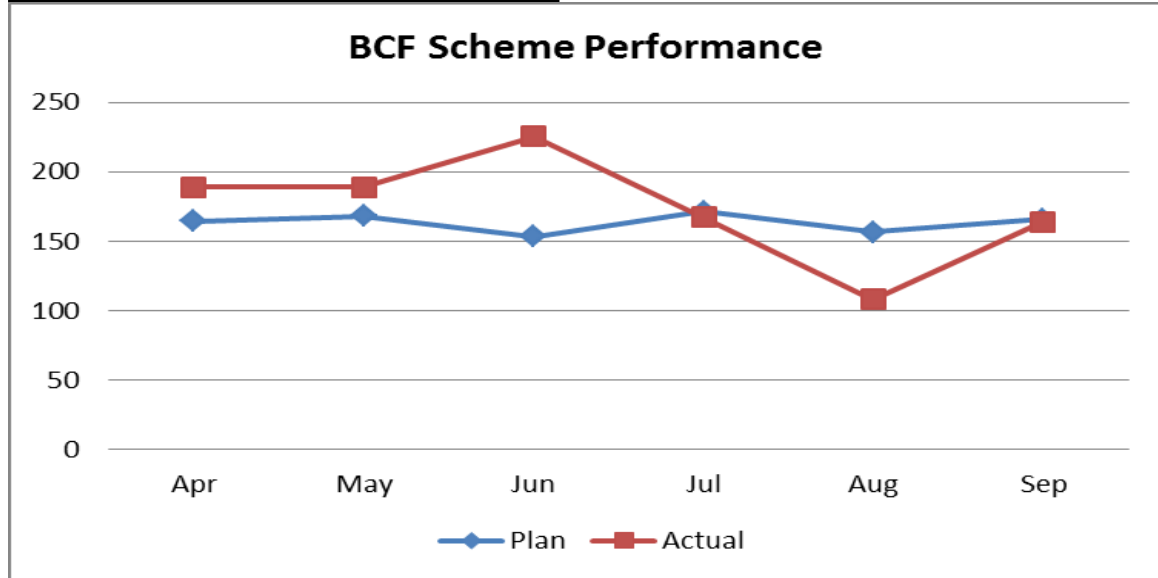
Quarterly Performance

Time Period	BCF plan	Actual	Variance	Variance (%)
Qtr1	11659	11409	-250	-2.1%
Qtr2	11881	11504	-377	-3.2%
YTD	23540	22913	-627	-2.7%

Emergency Admissions against BCF plan 2015/16



BCF Scheme performance by Month



Currently the BCF schemes have prevented 1,045 admissions and are exceeding target by 6.6%.

The national team have made available some support to assist with scheme modelling and evidencing of impacts. We are working with the team currently to assist mid and full year evaluation. A midyear position will be circulated to board members, as soon as complete in approximately a month's time.

Assurance monitoring continues with NHS England on a quarterly basis.

2.4 Finances:

The overall pooled budget for the BCF (see appendix 2) was originally £33,821,066 and has been revised down to a forecast out-turn figure of £33,815,488 as at the end of September 2015. The revised forecast out-turn figure also takes into account a contingency amount of £4,215,277. A section 75 agreement outlines the detail of spend and is monitored monthly at the BCF board, with finance leads from both the CCG and Council.

As at the end of September 2015, the actual and committed spend being reported by the CCG and Council are in line with the forecast out turn figures that have been reported. Whilst £11m of the Council spend is committed within variable contracts, the level of expenditure will be expected to rise during the winter months and when all schemes are fully operational. Any slippage across the schemes will be prioritised and resources used to support the expansion of the Rapid Community service to include crisis dementia support.

2.5 National developments:

We have been approached via NHS England, as one of the areas that the national team would like to meet to review the impact of the BCF, and lessons learnt. The team will be visiting us on 18th November.

A £500,000 transformational integration fund has been made available by NHS England to bid against. Wirral is intending to bid for a small amount to fund a 6

month post to assist with information, communication and driving the understanding of changes across all organisations, to scale the pace of implementation and embedding in practice. We will also be bidding as part of the LAT and discussions are underway to define our local priority for support.

Wirral is also sharing some examples of good practice for the national report of the BCF.

2.6 Future of the BCF

Clarification has been received via NHS England that the BCF will remain in 16/17. Formal confirmation is expected on 25th November as part of the budget announcement. Early messages reinforce the focus and drive for integration and we are expecting to be measured on a wider range of integration measures, including expansion and further commitment of pooled budgets

2.7 The BCF will remain closely aligned with the Systems Resilience Group and help drive the urgent care agenda.

3.0 RELEVANT RISKS

3.1 The BCF brings both opportunities and risks. The performance related element of the fund equates to a maximum potential risk of £7.206m being withheld by NHS England to offset the element of activity not reduced in the Acute sector. This equates to a maximum risk of £5.909m for the CCG and £1.297m for the Council. The risk sharing arrangement has previously been agreed at Health and Wellbeing Board on a 82% CCG/18% DASS basis.

3.2 As Wirral is currently delivering against target, there are no risks to highlight at the present time. However, we proceed with cautious optimism, as we approach the core winter pressure period.

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 Public and stakeholder consultation took place during 2014.

5.2 Engagement continues with providers via Systems Resilience Group/Urgent Care Recovery Plan Group and monthly Steering Group.

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 Voluntary Community and Faith organisations are key stakeholders in the development of Vision 2018.

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

8.1 For 2015/16, the total joint resource available is £35,021,863.

9.0 LEGAL IMPLICATIONS

9.1 The Section 75 (pooled budget) is a formal legal agreement, setting out specific risk share agreements.

10.0 EQUALITIES IMPLICATIONS

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

No because there is no relevance to equality. Consideration of Equality Impact Assessment will be given to specific scheme proposals.

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATIONS

13.1 It is recommended that the Health and Wellbeing Board;
Note the progress with regard the BCF priorities, monitored via the section 75 pooled budget.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 Wirral Council and CCG are required to establish a pooled budget to deliver the BCF priorities.

4.2 NHS England requires Wirral Council and CCG to deliver against national requirements identified in the BCF.

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Head of Transformation
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APPENDICES

Appendix 1 Scheme summary
Appendix 2 Finance summary
Appendix 3 Performance Dashboard

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

Briefing Note	Date

SUBJECT HISTORY (last 3 years)

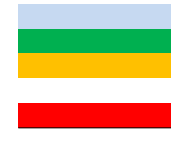
Council Meeting	Date
Health & Wellbeing Board	April 2015

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APPENDIX 1

No		Amendments			SRG Funding
		Original	See 26	Reprofile	
1	Wirral independence	1,610,710		1,610,710	
2	Community care of the elderly service	622,000		622,000	
3a	Third Sector Spend - CCG	1,392,621		1,392,621	
3b	Third Sector Spend - Adults DASS	935,130		935,130	
4	ICCTs Investment / Neighbourhood 7 Day Working	3,104,690	(3,104,690)	0	
5	Care Homes Scheme	468,000		468,000	
6	Flexible social care support at night	516,000		516,000	
7	Care arranging team	27,000	(27,000)	0	
8	Care and support bill implementation	976,000		976,000	
9	Investment in social services in the community	4,396,824	(100,000)	4,296,824	
10	Carers (joint commission)	1,325,000		1,325,000	
11	Homeless service	93,279		93,279	
12	Step up step down (IMC reablement)	7,370,082	(7,370,082)	0	
13	Integrated discharge team	1,011,000	(1,011,000)	0	
14	Admission prevention services	621,000	(621,000)	0	
15	IV antibiotics & blood transfusion	400,000		400,000	
16	Early Supported Discharge	996,428		996,428	(996,428)
17	NWAS demand reduction schemes	146,000		146,000	(146,000)
18	NWAS - Street Triage	180,000		180,000	
19	Dementia LES	37,000		37,000	
20	Early onset dementia	145,000		145,000	
21	Specialist Alcohol Unit	996,000		996,000	
22	Alcohol Triage Service	325,000		325,000	
23	Complex Needs Service	250,000		250,000	
24	Direct joint MH posts	415,909		415,909	
25	Dementia nurses	75,290		75,290	
26	Revised 7 Day working / Community Provision		11,726,868	11,726,868	
27	Contingency	1,781,900	506,904	2,288,804	
28	DFG	2,073,000		2,073,000	
29	Social Capital	1,003,000		1,003,000	
30	Joint Post Finance	75,000		75,000	
		33,368,863	0	33,368,863	(1,142,428)
Commissioning Expenditure		30,292,863		30,292,863	0
Grant		3,076,000		3,076,000	0
		33,368,863		33,368,863	

Minimum pooled request £28,009,000



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Appendix 2

Better Care Fund Agreed Schemes 2015/16	Total Funding	Forecast Outturn
	£	£
Early Intervention and Prevention - Wirral Independence		
Independence/CES	1,339,053	1,315,916
Community Equipment & Adaptations	300,000	300,000
Independence/CES	255,000	255,000
Telecare/Assistive Technology	865,994	865,994
Falls	373,103	373,103
Total Early Intervention and Prevention	3,133,150	3,110,013
Keeping People in their Local Communities		
Community care of the elderly service	1,123,039	1,123,039
CCG Third sector spend:		
RNID/Wirral Society for the Blind and Partially Sighted	9,121	9,121
Claire House	227,770	227,770
Wirral Holistic Care	21,655	21,655
Ark Project	16,888	16,888
Hoylake Cottage	0	17,559
Age UK Provision of Hospital Discharge & Reablement Service, Ark, 3rd sector Lantern Project	251,404	251,404
Helplink	2,764	2,764
RNID	30,709	30,709
Advocacy in Wirral, Irish Wirral Change	222,364	222,364
Wirral Multicultural Organisation	92,625	92,625
DASS Third sector spend:		
Information and Advice	130,000	130,000
Advocacy	130,000	130,000
Day Services	455,130	455,130
General Support (including Carers)	220,000	220,000
Care Homes schemes	100,000	100,000
Flexible social care support at night (aka Mobile Nights)	516,000	516,000
New - 7 Day Working - Care Arranging Team		
Care & Support Bill implementation:		
Carers Support	239,000	239,000
Continuity of care and eligibility	344,000	344,000
Safeguarding	237,000	237,000
Support for Change	109,000	109,000
Maintaining Eligibility Criteria - investment in social care packages	4,296,824	4,296,824
Carers Service	1,325,000	1,260,000
Early Intervention and prevention		65,000
Homeless service	93,279	93,279
Total keeping people in their local communities	10,193,572	10,211,131
Step up Step Down Services		
IV antibiotics & blood transfusion	400,000	400,000
Street triage - NWAS demand reduction schemes	152,000	152,000
Bed Base x 100 IMC & TC beds	3,434,600	3,434,600
MDT to support existing 70 beds	1,560,000	1,560,000
MDT to support additional 30 bed commission	245,776	245,776
New - Admission Prevention Service	605,543	605,543
IDT	562,145	562,145
PULL	243,953	243,953
Rapid community response for GP's/NWAS to avoid admission	400,000	400,000
ICCT	1,393,693	1,393,693
Weekend and bank holiday overtime	86,000	86,000
Re-ablement	2,100,000	2,100,000
Re-ablement - growth	530,000	530,000
Mobile Nights growth	126,000	126,000
Brokerage	27,000	27,000
Local Solutions - 72 hour care	412,158	412,158
Total step up/step down services	12,278,868	12,278,868
Mental Health including Drug & Alcohol Services		
Dementia LES	53,000	53,000
Early onset Dementia	145,000	145,000
Complex Needs Service	250,000	250,000
Direct posts - 0.4 fte Carer's project Officer	9,538	9,538
Direct posts - carers project worker - Rod Elton	37,002	37,002
Direct posts - Family support - S Davies	28,303	28,303
Direct posts - 5 Support Workers for MH Crisis Resolution and Home Treatment Service	155,743	155,743
Direct posts - Early Onset Dementia Team - J Billington	47,808	47,808
Direct posts - MH Crisis Resolution - Crisis Intervention Team	137,515	137,515
Dementia Nurse	75,290	75,290
Total mental health including drug & alcohol services	939,199	939,199
Contingency and to be allocated fund (commissioning tbc)	4,125,277	4,125,277
DFG	2,073,000	2,073,000
Social Capital	1,003,000	1,003,000
Total other	7,201,277	7,201,277
New - Joint post for co-ordination of BCF	75,000	75,000
Total	33,821,066	33,815,488

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Business Intelligence Team

BETTER CARE FUND SCHEME MONITORING (Wirral CCG) 2015/16

Reporting Month - September 2015 (Run 4)

Description	Reporting Period (YTD)	YTD Plan	YTD Actual	YTD Variance (%)	YTD Trend Analysis	2015/16 Plan	2015/16 FOT	FOT Variance	FOT RAG	Comments
A Better Care Fund Scheme										
1 Care of the Elderly	Apr - Sept	273	160	-113 -41.4%		547	320	-227		Data is now flowing for older peoples community service. This has led to a significant improvement in activity in month 6. with activity performing above plan in month (49 admissions prevented against a plan of 46). Overall Year to date however is 41.4% under plan.
2 Scheme 26	Apr - Sept	469	713	244 52.0%		939	1,426	487		ICCT team have recently moved to system one. The data includes there admissions prevention but the CT information team are validating this data and is subject to change. There were also discussions around establishing a dataset that would help to monitor this activity more accurately and consistently. The data for the last 3 months is low compared to previous months and this issue will be raised with the CT information team.
3 NWAS Street Triage	Apr - Sept	17	59	42 247.1%		35	118	83		NWAS Street triage continues to significantly over perform against plan and is predicted to be significantly in excess of the annual plan at year end. The data is predicated on a 30% rule of A&E attendances to admissions
4 IV Antibiotics	Apr - Sept	182	111	-71 -39.0%		365	222	-143		The IV Antibiotics activity deteriorated sharply in August but showed signs of improvement in Month 6. Overall the activity is 31% under plan
Better Care Fund Scheme Overall Performance										
1 Total BCF Scheme	Apr - Sept	941	1,043	102 10.8%		1,965	2,086	121		The BCF Schemes are delivering the intended admissions avoidance based on the data submitted, The overall green status is achieved primarily by the significant over performance in street triage and Scheme 26 initiatives. It is important to caveat that the performance is based on the activity submitted stating admissions avoided.

Greater than 2.5% below plan

Within 2.5% of plan

Exceeding planned activity

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WIRRAL COUNCIL

HEALTH & WELLBEING BOARD

11 NOVEMBER 2015

SUBJECT:	ALL AGE AUTISM STRATEGY
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON
RESPONSIBLE PORTFOLIO HOLDER:	CHRIS JONES
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	YES/NO <i>(delete as applicable)</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This is to brief the Health & Wellbeing Board on the work that has been completed with regards to Wirral's Autism Strategy.

In 2009 the National Autism Strategy was implemented, since then there has been an expectation that all Local Authorities will have a local Autism Strategy.

Wirral have now written a draft strategy, it has been developed through consultation and has been agreed. Work now needs to begin in order for the strategy to be implemented.

The Strategy will sit underneath the All Age Disability Strategy.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 There have been a number of consultation sessions with all stake holders to identify the key priorities for people with autism in Wirral. The 'draft' strategy has been shared with all of the individuals and groups of people who attended the consultation sessions, and it has also been sent to people who have autism, carers, Health and Social Care professionals, other departments in the Council, providers and the third sector.

DASS worked with CYPD and CCG, looking at the whole draft strategy and identified areas that required updating/adding to in order to make the strategy an all age one.

The strategy has been presented to Strategic Leadership Team in DASS, Departmental Management Team for Families and Wellbeing, Disability Partnership Board.

3.0 RELEVANT RISKS

- 3.1 If the strategy is not agreed and implemented the Council will not be meeting it's responsibility of having a strategy for people with autism.

4.0 OTHER OPTIONS CONSIDERED

4.1

5.0 CONSULTATION

5.1 A number of consultation events were held in April and May 2015 with feedback sessions held at the beginning of June 2015 to share the draft strategy and receive feedback.

The consultation events and the feedback events involved people with autism, family members and Carers, Health & Social Care professionals, other departments within the Council, providers and the third sector.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 This strategy has implications for all members of the community, including the voluntary, community and faith sector.

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

7.1 There are some resources that need to be taken into consideration, they are:

Identified Lead Officer, this will need to be communicated to the autism community so that they have a contact person within the Council. This lead will also need to chair the Autism Partnership Board.

There will need to be resources put into the Autism Partnership Board, this will be in member's time, admin resources for sending out information etc.

Financial implications – still to be determined

It has been requested that the document is printed in an easy read version so that it is accessible to all adults.

The groups who attended the consultation sessions said that the document should be widely accessible and printed out for those people who don't have access to computers, but also that it should be put onto the Council website.

All departments within the Council will need to be involved with this Strategy as it is the responsibility of everyone to ensure that people in Wirral with autism have a 'Fulfilling and Rewarding Life'.

8.0 LEGAL IMPLICATIONS

8.1

9.0 EQUALITIES IMPLICATIONS

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

(a) Yes and impact review is attached –



10.0 CARBON REDUCTION IMPLICATIONS

10.1 *(Carbon usage implications? Any other relevant environmental issues?)*

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 *(Is planning permission required?)*

12.0 RECOMMENDATION/S

12.1

- 1) Agree the draft Autism Strategy and sign off so that it can be implemented by the Autism Sub-group.
- 2) Identify resources to ensure that the work can be completed and the strategy launched

13.0 REASON/S FOR RECOMMENDATION/S

13.1

REPORT AUTHOR: *Annamarie Jones*
Commissioning Lead
 telephone: (0151666 5009)
 email: annamariejones@wirral.gov.uk

APPENDICES

All Age Autism Strategy

REFERENCE MATERIAL

(Include background information referred to or relied upon when drafting this report, together with details of where the information can be found. There is no need to refer to publicly available material: e.g. Acts of Parliament or Government guidance.)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
-----------------	------

--	--

Equality Impact Assessment Toolkit (from May 2012)

Section 1: Your details

EIA lead Officer:

Email address:

Head of Section:

Chief Officer:

Department:

Date:

Section 2: What Council proposal is being assessed?

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

Yes / No

If 'yes' please state which meeting and what date

.....

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

.....

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

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

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

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

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

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

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

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

Section 5:

Could the proposal have a positive or negative impact on any of the protected groups (race, gender, disability, gender reassignment, age, pregnancy and maternity, religion and belief, sexual orientation, marriage and civil partnership)?

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

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

Which group(s) of people could be affected	Potential positive or negative impact	Action required to mitigate any potential negative impact	Lead person	Timescale	Resource implications

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

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

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

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

Yes / No – (please delete as appropriate)

If 'yes' please continue to section 8.

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

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

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

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

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

Section 9: Have you remembered to:

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

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All Age Autism Strategy Wirral

2016-2020

DRAFT 6.1

Contents

Foreword	3
Introduction	5
Strategic Context	6
What is Autism?	7
Autism as a Spectrum Condition	8
Autism Self-Assessment Framework	9
Wirral's Autism Strategy for Adults	9
Strategic Objectives	
1) To increase the awareness and understanding of autism among professionals and the community	11
2) Support adults with autism into employment and volunteering opportunities	13
3) Develop a clear, consistent pathway for diagnosis of autism, followed by the offer of a personalised needs assessment	15
4) Improve access to services and support which adults with autism need to live independently within the community	17
5) Enable local partners to develop relevant services for adults with autism to meet identified needs and priorities	21
6) Work with the Criminal Justice System.	22
7) Planning in relation to the provision of services for people with autism as they move from being children to adults	23
8) Preventative support and safeguarding in line with the Care Act 2014 from April 2015	24
9) Reasonable adjustments and Equality	26
10) Supporting people with complex needs, whose behaviour may challenge or who may lack capacity	27
Monitoring the Strategy	28

Foreword

Wirral's Autism Strategy 2015 – 2018 has been developed jointly between Adult Social Services, Clinical Commissioning Group, Children's and Young Peoples Department, people with autism, Carers, providers and other professionals. It shows the objectives we have set out for ourselves and our partners as part of our commitment to improve the lives of people with autism, their Carers and their families.

Autism is sometimes described as a 'hidden disability', not only because it has no physical signs, but also because people with autism are some of the most excluded and least visible people in the UK.

Autism is a developmental disability and can affect a person's ability to communicate and can make forming relationships difficult, but some people with autism go on to have meaningful and happy relationships and marriages. While autism is a lifelong disability the right support at the right time can make an enormous difference to people's lives.

However, in a survey by the National Autistic Society 'Facts and Figures', in 2012, 22% of young people with autism said they had no friends at all, 63% of young people with autism reported having been bullied at school and 27 % of children with autism had been excluded from school. Children and young people with autism attend the full range of settings and schools, depending on their needs. This ranges from nurseries and mainstream schools with support or not, to special schools meeting the needs of children with autism and other additional needs (such as learning disability and or social emotional and mental health needs. 78% of young people with autism think people outside their family don't know enough about the condition.

Many young people with autism find it difficult to imagine life beyond school and what being in a workplace will involve. Parents of young people with autism have described transition to adulthood like falling off a cliff.

Adults with autism are often victims of inadequate healthcare services, social stigma and discrimination.

Too many adults with autism are unemployed, struggling to get by on benefits and have no care and support or are reliant on the care and support of their families, both financially and for practical help. Housing is another key issue to be faced when those with autism strive to develop their independence.

The main focus of the strategy is to ensure that there is better support for people with autism, their families and Carers; it aims to improve access to healthcare and other services that affects their quality of life; it seeks to empower people to shape their own lives and determine the services they wish to receive; it champions the provision of real opportunities for everyone to experience a fulfilling and rewarding life. This strategy looks at a lifelong approach to supporting people in Wirral with autism, therefore, this is an all age strategy.

Wirral's local strategy will ensure that there is training for all staff, to improve the identification, diagnosis and ongoing support of children and adults with autism, and to provide leadership for the development of services, including transition from child to adult services. This will build public and professional awareness, enable a change in attitudes across our society, and reduce the isolation and exclusion that people with autism often face.

DRAFT 6.1

Introduction

Wirral Council have written a 5 year plan that will take the Council forward and will transform Wirral so that it becomes a place where people and businesses thrive. As part of this plan the Council are working with partners to develop the 20 pledges that have been identified to achieve these changes. One of the pledges identified is developing an 'All Age Disability Strategy: People with Disabilities Living Independently'.

This Autism Strategy will identify the areas that Wirral need to develop and work collaboratively with partners to ensure that people in Wirral with Autism live a fulfilling and rewarding life. This strategy will be one of many strategies that will sit underneath the 'All Age Disability Strategy: People with Disabilities Living Independently'.

The local Autism Strategy sets out the priorities for the next four years, 2016-2020 and it includes children, adults and young people moving into adulthood. It has been coproduced with all stakeholders in Wirral who have an interest in improving the lives of people with autism.

The local strategy aims to assess how well local agencies are implementing the Government's Autism Strategy, how we are responding to local needs, expectations and circumstances and how we can best use the resources available to identify key areas.

People with autism are a very important part of our community in Wirral. This local strategy supports the Government's vision for transforming for the better the lives of children, young people and adults with autism and aims to ensure it becomes a reality.

Strategic commissioning is a process which involves assessing needs, taking account of resources and current services and then developing a framework for the future delivery of services and partnership working. The vision is set out in Fulfilling and Rewarding Lives that:

"All people in Wirral with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."

Strategic Context:

- Autism Diagnosis in Children and Young People: Recognition, referral and diagnosis of children and young people on the autistic spectrum (NICE Clinical Guideline 128, September 2011).
- Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (NICE Guidance CG142 June 2012)
- Recognising Possible Autism in Children and Young People (NICE Pathway August 2013).
- Referral of Children and Young People with possible Autism (NICE Pathway August 2013).
- The National Service Framework for Children, Young People's and Maternity Services (Department of Health, 2004) articulated the need for specialist services for children with Autism Spectrum Disorders to be provided in a seamless fashion as close to the child's locality as possible (Standard 9). It stressed the importance of multidisciplinary and inter-agency working in order to meet the child's needs effectively and without undue delay, and emphasised that universal services have a clear role to play in child mental health, though some children and young people also need ready access to appropriately skilled specialist mental health professionals.
- Children and Families Act 2014
The Special Educational Needs and Disability Code of Practice: 0-25 years was published in June 2014 jointly by the Department of Health and the Department for Education and provides statutory guidance on duties policies and procedures relating to Part 3 of the Children and Families Act 2014. Organisations who are bound by this statutory guidance includes local authorities (education, social care and relevant housing and employment and other services), clinical commissioning groups, NHS Trusts and NHS Foundation Trusts.
- The Autism Act 2009, was England's first disability specific law, it outlined the Government's commitment to improve the lives of people with autism. The Act made two significant pledges:
 1. To develop a national strategy that will improve the lives of people with autism.

2. To provide statutory guidance for local authorities and local health commissioners on the needs of adults with autism.
- The National Strategy: Fulfilling and Rewarding Lives, was the first strategy for adults with autism. It sets out the actions that the Government will take forward to improve services and support for adults with autism. There are five key strands which formed the Core Areas of work:
 1. Increasing awareness and understanding of autism among frontline professionals.
 2. Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment.
 3. Improving access to the services and support which adults with autism need to live independently within the community.
 4. Helping adults with autism into work.
 5. Enabling local partners to plan and develop relevant services for adults with autism to meet identified needs and priorities.
 - In 2014, Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update was published. This update brought renewed emphasis on involvement and awareness in the community and identified fifteen Priority Challenges for Action.
 - Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015. There were five new chapters on:
 1. Preventative support and safeguarding
 2. Reasonable adjustments and equality
 3. Supporting people with autism and complex needs
 4. Employment
 5. Criminal justice

What is Autism?

“Autism is defined as a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them.”

Department of Health, 2010

For the purpose of this strategy, we will be using the term Autism, this will encompass Autistic Spectrum Disorder (ASD), Autistic Spectrum Condition (ASC), Autistic Spectrum Difference and Neuro-diversity, this will include people with Asperger's Syndrome. Some people with autism will also have learning disabilities, but autism itself is not a learning disability.

There are three key areas of difficulty, shared by all people with autism, which form the basis of diagnosis. They are referred to as the 'triad of impairments'.

- **Social Interaction** – for example, problems in recognising and understanding other people's feelings and managing their own.
- **Social Imagination** – for example, problems in understanding and predicting other people's intentions and behaviour, and coping with new or unfamiliar situations and imagining.
- **Social Communication** – for example, problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.

Autism as a Spectrum Condition

Autism is seen as a spectrum condition, which means that, while people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support.

- People with autism sometimes have difficulties dealing with sensory issues..
- Many people with autism can also have other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Deficits in Attention and Motor Perception (DAMP), Post Traumatic Stress Disorder, Depression and anxiety, Oppositional Defiance Disorder (ODD), Obsessive Compulsive Disorder, epilepsy, dyslexia, dyspraxia and difficulties in understanding the spoken word.
- In 2011, The National Autistic Society estimated that 50% of those people with autism may also have a learning disability.
- Asperger Syndrome is a form of autism. People who have Asperger syndrome, have fewer problems with speaking than others on the autistic spectrum, but they do still have difficulties with understanding and processing

language, and reading non-verbal signals. People with Asperger syndrome are often of average or above average intelligence (an IQ of 70 or above).

- There are a number of signs and symptoms that are related to the stages of child development, these can be recognised from 6 – 18 months old. The areas that can be affected is Language development, playing, social interaction and behaviour

Autism Self-Assessment Framework

Each year the local council, along with health complete the autism self-assessment framework. The purpose of the self-assessment is to enable local strategy groups to review their progress and support future planning with partners including people with autism and their families.

The self-assessment includes the priorities set out in the Think Autism update to the Strategy and the emerging themes that feature in the statutory guidance for Local Authorities and the NHS. This process is also a key means of identifying progress in the implementation of the Strategy in the local area as well as comparing progress across the country.

For some questions there is a Red Amber Green rating system with scoring criteria for that question. If a question is scored Red or Amber, respondents will be asked to state what is stopping progress, and for Green scores there will be the opportunity to state what actions have enabled progress. Examples of local innovative approaches and actions that have made a positive impact on individuals are also being sought.

Wirral's Autism Strategy

Strategic Goals

It is both a national and local priority to:

- Develop a strategic approach to children and young people's emotional health and wellbeing, with particular regard to those with autism.
- Improve the ways we identify the needs of adults with autism
- Incorporate those identified needs more effectively into local service planning and commissioning, to ensure that children, young people and adults with autism and their Carers, Parent Carers and siblings are able to make relevant choices about their lives

- Ensure the mental and emotional wellbeing of siblings

Strategic Objectives

The Core Areas of the National Strategy, Fulfilling and Rewarding Lives (2010) form the Strategic Objectives for Wirral's Autism Strategy (2015 – 2018).

1. Increasing awareness and understanding of autism.
2. Children and young people with autism are safe and feel safe.
3. Young people with autism are prepared for adulthood including an effective goal centred transition period using person centred plans to enable independence where reasonably practicable, further studies and vocational support up to the age of 25.
4. Help adults with autism into work.
5. Developing clear, consistent pathways for diagnosis in every area, which is followed by the offer of a personalised needs assessment.
6. Improving access to services and support which people with autism need to be a part of, this will enable people to live independently within the community.
7. Enabling local partners to plan and develop relevant services for people with autism to meet identified needs and priorities.

The additional responsibilities for Local Authorities and NHS organisations from the Statutory Guidance 2015 which will be included in the Wirral's Autism Strategy (2015 – 2018) are:

1. Preventative support which will provide support to children and adults so that they do not reach crisis
2. Safeguarding
3. Reasonable adjustments and equality
4. Supporting people with autism and complex needs
5. Employment
6. Criminal justice

Strategic Objective 1

To increase the awareness and understanding of autism among professionals and the community

Outcomes

- Staff who complete needs assessments will be skilled, knowledgeable and competent to complete the assessments
- Improve autism awareness training for all frontline public service staff, in line with the needs of their job, and
- Develop specialist training for staff in health and social care.

Special Considerations

- Ensure that people with autism are involved in development and delivering of training.
- Training must lead not only to improved knowledge and understanding but also to changing the behaviour and attitudes of professionals.
- The Department of Health states that it is essential that autism awareness training is available to:
 - Everyone working in health and social care;
 - Staff carrying out community care assessments;
 - Students undertaking social care core training;
 - All staff in the criminal justice sector;
 - All Jobcentre Plus Disability Employment Advisors and front line staff within Jobcentre Plus offices

People in Wirral stated that in addition to the above list, they felt that training should also be available to:

- All staff working in the Council
- All staff working in Education including early years settings and nurseries.
- All staff working in public transport
- Staff working in the voluntary sector
- Everyone in the community, and
- That autism awareness should be part of the core training curricula for doctors, nurses and other clinicians, teachers and childcare providers
- Identify Autism Champions to deliver training in each service sector.

How will we make the improvements?

1. Develop a full autism awareness training package for all health and social care professionals, while also developing an e-learning model which will be more widely available to all other professionals, ensuring that this is part of mandatory training.
2. Develop specialist training for professional staff who deal more closely with people with autism, ensuring that this is part of mandatory training.
3. Ensure that the providers who deliver advocacy services commissioned by the Local Authority receive autism training, ensuring that this is part of mandatory training.
4. Ensure that autism training continues to be delivered, promoted and extended within Educational settings and continue to offer support to families and young people experiencing difficulties arising from the impact of their autism.
5. Ensure that autism training continues to be delivered and promoted to staff working in the criminal justice system.
6. Ensure employers and employment staff are autism aware and that they have received appropriate training for the roles that they have.
7. Increase autism awareness within the community by providing an 'Autism Awareness Day'.
8. Ensure that all staff who complete community care assessments are appropriately experienced and have received the appropriate specialist autism training to carry out their role, this must be to a high level.
9. We will encourage people with Autism to speak up so they can help us identify any problems with our Autism training. We will do this by promoting self-advocacy organisations.
10. We will use people with Autism to quality check how good the training is.

Strategic Objective 2

Support people with autism into employment and volunteering opportunities

Outcomes

- Work and volunteering will be a focus within the annual reviews for young people from year 9 onwards.
- People with autism will benefit from wider employment initiatives
- Map and improve existing provision on the Wirral
- Personalise welfare and engage with employers
- Improve existing provision, and
- Develop new approaches that will better support people with autism.

How will we make the improvements?

1. Ensure that we have detailed information on the number of people with autism in Wirral who are in employment.
2. Work with organisations in Wirral to ensure that there are a variety of options available for voluntary work and work experience and vocational support for people with autism.
3. Scope and engage in wider employment initiatives where available ensuring awareness of legal obligations and to link in with Department of Work and Pensions.
4. Ensure that Support Plans are person centred and include employment issues for people with autism.
5. Ensure that EHC plans comply with the expectation that they will be person centred and that they are collaboratively created with young people and their carers.
6. Where identified outcomes for children (as part of the EHC plan) include Independence and Work there should be a clear plan to support this and regular review, particularly at the transition review meeting held in Yr 9 onwards.
7. Ensure the development and maintenance of well supported transitional arrangements to/within further education or work
8. Ensure that people with autism have an opportunity to prepare for work and develop their social skills through programmes of learning and support within their educational settings.

9. Provide autism awareness training and how to make reasonable adjustments in the workplace for employees/colleagues who have autism.
10. To promote the use of 2 tick symbol commitment with employers to facilitate best employment practice.
11. To engage with local employers specifically regarding the employment of people with autism which will include retaining work.
12. Ensure that Supported Employment Services within the jobcentres support people with autism as well as those with learning disabilities into employment, and continue to develop their staff's autism awareness. Identify Autism Employment Officers/Champions.
13. Ensure that appropriate support is provided to obtain and maintain volunteer and employment opportunities within the Wirral, including making use of Disability Employment Advisors, using the Access to Work scheme where appropriate and job coaches.

DRAFT 6.1

Strategic Objective 3

Develop a clear, consistent pathway for diagnosis of autism, followed by the offer of a personalised needs assessment

Outcomes

- Improve the process for diagnosis and work towards everyone being diagnosed as a child, so there will be no need to diagnose people as adults
- Increase capacity around diagnosis with emphasis on early diagnosis
- A diagnosis is recognised as a reason for a community care assessment or reassessment, and
- Provide relevant information to parents of children as well as adults with autism and their families or Carers at the point of diagnosis to help them understand the condition and access local support, using a keyworker system.

Special Considerations

- The National Institute for Health and Care Excellence (NICE) guidelines set out a model of care pathway for local commissioners to develop referral and care pathways
- A lead autism trained professional should be appointed to develop diagnostic and assessment services for adults with autism.

How will we make the improvements?

1. The Autism Sub-group will develop clear post-diagnostic pathways for children, young people and adults with autism, including post-diagnostic support, signposting to appropriate services and providing information and advice.
2. Ensure that Wirral has clear pathways to diagnosis and assessment for all children, young people and adults with autism, including adults with learning disabilities and adults without learning disabilities.
3. Ensure that we have detailed information for people with autism in Children, young people and Adults services and ensure a diagnosis for any children going through transition is accurately recorded.
4. Ensure that all people who have been diagnosed with autism and their families are provided with appropriate information about what autism is, how it affects people and sources for help.

5. Ensure that all adults who request a community care assessment are not refused one and that it is completed by an autism trained member of staff.
6. Ensure that joint post-diagnostic services are commissioned and put in place to provide the appropriate information and support for people diagnosed with autism, i.e. NHS, Local Authority and advice for benefits.
7. We will make sure that support and help will be provided at diagnosis.

DRAFT 6.1

Strategic Objective 4

Improve access to services and support which adults with autism need to live independently within the community

Outcomes

- Schools will work with the guidance available to them from the D of E in the form of non-statutory advice and they will understand how the Equality Act affects them. “The Equality Act 2010 and Schools” May 2014 and the need for reasonable adjustment
- Young people with autism will be as independent as possible by the end of their educational career.
- Children, young people and adults with autism will benefit from personalisation of social care, including access to independent support brokers where requested, and
- Improve transition planning to give people with autism the right start in their adult life.

How will we make the improvements?

Preparation for Independence

1. Children, young people and their families should be at the centre of planning for their future in line with the new SEND legislation
2. The skills needed for the young person with autism to be as independent as possible should be identified, agreed and developed by all those involved with the young person
3. Outcomes around independence should be proactively supported and encouraged by all those involved with the child and young person
4. Work with young people and their families and carers to develop and promote the skills required for independence should continue.
5. Supported by the improvements indicated below.
6. We will offer some guidance on what “reasonable adjustments” might look like.
7. As part of diagnostic process parents of children, young people and adults with autism will be given a pack outlining the Services that are available and, where necessary, be given support to access those Services.
8. Support Services for families will be clearly outlined in the Local Offer and all professionals should have access to this information.

9. Information relating to Services will also be available in libraries, doctor`s surgeries and "One stop" shops.

The right support in services.

Children, young people and adults with autism have the right to be able to access the right support and services at the time that they require them. The standard contract for Mental Health and Learning Disabilities requires service specifications, and therefore providers, need to show how reasonable adjustments are made which ensures that their services are accessible for adults with autism.

1. Identify specific needs as early as possible and signpost to appropriate to support services
2. Provide better signposting/pathways for children, young people and adults with autism to access the appropriate support
3. Provide an information pack for children, young people and adults with autism with vital information for help and support in all areas
4. Ensure that appointments are scheduled at less busy times, allocating extra time for appointments

Personalisation of social care

The aim of social care is to deliver personalised services that give children, young people and adults with autism the right support to live a more fulfilling life. We recognise that adults with autism need additional support to make choices about their care, but it is only of value if there are suitable services and support available to choose from in the local area.

1. Complete a personalised social care assessment for children, young people and adults who request one.
2. Continue to promote and encourage adults with autism to take a direct payment or personal budget giving adults more choice and control over their care, including information about brokerage options and provide support to manage their direct payment or personal budget.
3. Ensuring that wherever possible there is continuity of staff in the processing and implementing support plans with good communication and correspondence an all points.

Access to health services

Many children, young people and adults with autism find it difficult to access health services, this leads to delays in diagnosis and treatment of health conditions. It is important that children, young people and adults with autism are able to easily access health services when they need to, and know that the health professional they see has an awareness and understanding of autism.

1. Ensure that children, young people and adults with autism have access to health professionals who have an awareness and understanding of autism by providing autism awareness training to all health professionals.
2. Have a clear pathway from diagnosis to post diagnosis support and ensure that it is communicated with adults with autism, their families, parents of children with autism, health and social care professionals and providers.
3. Ensure that post diagnostic services are autism aware/informed to enable everyone access to appropriate support services, including children and adults who may not require autism specific services.
4. Ensure that hospitals are making reasonable adjustments when people with autism are admitted, such as a quiet room, away from the other patients.
5. Ensure that Health Passports are accessible electronically when people with autism have to attend hospital appointments or are admitted into hospital, especially relating to A&E.
6. Have Autism Champions in GP surgeries, hospitals, dentist surgeries.
7. Ensure that there is information kept on named lead officers in primary and secondary health care. Including use of reasonable adjustment care plan offered by Wirral University Teaching Hospital.

Transport for adults with autism

Children, young people and adults with autism often have difficulty accessing public transport, having good local transport, which is accessible with staff that have an awareness of autism. This is important as it helps the children and family to access local activities and services and to take part in the local community and enables adults to develop their independence.

For some children, young people and adults with autism, there may be a requirement that transport is provided for them by either the services that they access or by Social Services. Staff who provide these services also need to have an understanding and awareness of autism.

1. Ensure that all transport staff, including public transport (buses, taxis, trains etc) and transport services that are provided, have an awareness and

understanding of autism by delivering autism awareness training, this will increase the accessibility of public transport to adults with autism.

2. Work in partnership with local transport providers to look at how to ensure that public transport is accessible for children, young people and adults with autism.

Housing and accommodation

Identifying the appropriate accommodation for an people with autism is important to ensuring that the placement will be a success. Local Authorities are already required under the Equality Act 2010 to take account of the needs of disabled people when considering housing provision, this includes people with autism.

1. The needs of people with autism will be taken into account with local housing planning, design and allocation, in line with local priorities
2. Support will be available for people with autism who want to, or have to, live independently – both on an ongoing basis and during the transition period into a new home
3. Work in partnership with housing providers to ensure that there is a variety of housing and accommodation options available to meet the diverse needs of people with autism.
4. Ensure that shared accommodation placements are matched with similar peers, in the area of the person's choice.
5. We will work with the person to make sure that we work with the person with autism and there family to make sure the housing provided is right for them.

Strategic Objective 5

Enable local partners to develop relevant services for people with autism to meet identified needs and priorities

Outcomes

- Put the needs of people with autism on the map in every area
- Identify and promote service models that are proven to make a positive difference for people with autism, and
- Enable adults with autism and their families to have greater choice and control over where and how they live.

How will we make the improvements?

1. Ensure that people with autism, their families and carers are involved in consultations about decisions in their local area by linking into the Council's corporate Engagement Policy and Local Offer.
2. Develop the Autism Sub-group and ensure that there are people with autism, their families and carers represented on this group.
3. Update the Joint Strategic Needs Assessment (JSNA) chapter on autism to ensure that there is better understanding of local prevalence data and need.
4. Ensure that the Council policy covers statutory and other public service and provides evidence of the implementation of reasonable adjustments being made in everyday services to improve access and support to people with autism.
5. Ensure that the needs and views of children and young people with autism and their families and carers are at the centre of planning as stipulated in the SEND 2014 legislation. Ensuring that these are embedded into the contractual arrangements of providers when commissioning services .
6. This will be work with all relevant parties.

Strategic Objective 6

Work with the Criminal Justice System.

Outcomes

- Autism training will continue to be delivered and promoted to staff working within the criminal justice system.
- People with autism have access to the support they need – whether as victims, witnesses or perpetrators of crime.
- Pathways will be developed through the criminal justice system for people with autism.

How will we make the improvements?

1. Continue to deliver autism awareness training, including reasonable adjustments, to all staff who work in the areas of the Criminal Justice System, to ensure that the correct support is offered to people with autism.
2. Work in partnership with the Criminal Justice System ensuring that they are engaged and are represented on the Autism Sub-group.
3. Develop pathways to support people with autism who come into contact with the Criminal Justice System.
4. Ensure that people with autism who have contact with the criminal justice system have an assessment completed if required/requested.
5. Work with partners to ensure continuity of support when people with autism move between settings or into the community.
6. Have a systematic information sharing system with local police with regards to people with autism.

Strategic Objective 7

Planning in relation to the provision of services for people with autism as they move from being children to adults

Outcomes

- How information is shared and collated on children and young people with autism will be improved.
- Data will be collected and shared, between education and health with social care, on young people who do not receive children's services but who may be likely to have care and support needs as an adult.
- Arrangements will be in place for routine support for young people with complex care needs, in making the transition to adult services.
- There will be clear signposting processes to other sources of support and information for those young people who do not fulfil the referral criteria for adults' services.

How will we make the improvements?

1. Ensure that we have detailed information for people with autism in Children's and Adults services and ensure a diagnosis for any child going through transition is accurately recorded. This can be done by forging links with early settings, schools and education services.
2. Ensure that the planning for children moving into adults services starts early, at least by year 9, and involves all partners and to create a robust person centred plan.
3. Reduce the need for families and carers to continuously repeat information by promoting a better system of sharing relevant information between organisations. This will be done by working with 'Information Sharing' policies.
4. To work with children and young people and their families and carers to develop and promote the skills required for independent living.
5. We will use tools like just enough support and person centred reviews and 1 page profiles to help with this.

Strategic Objectives 8

Preventative support and safeguarding in line with the Care Act 2014 from April 2015

Preventative Support (support provided before a child or adult has reach a crisis)

Outcomes

- The Local Authority will consider the range of options available for preventative services, and how those different approaches could support the needs of people with autism and their families and carers.
- Work with user-led and voluntary support groups to support people with autism to build relationships with peers, friends, partners and colleagues and also support independent living and being part of the community.
- There will be easy access to information in the local area where people with autism and their families and carers can get support from peers, charities and other community groups including the local offer.

How will we make the improvements?

1. Identify current support groups that are available in Wirral for people with autism and their families, ensuring that information on the groups are available.
2. Work with the voluntary, community and faith sector to develop low level interpersonal support services
3. Promote and develop the information services that are currently commissioned to ensure that people with autism and their families are provided with appropriate information
4. Ensure autism awareness training is delivered to staff that provide social and leisure activities.
5. Work in partnership with providers to develop social activities and social skills training to enable people with autism to develop friendships and relationships.
6. Promote assistive technology to support adults with autism to become more socially independent.

Safeguarding

Outcomes

- The Local Authority will work together with partners to help and protect people with care and support needs, who may be at risk of abuse or neglect as a result of those needs
- The local authority will make information and advice available on how to raise concerns about an adult who is at risk of abuse or neglect

How will we make the improvements?

1. Promoting the use of direct payments and multi-agency working to ensure that children and young people feel confident and secure in their community.
2. Work in partnership with Wirral's Safeguarding Adults Partnership Board to ensure that the safety of adults with autism is monitored, and that adults have support from a suitably trained advocate throughout the process if required.
3. Develop a Safe Places scheme and ensure that adults with autism know where and how to access it.
4. Liaise with the Police to look at appropriate police presence in the community to ensure that people with autism feel safe.
5. Identify an autism champion in the police to steer training, troubleshoot for colleagues and to be the key contact for people with autism in the criminal justice system
6. We need to listen to people with Autism and make sure that our safeguarding process is person centred and easy to understand.

Strategic Objective 9

Reasonable adjustments and Equality

Outcome

- Under the Equality Act 2010, all public sector organisations, including employers and providers of services, will be required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism.
- Reiterate the Equality Act 2010 and Special Educational Needs (SEND) requirement for educational settings and services to make reasonable adjustments for children, young people and adults with autism.

How will we make improvements?

1. Ensure that educational settings are able to access training with regards to autism to enable them to make reasonable adjustments. The adjustments will need to be outlined in school policies and reflected in practice.
2. Create “autism friendly environments” in schools and colleges eg. respecting hypersensitivities, having flexible timetables and designated “quiet places”.
3. Ensure that the requirement to make reasonable adjustments is included in all contracts that are commissioned by all commissioners.
4. Work with all partners to ensure that reasonable adjustments are made to enable children, young people and adults with autism to access buildings and services.
5. Provide autism friendly appointments/waiting rooms/appropriate reasonable adjustments to be made in all healthcare provider settings.

Strategic Objective 10

Supporting people with complex needs, whose behaviour may challenge or who may lack capacity

Outcomes

- Support those children and young people with autism who require extra help at the earliest opportunity.
- Provide support, advice and guidance to those caring or working with children and young people with autism.
- Support will be provided to families and carers in order to maintain the child or young person's placement at home, except in exceptional circumstances
- Adults with autism will be assessed, treated and cared for in their community wherever possible, and when they need to go into inpatient care it will be for the minimum time necessary and in a facility close to their home.
- Adults will live in their own homes with support to live independently if that is the right model of care for them.
- Discharge planning for adults with autism will begin when the person is admitted and involve local authorities, NHS bodies and Foundation Trusts working together in the best interests of an individual to ensure appropriate community-based support is in place before discharge.

How will we make improvements?

1. To ensure that services work in a joined up way, sharing information with permission from families and carers, ensuring the best possible service.
2. Continue to commission the Independent Mental Capacity Advocacy service.
3. Work with support services/providers to ensure that the care and support that is being delivered to people with autism and their families and carers, is the right level of support at the right time.
4. Ensure that the review of the EHC plan takes place as frequently as is needed and draws information from all agencies actively involved.
5. Review care and support annually to ensure that the assessment of needs are up to date and the service commissioned is the right support.
6. Implement the requirements of the Challenging Behaviour and Care Crisis Concordat.
7. Consider the environment as this may be causing the problem.

Monitoring the Strategy

Wirral's Disability Partnership Board and Autism Sub-group

Wirral has a Disability Partnership Board, reporting directly to this board is the Autism Sub-group. An implementation plan will be developed in order to support the strategy; it will state how the objectives in the strategy will be achieved.

It will be the responsibility of the Autism Sub-group to manage and review this strategy. The Autism Sub-group is made up with representatives from key statutory agencies, people with autism, carers, representative of people with autism and service providers.

Annual Review and Report

Wirral's Autism Sub-group will review the Strategy every twelve months. The Sub-group will also provide an evaluation report which will be circulated stating the improvements and achievements that have been made.

The strategy is a working document and therefore, it will be updated from time to time, in order to accommodate other plans, guidance, strategies and statutory duties as required. These updates will be done by including the information that is provided in the Joint Strategic Needs Assessment and Wirral's Market Position Statement for Adults of Working Age.

We will ensure that children, young people and adults with autism are involved in this process.

WIRRAL COUNCIL

HEALTH & WELLBEING BOARD

11 NOVEMBER 2015

SUBJECT:	<i>ALL AGE DISABILITY STRATEGY</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>GRAHAM HODKINSON</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>CHRIS JONES</i>
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	<i>YES/NO (delete as applicable)</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This is to brief the Health & Wellbeing Board on the work that has been completed with regards to Wirral's All Age Disability Strategy.

Wirral have now written a draft All Age Disability strategy to ensure that the priorities of disabled people in Wirral are met, it has been developed through consultation and is ready to be shared for feedback.

The All Age Disability Strategy will be the overarching strategy which will have all strategies that have an impact on disabled people in Wirral will sit under.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 There have been a number of consultation sessions with all stake holders to identify the key priorities for people with disabilities in Wirral. The 'draft' strategy is now ready to be shared with all of the individuals and groups of people who attended the consultation sessions, and it will also be sent to people who have autism, carers, Health and Social Care professionals, other departments in the Council, providers and the third sector.

DASS have led a joint piece of work between CYPD and CCG, looking at the whole age draft strategy and identified areas that are considered to be priorities for disabled people in Wirral.

3.0 RELEVANT RISKS

- 3.1

4.0 OTHER OPTIONS CONSIDERED

4.1

5.0 CONSULTATION

5.1 A number of consultation events were held in September and October 2015 with feedback sessions due to be held on 4th November 2015 so that the draft strategy can be shared and feedback can be received.

The consultation events and the feedback events have and will involve people with autism, family members and Carers, Health & Social Care professionals, other departments within the Council, providers and the third sector.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 This strategy has implications for all members of the community, including the voluntary, community and faith sector.

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

7.1 There are some resources that need to be taken into consideration, they are:

There will need to be resources put into the Disability Partnership Board, this will be in member's time, admin resources for sending out information etc.

Financial implications – still to be determined

It has been requested that the document is printed in an easy read version so that it is accessible to all adults.

All departments within the Council will need to be involved with this Strategy as it is the responsibility of everyone to ensure that people in Wirral with disabilities have a 'Fulfilling and Rewarding Life'.

8.0 LEGAL IMPLICATIONS

8.1

9.0 EQUALITIES IMPLICATIONS

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

(a) Yes and impact review is attached –



EIA All Age Disability
Strategy.doc

10.0 CARBON REDUCTION IMPLICATIONS

10.1 *(Carbon usage implications? Any other relevant environmental issues?)*

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 *(Is planning permission required?)*

12.0 RECOMMENDATION/S

12.1

- 1) Agree the draft All Age Disability Strategy and sign off so that it can be implemented by the Disability Partnership Board.
- 2) Identify resources to ensure that the work can be completed and the strategy launched

13.0 REASON/S FOR RECOMMENDATION/S

13.1

REPORT AUTHOR: **Annamarie Jones**
Commissioning Lead
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email: annamariejones@wirral.gov.uk

APPENDICES

All Age Disability Strategy

REFERENCE MATERIAL

(Include background information referred to or relied upon when drafting this report, together with details of where the information can be found. There is no need to refer to publicly available material: e.g. Acts of Parliament or Government guidance.)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Equality Impact Assessment Toolkit (from May 2012)

Section 1: Your details

EIA lead Officer:

Email address:

Head of Section:

Chief Officer:

Department:

Date:

Section 2: What Council proposal is being assessed?

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

Yes / No

If 'yes' please state which meeting and what date

.....

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

.....

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

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

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

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

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

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

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

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

Section 5:

Could the proposal have a positive or negative impact on any of the protected groups (race, gender, disability, gender reassignment, age, pregnancy and maternity, religion and belief, sexual orientation, marriage and civil partnership)?

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

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

Which group(s) of people could be affected	Potential positive or negative impact	Action required to mitigate any potential negative impact	Lead person	Timescale	Resource implications

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

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

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

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

Yes / No – (please delete as appropriate)

If 'yes' please continue to section 8.

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

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

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

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

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

Section 9: Have you remembered to:

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

Wirral's All Age Disability Strategy:
People with Disabilities Living Independent
Lives

2016 – 2020

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Next Steps

Foreword

Wirral's All age Disability Strategy 2016 – 2020 has been developed jointly between Adult Social Services, Clinical Commissioning Group, Children's and Young Peoples Department, people with disabilities, Carers, providers and other professionals. It shows the objectives we have set out for ourselves and our partners as part of our commitment to improve the lives of people with disabilities, their Carers and their families.

Wirral Council have written a 5 year plan that will take the Council forward and will transform Wirral so that it becomes a place where people and businesses thrive. As part of this plan the Council are working with partners to develop the 20 pledges that have been identified to achieve these changes. One of the pledges identified is developing an 'All Age Disability Strategy: People with Disabilities Living Independently'.

The local All Age Disability Strategy: People with Disabilities Living Independently, will be the overarching strategy for people with disabilities in Wirral. This strategy sets out our vision, ambitions and commissioning intentions for disabled people for all ages in Wirral for the next four years. There will be additional strategies written and delivered which will sit underneath this strategy to meet the needs of individual groups of people, e.g. people with autism, people with sensory impairment, etc.

Insert diagram

This strategy is for all people in Wirral who have disabilities, there is an emphasis on people sustaining their own health and utilising their natural assets and having their needs met within the local community by family, friends and neighbours. The majority of people with disabilities will be able to have their needs met by accessing universal services that are available to all of the citizens in Wirral, we will work with the community to ensure that services, buildings etc are accessible to people with disabilities.

There are 320,914 people living in Wirral. There are a range of disabilities that are considered within this strategy. A breakdown of the number of people with these disabilities can be seen in Appendix 1.

Introduction

The aim of this strategy is to ensure that all disabled children, young people and adults are able to live healthy, full and fulfilling lives.

To achieve these ambitious aims, this strategy focuses on 9 Key Priority Outcomes:-

The best start in life: We will work with parents and carers to make sure that each child is safe, supported and cared for whilst being able to managed risks, develop a positive self-image and become physically healthy and emotionally resilient. We want to make sure that there is early help for parents with a disabled baby or toddler. We want to make sure the right help is available, for example good quality child care that is stimulating, safe and encourages development of early milestones.

Access to lifelong learning: Ensuring that education, lifelong learning and skills development is purposeful and results in meaningful opportunities for disabled people that enable them to take their place as full citizens.

Choice and control: Ensuring that disabled people of all ages are able to control the way in which they are supported to live fulfilling lives.

Community opportunities: Ensuring the people with disabilities have equal access to the whole range of universal services and community opportunities.

Good health: Improving health outcomes (both physical and emotional wellbeing) and reducing health inequalities for disabled people.

A strong voice for disabled people and their families: We will move from listening to disabled people and their families to valuing and supporting their right to be in charge of how their own support is planned and delivered.

Staying safe: We will enable all disabled people are able to live safer lives and the most vulnerable are protected.

Economic and employment wellbeing: We will work with jobcentre plus and local employers to ensure that there are a variety of opportunities available for disabled people to have a job.

Appropriate housing: We will work with housing providers to ensure that there is appropriate housing for people with disabilities.

Executive Summary

The purpose of this strategy is to make the following priority outcomes of Wirral a reality for disabled children, young people, adults and their families:

- Wirral is a place where disabled children, young people and adults can live safely – free from crime the causes of crime, and the fear of crime.
- Wirral's economy prospers and grows, together with the jobs, skills and qualifications and aspirations to support it in Wirral's communities, vulnerable people are able to live independent and safe lives, supported where this is required.
- Wirral's children and young people can get the best start in life and receive a good education so that they can make a positive contribution to their communities.
- Wirral is the place where people can live longer, healthier and fulfilling lives.
- Wirral's communities can access, enjoy and benefit from a range of learning, recreation and cultural activities.

We will ensure that high quality information, advice and guidance and universal support is available for **all** disabled people alongside everyone else. This will mean that disabled people live their lives as full citizens, with the right to shape and control their own support and to have their desires and needs met in the way they want.

We want to change the way that disabled people are labelled and we want to develop common language amongst professionals. We need to reduce confusion and misunderstanding between professionals and focus on common goals and outcomes.

We understand that **some** disabled people will have particular needs because their disabilities are complex or because their families are struggling with other issues alongside their child's disability. This may include issues around work, poverty, childcare, mental ill health etc. in these instances, we still want to ensure that disabled people are able to move away from being passive recipients of inflexible services and retain the right to personalised support that delivers the right solutions in the right place at the right time.

Our overarching priorities for the next four years for all disabled people are as follows:-

- The best start in life
- Lifelong learning
- Choice and control
- Community opportunities

- Good health
- A strong voice for disabled people and their families
- Staying safe
- Economic and employment well-being
- Appropriate housing

We think that trusting disabled people and their families to know what is best for them and enabling them to shape the help they need is the best way to make disabled people equal citizens in Wirral. Together we will deliver radical and positive change that ensures that disabled people and their families are in control of their care, support and education from birth to adulthood and old age. Where a person has disabilities that are so complex they are unable to communicate their wishes and needs, we will work with advocates, their families and other people who support them to make sure that they are able to make choices and reach their full potential.

Bringing together the responsibilities for all services that support disabled people provides a tremendous opportunity to harness expertise, energy and resources within Wirral, and deliver excellent outcomes for disabled children, young people and adults. We know that this agenda is much larger than Wirral Council and our strategy truly reflects the requirement for a whole Wirral approach, recognising the vital part that all partners and agencies play in actively sharing this vision.

We know that the current climate, in particular the national economic situation, has created challenges for us. We have acknowledged these pressures and have developed a strategy to deliver the outcomes that disabled people and their families tell us they want.

Our willingness to listen means that some of the changes that we make will be bold and transformational. We want disabled people in Wirral to see and feel speedy improvements. The 'People with Disabilities Living Independent Lives' Strategy defines our commitment to disabled children, young people and adults and highlights our intentions for the next four years.

Our Strategic Vision

Our Vision

We want to move the emphasis away from 'fitting people into services' towards empowering disabled people and their families to take control of the way in which they are supported in order to achieve their own goals and develop inner strength and resilience.

Our Approach

We will take a 'whole life' and 'whole family' approach by working in an integrated way with all partners to ensure we meet need in a joined up way, linked to an holistic assessment.

Our vision applies for all citizens who live in Wirral. Disabled people and their families are at the heart of this vision and it is our intention to make sure that disabled people have equal access to all community activities and buildings at the universal end of the spectrum that their non-disabled peers take for granted.

Our approach is outcome focused and emphasises the importance of accessing universal services – the services that are available to everyone e.g health, housing, schooling, further education, leisure. It places importance on the provision of high quality information, advice & guidance, prevention and early help with access to specialist services only where most needed. We know that people who feel in control of their own lives are less likely to feel dependent and are consequently more able to assert themselves and reduce the likelihood of vulnerability that results in abuse or poor care.

Commissioners will achieve change by working in partnership to deliver our priorities and better outcomes for disabled people. There are a number of principles that are important to us, we will:

- Hand over control and work with disabled people and their families to make sure that we develop strong, trusting relationships based on mutual respect and equal value.
- Commission an integrated, holistic assessment and person centred service for disabled children, young people and adults. This service will support people with complex disabilities to achieve their individual aspirations and goals by developing their own person centred plans
- Ensure disabled people get the support they need in their local community.
- Further promote the use of personal budgets (direct payments or managed payments) for everyone who is eligible for social care funded support.

- Work closely with disabled people, their families and providers to co-produce the possible solutions to achieve the outcomes that disabled people and their families want.
- Work in close partnership with organisations to shape the way in which the wide ranging opportunities and services they provide are fully accessible to disabled people.
- Work with schools, in particular special schools to make sure children and young people get the best education that prepares them for adulthood.
- Work with Early Years and Children's Centres to make sure that universal services are available to disabled children and their families.
- Ensure that disabled people feel safe and are protected from abuse, crime and neglect.
- Ensure that we take account of the difficult circumstances that disabled children can live in e.g. due to poverty.
- Develop integrated commissioning approaches for disabled people of all ages with CCGs and health trusts to make sure we are achieving good outcomes that meet local need.
- Focus on 'doing the right thing' and helping disabled people achieve good outcomes rather than whether we 'did it right' in terms of ticking boxes.
- Develop robust ways of understanding local need and then acting on this information
- Appoint a single lead commissioner who will be accountable for delivering this ambitious programme of change. This will ensure consistency, remove artificial 'age based' barriers, but will not dilute our focus on the high quality, age appropriate services which recognise the distinct needs of disabled children, young people and adults.
- Ensure the workforce that supports children and young people have the skills, expertise and information to work effectively.
- We will develop more joint, aligned and integrated commissioning with CCGs and other partner organisations to achieve better outcomes for disabled people.
- Ensure that people with disabilities are involved in the development of Information, Advice and Guidance services.

Who is this Strategy for?

A focus on the ALL and the FEW

All disabled people and their families will need access to high quality information and advice and universal services.

The **Majority** of disabled people will be able to have their needs met by accessing universal services that are accessible by everyone in the local community.

A few people will need specialist intervention through specialist or statutory services. Some disabled people with the most complex needs will always depend on others to help access the lives that the rest of us take for granted. It is our expectation that additional support is required, this will be delivered in the least intrusive way whilst meeting need, achieving better outcomes for disabled people and their families and providing good value for money.

We are aware that we still have some work to do to make sure that our information, advice and guidance is accessible and of a high quality. We will:

- Develop a system/service that supports disabled people, their families and carers and professionals to access high quality information, advice and guidance easily and quickly.
- Develop **what** to provide a whole life-whole family approach.

In order to develop the areas outlined above, we want to work with disabled people and their families to make sure that we know what is already working well, what needs improving and how we will measure whether we have made a difference.

Our Strategic Priorities

Priority 1

The Best Start in Life

We will ensure that all disabled infants and young children get the best possible start to their lives e.g. access quality early years support, childcare, educational provision; have access to appropriate health and advice maintain family relationships; develop friendships with their peers in their community and are included in mainstream activities,

Early help will be in place through high quality day care and early years opportunities for disabled children and their families.

Action to be taken:

Influencing Priorities

We will:

- Ensure 'play and stay' and other play opportunities are available locally.
- Ensure that playgrounds are inclusive.
- Ensure that public transport is inclusive and available.
- Be clear that it is everybody's business to make sure disabled children are protected from harm and feel safe.

Specific Commissioning Actions

We will:

- Identify disabled children early and ensure that children and families receive the right support at the right time.
- Ensure there is enough 'good' and 'outstanding' day-care available for disabled pre-school infants and children to enable parents who want to return to work and to enable children to develop and meet their milestones.
- Ensure the availability of short break provision.
- Identify those disabled children at risk of not achieving their potential and make sure they are supported to prevent this occurring.
- Ensure the families of young children with disabilities have access to advice, information and guidance to early help if needed to maximise their life chances.

- Work to ensure all the services we commission have a whole family and whole life approach so that disabled people's needs are met through a single inclusive, holistic approach.

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Priority 2

Lifelong learning

We will ensure that education; lifelong learning and skills development is purposeful and results in meaningful opportunities for those children and young people with SEND and who are vulnerable, as well as adults with disabilities. We will work in partnership with parents, carers, children and young people, early years settings, schools, colleges, employers, work based training providers, charities, etc to ensure that the priorities set out are delivered.

We will focus on early identification and support of children and young people to ensure that they receive effective and bespoke support at the earliest opportunity. Families will receive clear and comprehensive information about the services available to them within the 'Local Offer'. Children and young people who have SEND and who are vulnerable will have access to high quality:

- Assessment, plans, reviews and specialist interventions.
- Teaching which leads to children and young people making at least good and outstanding progress.
- Learning opportunities which excite, inspire and motivate.
- Seamless provision which enables children and young people to have a full range of opportunities that lead to a personalised pathway bespoke to their needs.
- Staff who are trained, skilled and knowledgeable in all aspects of learning, emotional, social, physical, sensory, communication and behavioural needs.
- Provision that is flexible, innovative, creative, accessible, quality assured and gives 'best value'.
- Advice and guidance throughout but particularly at the important times of transition from and within different settings as children and young people move into adulthood and employment.
- Education, health and care services that are working in an effective multi and transdisciplinary way planning together for children and young people and their families. This includes the effective sharing of data, predicting needs and jointly planning provision with common outcomes and language.

Actions to be taken:

Influencing Priorities

We will:

- Encourage education providers to improve local provision to cater for the differing types and degrees of learning, emotional, communication, sensory difficulty and/or disability focussing on progression throughout school and education to employment and independent living.
- Work with providers, partners and employers to consider innovative and collaborative approaches to increase the local provision offers for children and young people particularly with regards to work training, work experience placements and acquiring the skills and knowledge necessary to be able to gain employment.

Specific Commissioning Actions

We will:

- Ensure that children and young people who have SEND and who are vulnerable are identified early and holistic person centred plans are developed with their families from early years throughout their life.
- Work to improve the quality of information gathered about goals and needs, by those working with children and young people with SEND and who are vulnerable and use the information gathered to plan the type and amount of education specialised support, intervention and training provision required in future years.
- Consult with those involved to develop success and destination measures for post 16 education and training providers who deliver to learners with learning disabilities and/or difficulties in order to ensure that the effectiveness of provision can be evidenced.
- Show leadership, working in partnership to develop a range of local high quality education and training options focussing on progression to employment and independent living.
- Work in partnership to ensure children's health and care needs are met including respite and short break provision.
- Work in partnership with schools and local further education providers to put in place the necessary support so that children and young people with SEND and who are vulnerable have the choice to learn within their local community or close by wherever this is possible.
- Ensure that adult education is available to develop additional skills building upon how to take control/be heard – all organisations that support disabled people will sign up to this as an overarching priority,
- Ensure that children and young people are able to communicate what is important to them about their education and development opportunities and a wide creative high quality curriculum is developed as a result of this collaborative approach.

Priority 3

Choice and control

All people with disabilities have a right to live the lives that they want to, we will ensure that disabled people and their families are empowered and enabled to do this.

We know that many disabled people may need some support to enable them to achieve what they want to do in terms of their education, work, health, housing etc. some disabled people may need significant support to make decisions on their own behalf and will require support from Advocates, families and carers to make sure they can make choices and enjoy the best life they can.

We will support disabled people to improve their own lives by ensuring that they are in control of deciding how they are supported via Direct Payments and Personal Budgets, ensuring that they have equal access to all services and increasing the range of opportunities available.

We will commission services that support people to live in their communities, with access to 'early help' and 'simple solutions' that build resilience, prevent the loss of independence, and enable people to develop skills.

We will commission an 'all age' assessment, person centred planning and brokerage service to ensure that disabled people are able to aspire for and achieve their goals. This approach will significantly improve the experiences of children and young people as they grow into adulthood.

Action to be taken:

Influencing Priorities

We will:

- Increase the range of options across the lifespan available at a local and wider level.

Specific Commissioning Actions

We will:

- Continue to promote personal budgets/direct payments where people are eligible for paid support.

- Strengthen the range of early help options and ‘simple solutions’ whilst continuing to look at ways of preventing people entering crisis.
- Increase the numbers of people accessing personal budgets with the expectation that all disabled children, young people and adults who are eligible will have the opportunity for either a direct payment or managed budget.
- Commission seamless services that support disabled children, young people and adults to identify and achieve their aspirations and goals with a natural progression to adult life.
- Commission services that focus on access to universal services, prevention, early intervention and continue to develop high quality information that connects people to opportunities in their own communities.

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Priority 4

Community Opportunities

Disabled children, young people and adults and their families' say they want the opportunity to live, learn, work and play and have the same opportunities as their friends. We will work with partners to ensure that disabled people are able to access the whole range of opportunities available in their local communities.

This will mean that disabled children, young people and adults will have access to a wide range of community and leisure opportunities which enable them to make friends, have fun and pursue their interests.

There will be an increase in the number and type of opportunities for paid employment, voluntary work, apprenticeships and work experience.

Action to be taken:

Influencing Priorities

We will:

- Work in partnership with all stakeholders to ensure that disabled people are able to access a range of opportunities that are available to everyone.
- Ensure that disabled people are able to participate in a wide range of leisure activities, and commission innovative services that focus on prevention, early intervention and breaking down barriers and connecting people to opportunities
- Ensure that those people with the greatest needs are able to access their community and support them to source activities and options in line with their aspirations.
- Identify opportunities for increasing employment opportunities by building this as a priority requirement as part of the procurement of future services, and work in partnership with colleagues to identify the potential incentivising the provision of more opportunities for disabled people in mainstream employment.
- Work with the private and voluntary sector to increase places for disabled children in clubs and leisure activities such as uniformed organisations, sports clubs and special interest groups.

Specific Commissioning Actions

We will:

- Commission short breaks for children, young people and adults that are designed to give them a break and contribute to meeting their outcomes through personal development, life experiences and having fun.
- Explore opportunities for groups of friends to 'pool' their personal budgets to enable them to take part in activities, hobbies and leisure opportunities together.
- Commission a wide range of high quality alternatives to residential and day care centres and improve facilities available in the community to enable disabled people to become full citizens.
- Work with Jobcentre plus to ensure that there are employment opportunities available to disabled people of all ages.

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Priority 5

Good health

Good health is important to everyone. For those people who have more complex needs it is vital that their needs are met in a way that enables them to fully participate in every aspect of their lives, especially where this enables children with complex needs to achieve their educational aspirations.

It has been highlighted that people with learning disabilities, in particular, experience significant health inequalities. We will work with Clinical Commissioning Group, Public Health and NHS providers to deliver improved outcomes.

Our commitment is that children, young people and adults with disabilities have equal access to health services, with prompt support from high quality specialist services where required.

Action to be taken:

Influencing Priorities

We will:

- Work with the CCG to ensure that there is a comprehensive range of mainstream and specialist health services available to sustain and support people in their local community, avoiding unnecessary admissions to hospital.
- Work with the CCG and Public Health to ensure that universal primary health care support service for people with learning disabilities is timely and effective.

Specific Commissioning Actions

We will:

- Ensure each child, young person and adult with complex needs has an identified person who is able to coordinate and ensure early intervention to meet their physical health care needs.
- Recognise and provide support to disabled children, young people and adults to maintain good emotional health and wellbeing alongside specialist help when they have a mental illness.
- Ensure that services for children with autistic spectrum conditions and attention deficit hyperactivity disorder are available and that support remains consistent when they become adults.

- Provide an Integrated Disability Team to work with disabled people with the most complex needs.
- Ensure integrated working between community learning disability health staff and social care staff to ensure better relationships.
- Ensure disabled children, young people and adults receive prompt access to assistive technology services and equipment.
- Listen to disabled people and their families and work with them around their health priorities including sexual health and relationships.

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Priority 6

A strong voice for disabled people and their families

We will move from listening to disabled people and their families to valuing and supporting their right to be in charge of how their own support is planned and delivered.

This will mean that disabled people and their families will be in charge of their own support and have a strong voice in how things are delivered locally. Disabled children, young people and adults will be supported by advocacy organisations to 'speak up' and make choices about their lives.

Action to be taken:

Influencing Priorities

We will:

- Ensure that disabled people are able to develop and run user-led organisations.
- Develop high quality information, advice and guidance that supports disabled people and their families to make informed decisions is easily accessible.
- Ensure equal access to universal services and commission services that empower disabled people to take action and support them to make a difference.
- Work in partnership with disabled people and their parents and carers to ensure that they play a key role in influencing the planning, commissioning and delivery of services.

Specific Commissioning Actions

We will:

- Ensure that disabled people and their families are in control of their own support.
- Strengthen self-advocacy to ensure that disabled people have a strong voice in how services are developed and delivered locally.
- Ensure that non family carers, such as foster carers are supported.
- Promote the use of personal budgets – including the opportunity for friends to 'pool' their resources.
- Recognise the role of young carers and prioritise the need to offer support to enable them to have a childhood.

- Develop an infrastructure to support people to identify and achieve their outcomes and for a developed market of real choice and alternatives.

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Priority 7

Staying safe

We will enable all disabled people to live safer lives and will protect the most vulnerable. Disabled people will weigh up and manage risk and make their own decisions about the actions they wish to take where this is possible. Staying safe encompasses a variety of areas including personal safety, safety in the home, safety from road traffic accidents, safeguarding from abuse and neglect and the impact of hidden harm where a parent or carer is misusing alcohol or drugs. We also know that young carers and adult carers are in need of support in their own right to ensure that their needs are met and a separate strategy is in place for them.

It is important that we consider the needs of all disabled people to be safe in all areas of life. We know that it is important to have a balance between keeping people safe and making sure they have opportunities to take considered risks and to grow and develop.

We know that children, young people and adults with disabilities are more vulnerable than the general population. Some are more likely to suffer abuse and neglect, as well as be bullied and suffer hate crime. By supporting disabled people to be more active in their community, this will reduce stigma and enhance opportunities for disabled people.

Action to be taken:

Influencing Priorities

We will:

- Create and seize opportunities to develop preventative initiatives through greater partnership working with disabled people, families and partners which help to raise awareness and achieve positive results to ensure that disabled people feel safe at home and in the wider community.
- Work with partners to ensure safe and effective roads and transport systems that encourage disabled people to be able to safely use the roads and public transport independently.

Specific Commissioning Actions

We will:

- Ensure that all disabled people are protected from abuse, neglect and crime.

- Ensure that the right support is available at the right time in the right place for all, including the most vulnerable.
- Ensure early intervention in families where a child is at risk.
- Adopt a multi-agency approach so that families do not have to tell their story over and over again.
- Improve systems to avoid problems with transition between services on the basis of our silo areas, such as 'health', 'education', 'childhood' and 'adulthood'.
- Ensure the development of resilience and self-esteem to enable disabled people to make the right choices.

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Priority 8

Economic and employment well-being

People with disabilities have the right and want to have the same opportunities to work as other citizens in the community. They want support to get a job, keep it and then to progress in work, this is the best route out of poverty, and a central part of social inclusion. People with Learning Disabilities are significantly under-represented in the labour market and we are committed to doing more to help all disabled people into work.

To make sure that this happens, we need to ensure that the assessment and care planning process for disabled people's needs for care and support considers participation in employment as a key outcome, if appropriate. It will need to look at the ways that any such needs can be met in a way which can support people with disabilities to become work ready and join the workforce.

Action to be taken:

Influencing Priorities

We will:

- Have a focus within annual reviews for young people in schools on volunteering, especially from year 9
- Work with partners to offer a wider range of employment opportunities
- Develop new approaches that will support people with disabilities into employment

Specific Commissioning Actions

We will:

- Scope and engage in wider employment initiatives where available ensuring awareness of legal obligations and to link in with Department of Work and Pensions.
- Ensure that Support Plans are person centred and include employment issues for people with disabilities.
- Develop and maintain well supported transitional arrangements to/within work.
- To engage with local employers specifically regarding the employment of people with disabilities which will include sustaining a work placement.
- Ensure that appropriate support is provided to obtain and maintain volunteer and employment opportunities within the Wirral, including making use of

Disability Employment Advisors, using the Access to Work scheme where appropriate and job coaches.

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Priority 9

Appropriate housing

People with Disabilities Living Independent Lives is aimed at ensuring that disabled people and their families have real choice and control over the way they live their lives. However, for some disabled people the range of opportunities have been limited. The actions set out in this strategy are aimed at reversing this.

This will mean that all disabled people will have more choices, including the opportunity to live as tenants in their own homes.

Disabled people will be able to choose from the whole range of accommodation and support is options, from 'mainstream' housing to transitional accommodation that allows people to develop independent living skills.

This will link to the Housing Strategy.

Action to be taken:

Influencing Priorities

We will:

- Increase the range of housing options available for people with learning disabilities. This will include over ** units of new accommodation.
- Encourage young adults to envisage independence from their parents as a possibility.

Specific Commissioning Actions

We will:

- Reduce the dependence on residential and nursing homes and increase the availability of extra care and supported living options.
- Ensure that disabled people with complex needs and challenging behaviour are considered alongside their peers; both in terms of short term preventative support, a range of community based options and longer term accommodation and support. We will work in partnership with health colleagues to commission community based services that support people with challenging behaviour in their own homes in order to manage crises and prevent breakdown, and reduce the incidence of emergency/crisis placements.

- Continue to promote the use of assistive technology to increase people's independence, dignity and choice while helping to reduce direct input from parents, carers or support workers.

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Next Steps

Wirral Council commits a significant amount of resources to meet the needs of disabled children, young people and adults, their families and carers. This strategy seeks to ensure that these resources are deployed to maximum effect – to deliver positive outcomes for people while optimising value for money. Wirral's approach is to work with citizens and partners across every local community to deliver better opportunities for disabled children, young people and adults.

We want to move resources from residential and building based provision to more innovative community based alternatives that promote genuine choice, independence and high quality personalised outcomes.

We recognise that disabled people will need help at different points in their lives and we will ensure that the relevant information, advice and guidance and early help is available when they need it. We will put the disabled people at the centre of our strategy and set out a clear and consistent vision, with outcomes that will enable each disabled child, young person and adult to live a full, healthy and independent life.

The All Age Disability Strategy will be implemented and overseen by the All Age Disability Partnership Board.