



Cabinet

Date:	Thursday, 25 June 2009
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. MINUTES

The minutes of the last meeting have been printed and published. Any matters called in will be reported at the meeting.

RECOMMENDATION: That the minutes be approved and adopted.

2. DECLARATIONS OF INTEREST

The members of the Cabinet are invited to consider whether they have a personal or prejudicial interest in connection with any of the items on this agenda and, if so, to declare it and state the nature of such interest.

CORPORATE RESOURCES

3. ECONOMIC UPDATE (Pages 1 - 8)

CHILDREN'S SERVICES AND LIFELONG LEARNING

4. EARLY YEARS ENTITLEMENT AND FUNDING UPDATE (Pages 9 - 18)

5. WIRRAL CHILDREN'S TRUST MEMORANDUM OF UNDERSTANDING (Pages 19 - 38)

6. INSPIRING COMMUNITIES (Pages 39 - 106)

REGENERATION AND PLANNING STRATEGY

- 7. MERSEY HEARTLANDS NEW GROWTH POINT FUNDING 2009/10 AND 2010/11 (Pages 107 - 128)**

SOCIAL CARE AND INCLUSION

- 8. HOSPITAL DISCHARGE REVIEW REPORT (Pages 129 - 204)**

Further to minute 76 (Social Care and Health Overview and Scrutiny Committee – 25/3/09) the Hospital Discharge Review Report has been referred to Cabinet for information.

FINANCE AND BEST VALUE

- 9. FINANCIAL OUT-TURN 2008-09**

Report to be circulated separately.

- 10. CAPITAL OUT-TURN AND DETERMINATIONS 2008-09 (Pages 205 - 212)**

- 11. COLLECTION SUMMARY (Pages 213 - 222)**

- 12. EFFICIENCIES 2008-09**

Report to be circulated separately.

- 13. TREASURY MANAGEMENT ANNUAL REPORT 2008-09 (Pages 223 - 240)**

- 14. INSURANCE FUND ANNUAL REPORT (Pages 241 - 246)**

- 15. EARLY RETIREMENTS COSTS 2008-09 (Pages 247 - 250)**

- 16. EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

The following items contain exempt information.

RECOMMENDATION: That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part I of Schedule 12A (as amended) to that Act.

REGENERATION AND PLANNING STRATEGY

17. REQUESTS FOR FINANCIAL ASSISTANCE (Pages 251 - 260)

HOUSING AND COMMUNITY SAFETY

18. WIRRAL'S SUPPORTED AND SPECIAL NEEDS HOUSING CONTRACTS REPORT (Pages 261 - 266)

CORPORATE RESOURCES

19. FUTURE JOBS FUND (Pages 267 - 278)

20. MERSEYSIDE INFORMATION SERVICE

Report to be circulated separately following the meeting of the tender evaluation panel.

21. ANY OTHER BUSINESS

To consider any other business that the Chair accepts as being urgent.

22. WIRRAL'S HOUSING MARKET RENEWAL PROGRAMME 2009-10 (Pages 279 - 286)

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WIRRAL COUNCIL

Cabinet – 25th June 2009

REPORT OF THE DEPUTY CHIEF EXECUTIVE/ DIRECTOR OF CORPORATE SERVICES

Economic Update

1. Executive Summary

1.1 This report provides the latest update to members on the impact of the current recession on Wirral's economy, as requested by Cabinet on 19th March 09.

1.2 Members are asked to:

i.) Note the contents of this update report.

2. Key Indicators

2.1. Labour market data

As highlighted in previous reports, it is important to note the limitations of many official data sources. For example, data may not be available at the Wirral district level or lower. Furthermore, much of the data has a significant time lag – thereby not accurately reflecting more recent economic conditions.

Finally, wherever possible, this report only uses data that has been updated since the previous Cabinet report (28th May). Notwithstanding that, the following is a summary of key indicators:

Worklessness - The proportion of Wirral's working age population claiming Job Seekers Allowance (JSA) in April 2009 has gone up to 5.3% (9,520) from the March rate of 5.2%. The 0.1% point increase in Wirral is on a par with both the regional and national rates which also increased by 0.1%. The regional rate now stands at 4.6% and the England rate is 4.1% for April 2009.

Looking back over the past 12 months, Wirral has seen a 1.8% point increase from April 2008, which is less than the both the regional and national increase which stand at 2.0% points and 1.9% points respectively.

Table 1 below provides details of the performance for the 6 local authority areas across Greater Merseyside and it can be seen that Wirral and Sefton had the smallest increase since April 2008.

Table 1

Jobseekers Allowance Claimant Count			
	April 2008	April 2009	Variance
	%	%	% point increase
Halton	3.3	5.9	2.6
Knowsley	4.3	6.7	2.4
Liverpool	5.3	7.4	2.1
Sefton	3.1	4.9	1.8
St Helens	3.1	5.2	2.1
Wirral	3.5	5.3	1.8
North West	2.6	4.6	2.0
England	2.2	4.1	1.9

Source: Nomis - JSA Claimant Count (April 2008 to April 2009)

JSA Claimants by age

Table 2 examines Wirral's JSA rate by age. The 25-49 cohort makes up more than half of Wirral's JSA count. Furthermore, the largest increase can be seen within this cohort, with an increase of 1.1 percentage points (1,830 people) since April 2008.

Table 2

Wirral Jobseekers Allowance Claimant Count by Age		
	April 2008	April 2009
18 - 24	33.0%	32.3%
25 - 49	51.3%	52.2%
50+	14.7%	14.6%

Source: ONS JSA Claimant Count by Age and Duration (April 08 to April 08)

Planning Applications

The number of applications in Wirral fell steadily during the second half of 2008, with a particularly sharp fall in November and December 2008. Since then, applications have begun to increase, with a steady rise between February and April 2009.

Benefits (Housing & Council Tax Benefits plus Local Housing Allowance)

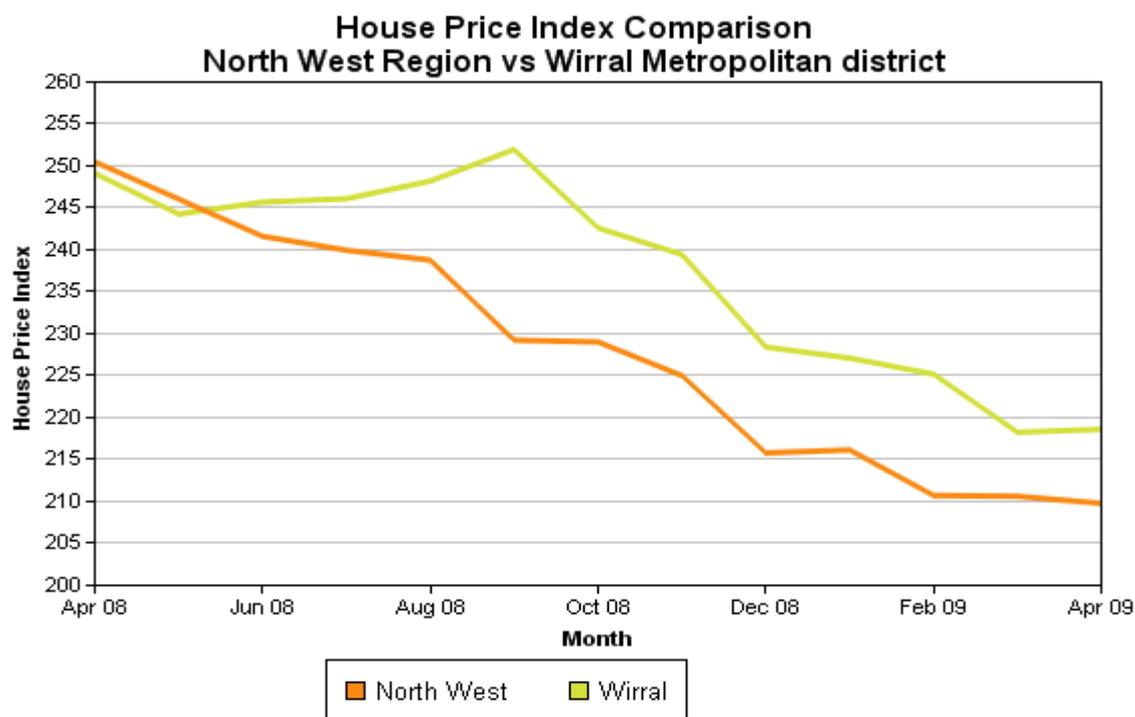
The increase in benefits claimants continues having risen in two months from 39,098 claims to 39,375. There is a noticeable increase in owner occupier claims that are of working age and not in receipt of Job Seekers Allowance which may be reflective of reduced income households rather than increased jobless. This is reflected in numbers through Customer Service access channels (One Stop Shops and Call Centres).

Business Rates (National Non Domestic Rates) **& Council Tax**

The impact continues to be felt with year on year collection at 31st May 2009 showing a 3% downturn which is similar to that seen over the previous year. The factors affecting this are not just recession elated and it is harder to split its causes to that as well as the changes to empty rate and the specialist port occupier issues that Wirral and a small number of other authorities have. Council Tax collection from domestic charge payers remains at previous year's rates which is nationally well above average and shows thus far no decline although it continues to be carefully monitored.

House Prices

Data from the Land Registry shows an overall fall in house prices in Wirral between April 2008 and April 2009. However the fall in Wirral prices has been significantly less than the reduction for the North West. In addition, prices in Wirral appear to be levelling out in recent weeks.



Source: The Land Registry House Price Index (HPI) captures changes in the value of residential properties. The HPI is published by Land Registry using sales data collected on all residential housing transactions, whether for cash or with a mortgage, in England and Wales

3. Wirral Responses

The Council and its partners continue to meet to gather intelligence and develop responses to support Wirral residents and businesses in the current situation.

The Council recently held the first of a series of strategic partner meetings to ensure a co-ordinated and comprehensive response to the current economic climate.

Business Support

Monthly meetings continue between the Council and business leaders. In addition - as members are aware from previous reports - a structured package of support to

businesses has been developed. There has been a high level of interest from businesses and a number of grants have recently been awarded. Further details of grants are being brought to members in a separate Cabinet report.

Apprenticeships

Members will be aware from a previous Cabinet report (23rd April 2009) that a Wirral Apprenticeship Programme has been developed in response to the current economic climate. This will fund the salaries of 100 apprenticeship places so that employers can afford to take on new apprentices. Apprentices will be supported at National Minimum Wage rate and will be guaranteed a minimum 2 year employment contract. The programme has been designed to target Wirral's most 'hard to reach' residents and will reach businesses who have never taken on an apprentice before.

The Apprenticeship Programme has now moved into the early stages of delivery, with branding agreed and marketing to businesses taking place through the Business Networks. Further details will be brought back to members as the Programme becomes fully implemented.

Future Jobs Fund

In the recent Budget, the Government announced that it would be introducing a major new Future Jobs Fund, aiming to create 150,000 jobs between October 2009 and April 2011. The initiative aims to provide help for young people and those who face significant disadvantages in the labour market, particularly in areas of high unemployment. Wirral is currently working with City Region partners to develop a proposal, and further detail on Wirral's approach is outlined in a separate report to members.

Other Activity

These measures complement work being undertaken by partners including:

Jobcentre Plus (JCP) - In addition to their core services, JCP has brought down the eligibility for certain programmes from six months to day one to enable the newly unemployed to access their enhanced offer

The Learning and Skills Council (LSC) - the LSC works closely with JCP and to deliver an Integrated Employment and Skills programme across Greater Merseyside; and Train to Gain programme and the pre employment has been subsequent enhanced in response to the situation

Business Link - is working with Council service areas to increase access to business support services

VCAW annual conference, May 2009 - this conference looked at anticipated impact of the economic downturn; practical ways of moving forward and highlighted the Government's Action Plan, 'Help Right Now' and the support that is available through this initiative. The conference also aimed to identify how COMPACT can be fully utilised to support the sector through these turbulent times.

Merseytravel - Merseytravel has frozen tunnel tolls at their current levels from April 1st 2009 to March 31st 2010, following a meeting of the Passenger Transport Authority. The decision means toll levels for all classes of vehicles will be maintained, with the aim to support businesses and the public during the current economic climate.

Housing Strategy

The recession has prompted a change in the targets for new-build housing as part of the HMRI programme, re-phasing of HMRI development programmes, changing tenure of new-build schemes. It has also led to changing priorities in using public resources, principally land values as in both Fiveways and Church Road. The Council's financial stake in HMRI development has been used to pump-prime new-build and see new homes and shops built. The recession has caused a shift in strategic housing priorities towards creating opportunities to support and enable the occupation of new-build housing particularly by first-time buyers. This has been in the form of developing options for shared equity, rent-to-buy and making the most of national initiatives such as HomeBuy Direct.

4. Financial Implications

4.1. There are no implications arising as a direct result of this report.

5. Staffing Implications

5.1. There are no staffing implications arising as a direct result of this report.

6. Equal Opportunities Information

6.1. All of the activity outlined in this report promotes equal opportunities.

7. Community Safety Implications

7.1. None as a result of this report

8. Local Agenda 21 Implications

8.1. None as a result of this report

9. Planning Implications

9.1. There are no planning implications arising as a direct result of this report

10. Anti-Poverty Implications

10.1. None as a result of this result

11. Human Rights Implications

11.1. None as a result of this result

12. Social Inclusion Implications

12.1. None as a result of this report

13. Local Member Support Implications

13.1. None as a direct result of this report

RECOMMENDATION

Members are asked to:

- i.) Note the contents of this update report.

J. WILKIE

Deputy Chief Executive/ Director of Corporate Services

This report was prepared by Rose Boylan who can be contacted on 691 8037.

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WIRRAL COUNCIL

CABINET – 25th June 2009

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

EARLY YEARS ENTITLEMENT AND FUNDING UPDATE

EXECUTIVE SUMMARY

1. This report covers four distinct areas of Early Years provision. These are:
 - a. Changes relating to the provision of **free early education for all eligible 3 and 4 year olds** and agreement for funds to be allocated in support of these changes.
 - b. Proposals to change the method of calculating early education funding and the **development of a Single Formula Funding for early years provision** in schools and the private, voluntary and independent sectors (hereafter referred to as “settings”).
 - c. An early pilot to offer **free early education places to eligible 2 year olds**.
 - d. Applications for funding, allocated to settings under the **Early Years Quality and Access Capital Grant**, as first agreed on 23rd April 2009.

2. **Free Early Education for Eligible 3 and 4 Year Olds**
 - 2.1 The Government has previously announced a commitment to extend the free nursery education entitlement for eligible 3 and 4 year olds from the current position of 12 ½ hours per week to 15 hours per week, effective for all children from September 2010. The cost of extension will be met from a ring-fenced grant.
 - 2.2 A number of authorities including Wirral will extend provision to 15 hours for a group of children defined as being in the 25% most disadvantaged areas. This pilot is to be implemented from September 2009.
 - 2.3 DCSF regulations specify that the identification of the pilot group should relate to areas rather than individual children. Therefore, schools and settings selected for the pilot from September 2009 have been identified using deprivation indices (IDACI and IMD), and the decision regarding inclusion in the pilot is based on the percentage of children from the target areas attending a school or setting. The schools and settings included in the pilot are attended by between 85% - 100% of 3 and 4 year olds living in identified areas of disadvantage. The list of participating schools and settings is attached as Appendix 1 and also identifies the % occupancy by children from the target areas
 - 2.4 Participating schools and settings will be required to report on their experiences, including challenges and successes in order to support the full implementation of the flexible, extended offer to all children from September 2010.
 - 2.5 Local Authorities are to work with schools, private, voluntary and independent sector providers and other partners to deliver the extended offer as flexibly as possible in order to meet the needs of parents.

2.6 The definition of flexibility in Wirral is:

- 15 hours to be taken flexibly over a minimum of 3 days
- Funded blocks of no less than 3 hours and no more than 8 hours in one day
- No more than 13 hours to be funded in a 2 day period

3. Development of the Single Funding Formula

3.1 Local Authorities must develop a Single Funding Formula for all Early Years providers. This will address any inconsistencies in how the 3 and 4 year offer is funded and ensure funding is closely targeted on children. The formula is required to be based on participation led funding and to have a deprivation factor (as is the case with schools formulae). The Schools' Forum has established a working group, the Early Years Funding Group, to consider the changes required to develop a common formula for all schools and settings. The details of these proposals will be presented to Cabinet at a later date when the specifics of the formula have been finalised. The change will be implemented from 1st April 2010.

4. Pilot Programme for 2 Year olds

4.1 Wirral is participating in a pilot scheme to offer nursery places to some of the most disadvantaged 2 year olds from September 2009. The criteria used to identify the children includes those that access benefits and also a post code analysis. 142 children have been identified using these criteria.

4.2 This offer is for 10 hours early education and care for children deemed to be the most vulnerable and places will be allocated on the basis of referral. The first level of criteria for referral must be that the family is in receipt of one or more defined benefits with a second level of criteria that can be locally determined. This second set of criteria has yet to be agreed. Work is currently underway to determine the potential cohort.

4.3 Funding is also provided for project management and outreach / family support.

5. Early Years Quality and Access Capital Grant

5.1 At its meeting on 23rd April Cabinet agreed the allocation of funding to 83 settings who had bid for amounts between £2,500 and £10,000 against three priorities for development:

- Outdoor learning
- Information technology
- Equipment to support effective teaching and learning

5.2 In respect of Quality and Access Capital Grant for 2009/2010, Cabinet, on 28th May approved schemes at Stanton Road Primary School, Greasby Infant School and Irby Primary School. It is proposed that the balance be used to provide smaller capital allocations with all private, voluntary and independent sector providers having the opportunity to bid as they had in 2008/ 2009. Any surplus to be used to support developments as outlined in the main body of this report.

6. Financial implications

Free early education for eligible 3 and 4 year olds

- 6.1 The extension to the free early years entitlement is funded from government grant and is ring-fenced for this purpose.

2009/ 2010	£404,400
2010/ 2011	£1,651,900

For 2009/ 2010, the grant is sufficient to fund pilot schools and settings for an additional 2 ½ hours per week at the same rate of £3.17 per hour for each eligible child from September 2009 – April 2010.

- 6.2 For 2010/ 2011, a proportion of the fund, 5/12s, will be required to fund the pilot schools and settings from April 2010 – September 2010, with the remaining 7/12s required to fund schools and settings. The rate will be determined by the new funding formula.
- 6.3 There is capacity within the grant (as intended by DCSF) to offer a flexibility incentive to schools and settings able to make such an offer. This incentive allocation could be used for additional costs such as marketing and advertising, staff costs, minor adaptations to premises or the provision of a free lunch. It is proposed that those schools and settings identified for a September 2009 start as part of the pilot group be invited to bid for grant funding of up to £10,000 to develop a flexible offer. On the basis of applications received, up to 10 schools or settings will be allocated this additional resource with a view to the Local Authority using their experiences to prepare and plan for the full roll-out in September 2010.
- 6.4 Remaining funding estimated to be £27,000 should be set aside for contingencies, since it is possible that take up within the pilot areas may increase.

Pilot programme for 2 year olds

- 6.5 The offer for 2 year olds is also grant funded from a ring-fenced allocation

2009/10	£249,062
2010/11	£336,706

Early Years Quality and Access Capital Grant

- 6.6 The following table summarises the recommended bids made by settings against the three agreed priority areas:-

	Number of applications	Total amount
Outdoor Learning	14	£87,151
Information Technology	7	£12,044
Resources/ furniture	9	£54,480
	Total approvals	£153,675

Details of the applications are attached as Appendix 2.

7. Staffing implications

Free early education for eligible 3 and 4 year olds

7.1 It is likely that the numbers and hours worked by staff in schools and settings will need to be amended as a result of these changes.

Early Years Quality and Access Capital Grant

7.2 The Quality and Access Capital bids are to be managed from within existing resources.

8. Equal opportunities implications

Free early education for eligible 3 and 4 year olds

8.1 The requirement to implement the extended offer of 15 hours early education to children living in the 25% most disadvantaged areas from September 2009 in the first instance recognises the impact of early intervention leading to progress in “narrowing the gap” in children’s achievements.

8.2 From September 2010, all eligible children from across the Borough will be entitled to this extended offer.

Early Years Quality and Access Capital

8.3 In respect of the Quality and Access Capital Grant, applications are invited from settings throughout the Borough.

9. Community safety implications

There are none arising directly from this report

10. Local Agenda 21 implications

There are none arising directly from this report

11. Planning implications

There are none arising directly from this report

12. Anti-poverty implications and Social Inclusion implications

The changes described in this report seek to secure an extension to high quality early years provision for eligible children, leading to greater success in “narrowing the gap” which in turn contributes to the Anti-Poverty Strategy.

13. Local Member Support implications

Long term proposals for change will affect all children across the Borough and will therefore be of interest to all elected members.

14. Background papers

None

RECOMMENDATIONS

That:

1. Cabinet agrees the changes proposed in the provision of early education to all eligible 3 and 4 year olds and the group of providers selected for the pilot extension.
2. The allocation of £100,000 for flexibility incentives be made to up to 10 schools and settings who are able to pilot changes and deliver an extended offer to eligible 3 and 4 year olds.
3. Proposals for Single Formula Funding to be brought to Cabinet at a later date as a recommendation from the Schools Forum.
4. Cabinet agrees the proposals for the pilot programme for 2 year olds.
5. The Capital Grants set out in Appendix 2 and proposals for spend in 2009/ 2010 be approved

Howard Cooper
Director of Children's Services

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Appendix 1 - Cabinet 25th June 2009

Schools and Settings identified as being in 25% disadvantaged areas - September 20

Name	Postcode	IMD score	% eligible children
Miriam Place Neighbourhood Nursery	CH41 7AL	78.89	100
Portland Primary School	CH41 0AB	78.89	100
Cole Street Primary School	CH43 4XA	77.64	100
Manor Primary School	CH43 7ZU	73.08	100
St. Paul's Cath Primary	CH43 7TE	73.08	100
Riverside Primary School	CH44 6QW	72.28	100
Cathcart Street Primary School	CH41 3JY	69.51	100
Holy Cross Cath Primary	CH41 7DU	61.18	100
Mersey Park Primary School	CH42 0PH	59.52	100
Kingsway Primary School	CH44 9EF	58.82	100
Bidston Village CE Primary School	CH43 7XG	52.20	100
Christ Church CE Primary (Birkenhead)	CH41 2UJ	47.00	100
Well Lane Primary School	CH42 5PF	46.00	100
Egremont Primary School	CH44 8AF	44.80	100
St. Anne's Cath Primary	CH42 4NE	41.83	100
Grove Street Primary School	CH62 5BA	35.46	100
Somerville Pre - School	CH44 9EA	44.80	98
The Priory Pre-School	CH41 4HJ	74.56	97
Rock Ferry Primary School	CH42 2BL	57.53	97
Our Lady and St Edwards Pre-School	CH41 8DU	74.65	96
New Brighton Primary School	CH45 1LH	28.24	96
Eastway Primary School	CH46 8SS	57.75	95
Woodlands Primary School	CH41 2SY	56.43	95
St. Werburgh's Cath Primary School	CH41 2TD	56.43	95
Brentwood Nursery School	CH44 4BB	58.82	94
Grove Street Community Wraparound	CH62 5BA	35.46	93
St. Michael & all Angels Cath Primary	CH49 5LE	50.09	92
Bidston Avenue Early Years Pre-school	CH43 6TB	34.80	92
St. Laurence's Cath Primary School	CH41 3JD	74.32	91
Seashells Day Nursery	CH44 0BZ	57.63	91
Devonshire Park Primary School	CH42 9JX	25.06	91
Little Cherubs	CH44 9DQ	58.35	90
Our Lady of Lourdes Cath Primary	CH46 2RP	49.44	88
Sunny Days Preschool	CH44 0AA	35.22	88
St. Joseph's Cath Primary (Wallasey)	CH44 7ED	47.99	85
Oasis Childcare	CH44 4EU	28.00	85
Bedford Drive Primary School	CH42 6RT	24.61	85
St Peters (Birkenhead) Pre-School Playgroup	CH43 9QR	18.54	85

109 pilot

Appendix 2

Quality Improvement Grant - Approvals June 2009

Name of Nursery/ Pre-school	Outdoor Learning	I.T. equipment	Resources/ furniture	Total
	£	£	£	£
Poulton Penguins	10,000	0	0	10,000
Moreton Baptist Pre-scho	5,875	0	2980	8,855
Birkenhead Schools Nurse	9638	0	0	9638
See-Saw Pre-school	6200	0	0	6200
Sanderlings Day Nursery -	7660	0	0	7660
Sanderlings Day Nursery -	4300	500	1500	6300
Stars Pre-school	1235	1729	6589	9553
Small Steps Day Nursery	3525	3484	29756	9985
Daisy and Jake Nursery- I	5913	2573	1000	9486
Pitter Patter	7600	0	1300	8900
Parklands Day Nursery	4159	0	1044	5203
Little Monkeys Day Nurser	4850	1100	1085	7035
Busy 0-5s Day Nursery	8457	0	0	8457
Daisy and Jake, Moreton	7739	1973	0	9712
Jack and Jill, Seacombe	0	685	9226	9,911
Totals	87,151	12044	54480	153,675

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WIRRAL COUNCIL

CABINET – 25 JUNE 2009

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

WIRRAL CHILDREN'S TRUST MEMORANDUM OF UNDERSTANDING

EXECUTIVE SUMMARY

This report informs members of new government guidance on Children's Trusts which relates to inter-agency cooperation to improve well-being of children, young people and their families. In response to the guidance and self review by the partnership it is proposed that Wirral Children's Trust partnership arrangements are amended.

1. Background

- 1.1 Wirral Children's Trust is a local partnership which brings together the organisations responsible for services for children, young people and families in a shared commitment to improving children's lives. Local authorities lead Children's Trusts through the Director of Children's Services and the Lead Member for Children's Services.
- 1.2 This report is in response to national guidelines for Children's Trusts and self review by the partnership. The proposed new trust arrangements amend the structure of the trust with the formation of a Children's Trust Board and a Children's Trust Executive to replace the current Children and Young People's Strategic Partnership and Management Boards respectively. Further details are in Appendix 1 with the new structure shown on page 7.
- 1.3 Government guidance (Children's Trusts: Statutory Guidance on inter-agency cooperation to improve well-being of children young people and their families) issued in November 2008 outlines proposed legislation to clarify the purpose and role of Children's Trusts and to extend the partners. The new guidance raises the bar for Children's Trust partners to champion and take responsibility for achieving measurable improvements in the lives of children across all five Every Child Matters outcomes (Being Healthy, Stay Safe, Enjoy and Achieve, Positive Contribution, Social and Economic Well Being). The proposals aim to help partners engage more effectively within the Children's Trust and to promote a step change in early intervention, in narrowing the gap, and in the involvement of schools. The new partners will include maintained schools, sixth form and further education colleges, and Job Centre Plus.
- 1.4 The recent Baby P case resulted in the Lord Laming report 'The Protection of children in England: A progress report' and the government response action plan (The protection of children in England: Action plan. The government's response to Lord Laming). In addition to the actions proposed on safeguarding arrangements nationally the reports refer to the work of Children's Trusts to ensure the foundations are in place to implement the recommendations. A self review by the Children's partnership resulted in the proposed amendments to the Children's Trust arrangements and the new Memorandum of Understanding.

1.5 The proposed Wirral Children's Trust Memorandum of Understanding is designed to provide an effective and transparent framework and clarity of roles and responsibilities to sustain and improve outcomes for Wirral's children and young people.

2. Financial implications

All costs for Wirral Children's Trust are met through members.

3. Staffing implications

Wirral Children's Trust involves staff members who are currently employed by Wirral Council and partner agencies in the borough.

4. Equal opportunities implications

There are none directly attributable to the memorandum.

5. Community safety implications

There are none directly attributable to the memorandum.

6. Local Agenda 21 implications

There are none directly attributable to the memorandum.

7. Planning implications

There are none directly attributable to the memorandum.

8. Anti-poverty implications

There are none directly attributable to the memorandum.

9. Social inclusion implications

Wirral Children's Trust will operate on the basis of principles that actively value the benefits of diversity and ensure fair treatment and equality of opportunity.

10. Local Member Support implications

Representation by elected members on the Wirral Children's Trust Board is unchanged.

11. Background papers

11.1 Children's Trusts: DCSF Statutory guidance on inter-agency cooperation to improve well-being of children, young people and their families (November 2008).

11.2 The protection of children in England: A Progress Report. The Lord Laming (March, 2009).

11.3 The protection of children in England: Action plan. The government's response to Lord Laming (May, 2009).

RECOMMENDATIONS

1. That members note the new Children's Trust guidance.
2. That the proposed Wirral Children's Trust Memorandum of Understanding be approved by Cabinet.
3. That a further report be submitted to Cabinet as the national proposals move to a statutory basis in law.

Howard Cooper
Director of Children's Services

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Wirral Children's Trust

Memorandum of Understanding

June 2009

Wirral Children's Trust Memorandum of Understanding

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Foreword

Children and young people are society's future and with them rest our hopes and aspirations. Supporting their interest and welfare is paramount. Our most important principle is that we will secure an active partnership of parents, carers and services, working together to deliver the best outcomes for all our children and young people and thus enabling them to fulfil their potential.

In the past few years significant and sustained improvements in outcomes for children and young people have been delivered at all levels in the Wirral partnership. National legislation and self review of existing arrangements indicate that we need to build on the good foundations and develop the trust further. Consideration of the governance and organisational arrangements of the Children's Trust will ensure the best use is made of public resources for the benefit of children and young people.

It is our intention that this new structure and governance arrangements provide an effective and transparent framework and clarity of roles and responsibilities to sustain and improve outcomes for all our children and young people.



Councillor Phil Davies
Lead Member for Children's Services

A handwritten signature in black ink that reads "P.L. Davies". The signature is written in a cursive style with a horizontal line underlining the name.



Howard Cooper
Director of Children's Services

A handwritten signature in black ink that reads "Howard Cooper". The signature is written in a cursive style.

Wirral Children's Trust Memorandum of Understanding

Introduction

Strategic developments and national legislation have required a review of existing governance arrangements to ensure Wirral's partnership working for children and young people is fit for purpose.

The purpose of this document is to outline a new partnership governance structure and how the new structure and governance arrangements will operate to deliver improved outcomes for Wirral's children and young people. There is a requirement for a formal agreement that the Children and Young People's Strategic Partnership Board becomes the Children's Trust Board.

Statement of Commitment

The member organisations of the Children's Trust (CT) are committed to working together at every level to improve the quality of life and wellbeing of all children and young people in Wirral.

Aims of Wirral Children's Trust

"Our vision is to enable Wirral's children, young people and families to access services quickly in order to be secure, healthy, have fun and achieve their full potential"

The aim of the CT is to work across professional and agency boundaries to make a difference to the experience and life chances of children, young people and their families. The trust will agree priorities and actions for children's services ensuring safeguarding underpins all activity and provide a framework for the effective operation of local arrangements. The framework will support a focus on preventative and early intervention services and ensure service providers understand what is expected of them. Monitoring of performance will inform future planning and commissioning, ensuring clear strategic direction and providing value for money.

Partnership Principles

The members agree to work together actively to achieve the aims of the CT, on the basis of:

- visible commitment and 'ownership' by the various member organisations and individual representatives;
- mutual trust and respect;
- openness and transparency;
- effective communication and accountability;
- shared ownership of resources, where appropriate;
- combined expertise;
- creative and innovative solutions to problems;
- identification and sharing of best practice, based on mutual learning;
- removal of barriers to equality of access and opportunity;
- clear purpose, clarity of expectations and agreed targets for action;
- effective decision-making;
- shared mechanisms for risk management, monitoring, evaluation, reviewing and reporting on performance, progress and success;
- allowing each constituent member unobstructed access to the audit records of the partnership, on request.

Governance & Accountability Arrangements

The governance and accountability arrangements set out in this document put into operation the duty to cooperate as set out in section 10 of the Children Act 2004.

This applies to all services provided or commissioned by the Trust that support children and young people's 0 to 19 and specific groups of young people up to age 25.

The Trust requires each partner agency to retain full responsibility for its statutory duties and functions at all times and allows for these duties and functions to be carried out through a system of joint planning and commissioning. This supplements existing organisational arrangements and provides additional robust accountabilities outside of existing partner agency arrangements.

The Board will take responsibility for setting the strategic direction for services to children, young people and their families. This includes setting priorities, joint planning and commissioning decisions; the alignment of resources at strategic level and agreeing service models based on service performance and agreed service specifications.

The Board will act as the single coordination body for all children's services planning and commissioning arrangements and will be the focus for facilitating joint working leading to the integration of multi agency services for children and young people and their families.

The Board will be responsible and accountable for the performance and commissioning decisions made by all other planning and commissioning groups in children's services.

The Board will be accountable to the Local Safeguarding Children's Board for the actions it takes in ensuring that all children and young people in Wirral are adequately safeguarded.

The Children's Trust (CT) assumes all partners accept collective responsibility and accountability for all decisions made by the Board. However, within this collective responsibility and decision-making process it is recognised there are different levels of accountability and risk for individual agencies and organisations.

Decision Making

Each partner agency accepts collective responsibility for all decisions made by the Board. All decisions will be transparent and informed by open debate, advice, performance reporting and analysis, best practice, risk assessment and option appraisal.

The Children's Trust Executive (CTE) the multi-agency Strategy Groups and the District Boards will be responsible for providing advice to the Board to support the decision-making processes.

Challenge process

In exercising collective responsibility for all decisions made by the Board each partner agency will be open to challenge and scrutiny through the formal processes of the accountable body (the Council) and of the other agencies.

Progress on the delivery of the Children and Young Peoples Plan (CYPP) will be performance managed by the Board and is open to challenge by any interested party.

A formal review of the progress made by the Board will be reported to Wirral Council Cabinet on an annual basis and on other occasions on request. The annual review will be published.

Partner Roles and Responsibilities

- The Local Authority (Council) is responsible for leading the Trust and the Council in the improvement of outcomes for all children and young people. In this respect the Council is the accountable body for the CT. The Council is responsible for the development and implementation of the CYPP as the single agreement between the partnership on priorities and actions for children and young people.
- The Primary Care Trust (PCT) is responsible for ensuring that health provision meets the identified needs of children, young people and their families on behalf of the CT. The PCT is responsible for ensuring health provision is aligned to the priorities agreed in the CYPP, and for the commissioning of health service on behalf of the Partnership.
- The Police are responsible for ensuring that the Local Policing Plan is consistent with the Partnership vision and the priorities in the CYPP.
- Merseyside Fire and Rescue Service are responsible for ensuring that their strategic planning encompasses the Partnership vision and the priorities in the CYPP.
- Through the Youth Justice Board (YJB) the Youth Offending Service (YOS) is responsible for the production of the Youth Justice Plan. This plan must be consistent with the Partnership vision and with the priorities agreed in the CYPP. The Plan should state how the pooling and alignment of resources will contribute to the improvement of outcomes for children, young people and their families.
- The responsible bodies for delivering the roles of information and advice for young people and Post 16 function (currently the Merseyside Connexions Partnership and Learning and Skills Council (LSC)) provide and secure services that enable and encourage young people to participate in education, training and employment. It is the responsibility of these bodies to provide information on the needs of young people to inform Partnership priorities and inform commissioning decision-making.
- The voluntary and community sector have a significant expertise in the delivery of services and in engaging children and families in identifying needs, innovative service models and commissioning priorities. The voluntary and community sector representation is responsible for informing the Partnership on these areas of expertise and for ensuring the sector has a voice in identifying priorities and actions in the CYPP.
- Schools and Sixth Form and Further Education Colleges representatives are responsible for ensuring the sector inform and influence priority setting in the CYPP and advise the Partnership on engagement with schools in Wirral.
- Job Centre Plus representatives are responsible for ensuring their organisation inform, influence and advise the Board.

The Scope of Involvement

The Trust Board will demonstrate clear links to other thematic partnerships through the Local Strategic Partnership (LSP) to ensure that strategies are not fragmented and that different services share priorities and thinking. The Trust will “inform and influence” the work of the LSP in regards to children, young people and families and ensure that these groups are reflected in within the LAA. It will ensure that the CYPP is consistent with the strategic vision of the Sustainable Community Strategy.

The views of children and young people are at the centre of strategic planning and service design. The Trust Board will ensure ongoing high quality consultation with children, young people and their

families is undertaken to empower and engage the wider community. Specific consultation will be carried out during the preparation of the CYPP.

Role of the Director of Children's Services & Lead Member

The Director of Children's Services (DCS) is professionally accountable for the delivery across the Every Child Matters (ECM) five outcome areas for children and young people. The DCS together with the Lead Member (LM) has a key role in leadership, strategy and effectiveness of services. Both work to drive forward the development of a dynamic Children's Trust encompassing partnership working and to integrate and transform services.

The Lead Member exercises political accountability for the same range of services as the Director and is expected to ensure there is a clear focus on safeguarding.

Both the DCS and LM therefore have particular and distinct responsibilities as memberships of the Board. This entitles both the Director and Lead Member to hold other agencies to account for the joint planning and commissioning of integrated services.

Role of the Local Safeguarding Children's Board

The Local Safeguarding Children's Board (LSCB) will maintain a close working relationship with the Children's Trust. The role of the LSCB is to ensure appropriate scrutiny and impartiality and to take responsibility for challenging every member of the Children's Trust through the Board on their success in ensuring that children and young people are kept safe. The LSCB will also support the Trust to implement recommendations within agreed timescales ensuring improvements are made in leadership, staffing, training, supervision and practice across all services.

To ensure clarity between the roles and responsibilities between the LSCB and the Children's Trust the LSCB will maintain its independence and will have an independent chair. It will have appropriate representation on the CT Board and ECM Strategy Groups and ensure that safeguarding is clearly represented and reported in the Children and Young People's Plan.

Both the DCS and the Lead Member will be members of both the Children's Trust Board and the LSCB. The LSCB will report to the CTB and publish an annual report on the effectiveness of safeguarding in Wirral.

Leadership

Each Board member will act on behalf of their organisation as an ambassador for children services locally, regionally and nationally. Board members will take responsibility for ensuring the agreed actions are carried out and their agency/sector is fully informed about the work of the CT and engaged in the delivery of the CYPP.

Commissioning

The Board, supported by joint commissioners, will be responsible for the identification of need and the setting of priorities to support the development of integrated multi agency services for all children, young people and their families. Commissioners will ensure there is a comprehensive up to date analysis of children and young people's needs upon which informed decisions on the design and commissioning of services can be based. They will coordinate the implementation of the partnerships preventative framework by identifying shifts in activity and resource allocation that will enable the development of planned targeted interventions.

All planning and commissioning decision making will be informed by:

- Needs analysis
- Prevention priorities
- Performance
- Risk analysis

The Board will carry out an annual review of commissioning and evaluate how outcomes and services have been improved through the alignment and pooling of resources and jointly agreed priorities.

Performance Management

Each member of the Board will take full responsibility and accountability for the delivery of the five ECM outcomes. The specific responsibility for the performance management of the ECM outcomes will be held by the Children's Trust Executive (CTE).

The Board will review progress in achieving improved outcomes for all children on a regular basis. Management information reports will inform the Board of the progress being made in achieving the key targets set out in the CYPP, Local Area Agreement (LAA), National Indicator (NI) set and relevant areas of Wirral Council's Corporate Plan.

Locality Working

In ensuring that joint planning and commissioning priorities are relevant to the diverse communities in Wirral, the Board has established District Boards. These groups are accountable to the CTB.

Information Sharing

The Board will ensure that information sharing protocols are designed to enable intelligence gathering for effective needs analysis to be carried out on a continuous basis. Information sharing arrangements will also be developed to ensure the effective implementation of ContactPoint and the common assessment framework (CAF).

Risk Assessment

On an annual basis the Board will undertake a formal risk assessment process in order to identify:

- The effectiveness of the Board's work.
- The impact the partnership is having on outcomes for children and young people.

Equalities and Inclusion

The Children's Trust will operate on the basis of principles that actively value the benefits of diversity and ensure fair treatment and equality of opportunity. This includes representation and participation on the partnership.

On an annual basis the Board will undertake an equality impact assessment on the CT functions, policies and services.

Dispute and Conflict Resolution

Members of the partnership:

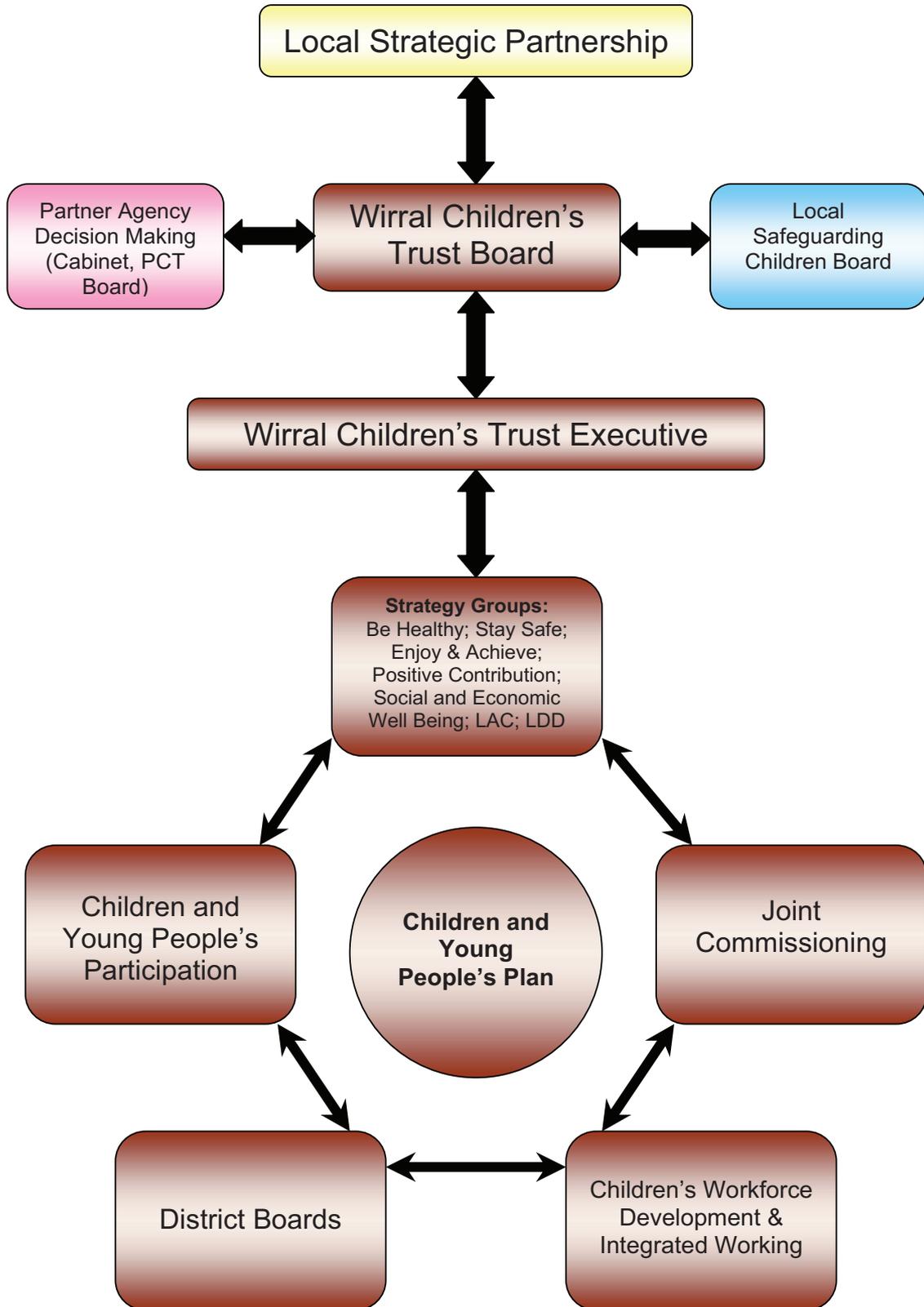
- Must not use their position improperly, confer on, or secure for themselves or any other person, an advantage or disadvantage.
- Must ensure that activities are not undertaken for political purposes
- Must not unduly influence any person in the paid employment of any of the partner agencies.

Issues of conflict within the partnership will be resolved initially by informal discussion. If this is not successful the issue will be referred to the Chief Executive of each agency who will meet to attempt to resolve the issue. If the issue is still not resolved appropriate alternative dispute resolution (ADR) will be considered.

Review of the Memorandum of Understanding

This memorandum of understanding will be reviewed on an annual basis.

The Structure of Wirral Children’s Trust



Wirral Children's Trust Board

Terms of Reference

Each Board member will act as an ambassador for children services locally, regionally and nationally.

Board members will:

- Co-ordinate services for children and young people.
- Oversee the preparation, agreement, monitoring and review of the Children and Young People's Plan to meet both statutory requirements and meeting local need.
- Ensure that children, young people and their families and carers are able to contribute effectively to the design and delivery of services for them.
- Determine the integrated strategies required to improve the outcomes for children's well-being with robust performance monitoring with regard to outcomes and impact.
- Agree joint commissioning strategies and be responsible for pooled budget arrangements.
- Create a shared culture and vision amongst partners.
- Identify and celebrate best practice.
- Ensure that there is appropriate challenge where partnership working becomes ineffective.
- Ensure that their agency/sector is fully informed about the work of the Board and engaged in the delivery of the CYPP.
- Oversee the arrangement for the sharing of information about children and young people (ContactPoint).
- Maintain a strategic link to the Local Safeguarding Children's Board.
- Demonstrate involvement in the Sustainable Community Strategy and clear links to other thematic partnerships through the Local Strategic Partnership (LSP).
- Monitor progress on the Children and Young People's block in the Local Area Agreement.
- Oversee inspection arrangements and support agencies to meet the requirements of the Comprehensive Area Assessment.

Membership

Chair: Lead Member for Children's Services
Deputy: To be appointed by the board

All partners under a statutory duty to cooperate will be represented and other persons or bodies the CT board consider appropriate. Attendees to be nominated by their constituent body.

The membership will include representatives from the following:

- Elected members
- Wirral Council
- Wirral National Health Service organisations
- Merseyside Police
- Merseyside Fire and Rescue Service
- Job Centre Plus
- The Voluntary, Community and Faith Sector
- Primary and Secondary (including Special) Schools, Sixth Form and FE Colleges and School Forum representatives

The membership will be reviewed on an annual basis.

Meeting Arrangements

The Children's Trust Board will meet bi-monthly.

Wirral Children's Trust Executive

The CTE will operate as an executive of the Children's Trust Board (CTB). Whilst the strategic leadership, accountability and agreement reside with the CTB, the CTE works to support the Board through a process of delegated and devolved decision making powers. All proposals concerning key strategic developments will go to the CTB for final approval.

Terms of Reference

Board members will take responsibility for:

- Delivering the identified needs of Wirral children and young people in terms of the five outcomes in the Children Act 2004.
- Developing the strategies required to improve the outcomes for children's well-being.
- The preparation and annual review of the Children and Young People's Plan
- Identifying best practice and proposing joint commissioning of services and identifying shared resources.
- Annual review of joint commissioning arrangements
- Implementing service improvement priorities.
- Establishing the evidence base behind development proposals.
- Ensuring that agreed actions are carried out.
- Ensuring that the cross agency strategy groups are fully informed about the work of the CTB and are engaged in the delivery of the CYPP.
- Disseminating a shared culture and vision amongst partners in the working groups.
- Preparation for the strategic engagement cycle and priority meetings with GONW and DCSF.
- Performance management including the Local Area Agreement.
- Preparing for and evaluating practice to inform the inspection arrangements including the Comprehensive Area Assessment.

Membership

Chair: Director of Children's Services
Deputy: To be nominated by the Executive

The membership includes the Strategy Lead for each multi-agency strategy group and invited representatives.

Meeting Arrangements

The CTE will meet bi-monthly.

Strategy Groups

The multi-agency strategy groups (SG) are linked to the five ECM outcome areas for children and young people. They own the CYPP and are responsible for its delivery. They are accountable to the CTB and the CTE.

Terms of Reference

The Strategy Groups are responsible for:

- The monitoring and reporting on progress. Issues regarding their respective National Indicators, LAA targets, CYPP priorities, allocated tasks groups and any other locally based targets agreed by the partnership.
- Receive information from and respond to requests from other groups and stakeholders.
- Make quarterly performance progress reports highlighting areas of poor performance, issues and risk.
- Develop opportunities for multi-agency involvement and networking to share best practice
- Provide support and information to other groups within the Trust.
- Maintain effective arrangements to consult with children, young people, families and carers, act on the results of the consultation and provide feedback.

Membership

Chair: Outcome area Strategy Lead

Multi-agency representation related to each outcome area, including family representation.

Meeting Arrangements

To be agreed by each group.

District Boards

The District Boards chaired by an elected member, provide the opportunity for those with an operational responsibility for providing services to children and young people to co-ordinate activity and ensure integrated working in a district. The boards operate as networks for existing groups and services supported by the District Manager who will feed information into the appropriate Strategy Group as necessary. The District Managers will support local networks via a range of engagement methods such as a formal District Board Meeting, linking into established groups across schools and GP surgeries and running workshops to ensure an appropriate response to local need. The networks will also develop working links with the Council's Area Forums and Area Youth Forums and their membership. These networks are a conduit for providing a front line perspective in relation to the impact and success of the implementation of Children's Trust arrangements.

Terms of Reference

The District Boards are responsible for:

- Local needs analysis.
- The identification of priorities, which will contribute to the delivery of statutory requirements priorities as set out in the CYPP and local priorities where these are relevant.
- The monitoring and review of performance of the delivery of agreed priorities.
- The development of local preventative services.
- The coordination of the integration and deployment of preventative services in each locality.
- The promotion of collaborative partnership working at a local level.
- Ensuring that children, young people and their families are involved in informing all decision-making.
- To coordinate the participation of children, young people and their families in priority setting and service development.

Membership

Chair: Appointed Councillor

Councillor from each Area Forum.

Youth Forum representative.

Extended School Cluster Lead.

District Manager.

Senior Social Care Manager.

Children and Young People's Department Head of Branch.

Senior representative from each partner agency.

Meeting Arrangements

The District Boards meet bi-monthly.

Wirral Children's Trust Support

The Children's Services Department Planning and Resources Branch will provide the following key functions to the CTB, CTE and the District Boards:

- Agenda.
- Minutes.
- Performance management reporting arrangements.
- Risk management arrangements.
- Seek appropriate contributions from partners to support the CT governance framework.
- If required send representation to advise groups in terms of processes relating to governance reporting and standard agenda items.



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WIRRAL COUNCIL

CABINET – 25TH JUNE 2009

REPORT OF THE DIRECTOR OF CHILDREN'S SERVICES

INSPIRING COMMUNITIES

EXECUTIVE SUMMARY

The New Opportunities white paper announced over £10m to support the Inspiring Communities programme. An invitation to apply for up to £450,000 per neighbourhood was sent to 64 upper tier local authorities. Wirral was amongst those invited to bid into this competitive process to initially identify 15 neighbourhoods. Central government strongly discouraged more than one application per authority. Three bids were submitted for consideration, one from Millennium Training and Education Centre (MTEC LTD), Hair Training and Education Centre (HTEC LTD), Leasowe Women's Centre (LWC) on behalf of Birkenhead, Tranmere and Leasowe Appendix A, another from Leasowe Community Homes, Appendix B and the third from Together Neighbourhood Management Pathfinder, Appendix C. Together Neighbourhood Management Pathfinder was identified as the body to submit the preferred bid working in partnership with the Children and Young Peoples Department. In identifying them as the preferred bidder the following criteria was applied.

- Compliance with pre-qualifying criteria.
- Quality of programme.
- Evidence of integration with CYPD.
- Single neighbourhood vision.
- Exent of neighbourhood partnership.
- Capacity to deliver

The bids were scored by the Children and Young People's Department. The methodology, criteria, bids, judgements and scoring were shared with the Cabinet Member for Children, Young People and Lifelong Learning, the Cabinet Member for Community Engagement and the Chair of the Overview and Scrutiny Committee.

Agreement has been reached with all three bidders for further discussions to take place about areas for development in preparation for any future opportunities to bid and for joint working opportunities. It should be noted that the extremely tight time-scale set out for this submission did not assist the process.

1. Background

- 1.1 The key purpose of the Inspiring Communities Grant Programme is captured in the following extract:

"We will invest in local schemes which will get local communities behind the talented youngsters in their midst. We want neighbourhoods to take pride in the achievements of their young people. And we want Britain's next generation of small business owners, teachers, accountants, lawyers, designers, engineers, surgeons, public servants and community leaders to remember the helping hands, words of encouragement and practical support that came from their neighbourhoods and helped them on the road to success ."

(Inspiring Communities Grant Programme Foreword 2009-p5)

The programme is intended to focus on 11-14 year olds in deprived neighbourhoods. The principal outcome sought is an improvement in the educational attainment of young people within the neighbourhood.

This should cover both the individual improvements of pupils and also the narrowing of the achievement gap between pupils eligible for free schools meals and their peers. Key measures to be monitored for all participating neighbourhoods will be:

- Teacher assessments of individual attainments at key stage 3
- Proportion of pupils achieving five or more A*-GCSEs (or equivalent) including English and Maths
- Achievement gap between pupils eligible for free school meals and their peers

However it was recognised that achieving these outcomes within a two year window may be difficult and therefore other outcomes such as attendance or involvement of young people in structured activities outside of school should be included in the programme.

To be eligible for the programme the neighbourhood must:

Be in an area of high deprivation

Have a population of 5000-1000 residents

Be large enough to support strong partnership working with wide buy in, yet small enough to retain strong recognised local identity

Applications must be sent on behalf of a neighbourhood partnership who have terms of reference

Must have a local campaign leader

Must have representation from the local authority a local secondary school and a third sector organisation

- 1.2 The Inspiring Communities programme is made up of three main phases. The first is the application phase. Successful applicants will then enter the second full design phase where they will with some financial and specialist support develop a final coasted programme of activities. Activities will then be delivered in the third phase.

Applicants were requested to demonstrate how they would use the budgets to support all of the following activities :-

- initiatives designed to raise the aspirations of young people in the neighbourhood, which are chosen, designed and/or commissioned locally, and fit under the four core aims to:
 - broaden young people's horizons
 - provide advice and inspiration to young people
 - raise parents' own aspirations and self-confidence

- develop strong social networks in communities.
- a community pledge on youth achievement:
 - a public declaration of the shared vision of the local Inspiring Communities programme, in the interests of local young people. This should take the form of a tangible long-term practical outcome, as decided by the community, for example *“we want to reach the point where 30 members of our community make it to university each year”*.
 - it should provide a positive vision, under which the programme of activities sits, and demonstrate to local young people that their community believes they have the potential to succeed.

If neighbourhoods wish to formalise this pledge in time, they may wish to look to work with local authorities on a community contract.
- community twinning activities:
 - activities to link diverse groups and communities, giving young people (and potentially the wider community) opportunities to experience different settings and ways of life. Activities should provide opportunities for meaningful interaction between people.
- co-ordination of the campaign, including:
 - staff (We advise at least one full time equivalent programme co-ordinator be funded, who will support the partnership, administer and programme manage local delivery and liaise with the national evaluators and other support organisations. The campaign leader’s costs can also be covered from this funding, as can relevant staff training.)
 - wider logistical support (eg to fund consultative events, management of website).

The submission for this programme is attached as Appendix A. It has been produced after a short consultation, if successful further detailed planning and preparation would be required.

2. The Submissions and their Evaluations

2.1 Submissions were received from three organisations or partnerships.

Submission A: was made by a partnership of MTEC Ltd, HTEC Ltd and LWC. It relates to the Leasowe Neighbourhood. It is attached as Appendix A.

Submission B: was made by Leasowe Community Homes. It also relates to the Leasowe neighbourhood and is attached at Appendix B.

Submission C: was made by a partnership of Tranmere Together, Involve North West and Wirral Youth Service. It relates to the Tranmere and Rock Ferry neighbourhood and is attached as Appendix C.

- 2.2 Submissions were evaluated by officers on a scale of 0 (fails to meet) to 3 (meets fully) against six criteria. The criteria were:
- i) Compliance with the criteria set out by DCSF as a pre-qualification standard.
 - ii) Quality of the programme planned
 - iii) Evidence of integration with Wirral 's Children and Young People's Plan.
 - iv) Presentation of a single, coherent neighbourhood vision.
 - v) Extent of the partnership within the neighbourhood.
 - vi) Capacity to deliver.

A summary of the scoring can be found at Appendix D.

- 2.3 There was broad compliance but two bids, those from Leasowe, were found not to fully meet the pre-qualification criteria.
- 2.4 The proposals made in Submission C were evaluated as extensive and of high quality. Those in Submissions A and B were much more limited in scope. Those in Submissions A and B were judged to have the potential for high quality but were presently underdeveloped.
- 2.5 There was a marked difference between submissions in relation to a single neighbourhood vision and the extent of the neighbourhood partnership. Submission C showed a strong partnership. It was founded on the Tranmere Together Neighbourhood Management Partnership which indicated strong involvement of Police, Wirral Youth Service, the third sector and NHS Wirral. Both local schools serving the area had a strong involvement in forming the plans and delivering the programme.

Submissions A and B did not demonstrate these features. Both originate from groups in Leasowe that are housed in Leasowe Millenium Centre and yet they showed no evidence of collaboration. They had been advised that this would weaken their submissions. Submission B had gained endorsement from the secondary school serving the area, Wallasey School and there may be scope to build this partnership further. Submission A gained endorsement from Odershaw School but this school, based in Liscard, admits only 1% of the target group from the relevant neighbourhood. Furthermore, the submission emphasised the links with Holy Cross RC Presbytery which is in Bidston. It was not clear that there was a coherent neighbourhood vision.

- 2.6 It was judged that the partnership around Submission C had considerable capacity and expertise on which to draw. That it was not scored at the maximum is a reflection of the high ambition which it demonstrates. Submission A and B had more limited partnerships available to them.
- 2.7 The timescale imposed by DCSF was very restricted and undoubtedly led to difficulties for the organisations concerned. Advice was given by officers to all three bidders before, during and after the process. A commitment has to be given to continue to work with them in preparation for any second round of bidding. It has been emphasised that a single neighbourhood vision cannot be demonstrated by two rival bids.
- 2.8 The timescale also made it impossible to gain approval from Cabinet prior to submission. DCSF made it clear that they wanted only one bid per LA and would regard it as a point of weakness if any LA made more than one submission. The three submissions were shared with the Cabinet Member for Children, Young People and

Lifelong Learning, the Cabinet Member for Community Engagement and the Chair of the Children and Young People's Overview and Scrutiny Committee after the process of officer scoring had been completed.

- 2.9 Evaluation showed clearly that Submission C, from Tranmere and Rock Ferry, was the one most likely to gain DCSF support.

3. Financial Implications

- 3.1 If successful the Council would be the accountable body for up to £175,000 in 2009-10 and up to £275,000 in 2010-2011.

4. Staffing Implications

- 4.1 Staff would be appointed to the Together Management Pathfinder.

5. Equal Opportunities Implications

- 5.1 The aim of this programme is to narrow the gap.

6. Community Safety Implications

- 6.1 None arise directly out of this submission although indirectly by engaging young people in positive activities this could impact on issues of youth nuisance.

7. Local Agenda 21 Implications

- 7.1 None arise directly out of this report.

8. Planning Implications

- 8.1 None arise directly out of this report.

9. Anti-poverty Implications

- 9.1 This programme is aimed at the most deprived wards of the Borough.

10. Social Inclusion Implications

- 10.1 If successful a detailed project plan would be produced which would include the identification of a cohort of young people against set criteria.

11. Local Member Support Implications

- 11.1 This submission is of relevance to members in the Tranmere ward. Other submissions related to Leasowe and Moreton East.

12. Background Papers

- 12.1 Inspiring Communities Grant Programme Community and Local Government Cabinet Office and Department for Children, Schools and Families – April 2009

RECOMMENDATIONS

That

- (1) The bid produced by Together Management Pathfinder and its partnership group is endorsed as Wirral's preferred bid.
- (2) Officers continue to work with unsuccessful bidders with a view to developing proposals for a possible future round.

Howard Cooper
Director of Children's Services

NB. A separate Microsoft Word version of this form is available at www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities for applicants' use

Inspiring Communities – Application form	
<i>(All sections must be completed)</i>	
<u>For official use only</u>	
Date received	
Date acknowledged	
Name of neighbourhood:	Birkenhead ,Tranmere, Leasowe
Full contact details for primary contact within <u>accountable body</u>:	
Name: HOWARD COOPER	
Position: DIRECTOR CYPD	
Organisation: WIRRAL BOROUGH COUNCIL	
Address:	
Email:	
I certify that I have understood the necessary accounting and reporting responsibilities for my organisation and, if this application is successful, am prepared to take on this role on behalf of the partnership responsible for our local Inspiring Communities programme. (see section 4 of main information pack and Annex D for details of responsibilities of the accountably body)	
Signature:	Date: 01:06:209
<i>Note: Digital signatures are acceptable</i>	
<u>If different</u>, full contact details for <u>Campaign Leader</u>	
Name: LORRAINE KRIMOU	
Position: MANAGING DIRECTOR	
Organisation (if applicable): MTEC LTD , HTEC LTD , LWC	
Address: LEASOWE MILLENNIUM CENTRE TWICKENHAM DRIVE LEASOWE	
Tel: 0151 637 1812	
Email: l.krimou@btinternet.com	

SECTION 1: CONTACT INFORMATION AND INITIAL ELIGIBILITY**1A: Local authority name:**
WIRRAL BOROUGH COUNCIL

Neighbourhood must be within one of the eligible local authority areas listed in section 4 in the main information pack.

1B: Neighbourhood definition and deprivation

Using the reference map for your local authority area (available at <http://www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities>), provide the Lower Super Output Area (LSOA) codes for the grouping of LSOAs which best fit the boundaries of your neighbourhood. (See Annex B 'Guidance on reference map' for more information.)

Also tick or cross to show whether each LSOA is shaded green. The green shading on the eligibility map indicates LSOAs in the most deprived 10 per cent in England on the 2007 Index of Multiple Deprivation. Neighbourhoods including one or more LSOA shaded green are eligible.

LSOA code	Green?	LSOA code	Green?
E01007204A	✓	E01007124A	✓
E01007205A	✓	E01007125A	✓
E01007120A	✓	E01007132A	✓
E01007121A	✓		
E01007122A	✓		
E01007123A	✓		

1C: Estimated neighbourhood population: 10,000

Neighbourhoods are expected to have approximately 5,000 – 10,000 residents

1D: Confirm your application is from a neighbourhood partnership including, as a minimum, the responsible local authority, a local secondary school and a third sector organisation, and which has an identified campaign leader

Later in this application form you will be asked to provide fuller details about the partnership.

I can confirm that there is a neighbourhood partnership that consists of Wirral Borough Council , Oldershaw Secondary School and the Affiliated Social Enterprises and Registered Charity, MTEC Ltd, HTEC Ltd and LWC (Leasowe Women's Centre trading as Learning and Well-Being Centre)

1E: Confirm your partnership has, or is committed to prepare, a collectively-agreed description of the purpose, scope and structure of the partnership.

The partnership is prepared to commit to the above.

1F: Confirm that the accountable organisation has understood, is willing and has the capacity to take on the necessary accounting and reporting responsibilities

See section 4 of the main information pack and Annex D for information about these responsibilities.

1G: Confirm the latest annual report and audited financial statements from the accountable organisation are attached to your application

This does not apply where the accountable body is a local authority.

If audited financial statements are not available at the time of making this application, the accountable body must provide a statement, agreed with its auditor, explaining the situation.

Not applicable as accountable body is Local Authority

SECTION 2: PROGRAMME OF ACTIVITIES

2A: Provide initial costed plans a programme of locally-developed activities

Using the table below, set out your initial costed proposals for the additional activities and opportunities that you would like to offer through the Inspiring Communities grant programme. This may include scaling-up or broadening of existing work.

Please refer to the information in section 5 under 'Funded programme of activities' in the main information pack, including budget information.

Propose activities that will contribute to the following four core aims:

- Broadening young people's horizons
- Providing advice and inspiration to young people
- Raising parents' own aspirations and self-confidence, so that they can support their children to take up opportunities and to make positive, informed choices
- Developing strong social networks in communities, raising community pride in young people and drawing out the talents of the community to support young people

Be realistic in your costings and consider which activities may offer best value for money.

Activity	Estimated cost (£k)		Details <ul style="list-style-type: none"> ○ Which of the four core aims does the activity address ○ What activity involves ○ Who will lead in carrying out ○ How many people will benefit, and from which groups ○ Breakdown of cost for different elements of activity
	Yr 1	Yr 2	
Turn around project Delivered at Leasowe Millennium Centre, Leasowe Oldershaw School, Wallasey Holy Cross Centre for Young people Bidston			<p>This project addresses all of the core aims.</p> <p>All of the project activities (self awareness and personal(emotional and physical) well –being, social awareness and social well being and various vocational tasters) are all designed to re-focus the young person to look beyond themselves, to discover their sense of self and self worth through activities that promote conscious positive regard of others; where others are the beneficiaries of their positive actions- in effect, learning about the self through the pleasure of giving and helping others. Therefore all activities will be solution focussed rather than issue focussed.</p> <p>This course is portfolio based but non-accredited to reduce pressure on the learner to perform and achieve to given standards; as all learners will be at different stages of emotional development and social maturity, we feel that at this stage of social and educational development we have to be acutely aware of and address the individual needs of a learner but to also encourage the concept that self regard, respect and self confidence can be best achieved by taking pride in positive and concrete, tangible inter-action with and towards others.</p> <p>MTEC will lead in the practical aspects of this project. IAG will be provided by Oldershaw. Numeracy and literacy is embedded in the activities and is re-emphasised more strongly towards preparation period for year 11 .This project is aimed essentially but not exclusively at Yr 9/10 learners who are at risk of disengaging or becoming excluded from mainstream education. Elements of the project include activities for parents and/or carers. We anticipate providing for up to 2 groups of 6 young people per day - 12 learner places per day, 60 learner places per week at full</p>

	44 10	46 10	<p>capacity.</p> <p>Success on this project can lead directly to The Green House and ACCREDITED vocational training opportunities</p> <p>Staff and on costs (1 full time 2 part time teaching staff)</p> <p>Resources and activity costs</p>
<p>THE GREEN HOUSE Delivered at Holy Cross Presbytery Bidston</p>	1 22 06 04 04 43 07	0 22 08 01 02 43 10	<p>An environment friendly project that provides opportunity for young people to achieve L2 BTEC's in, Construction, Textiles, Horticulture and Workskills. This project is about recycling household goods to refurbish and renovate a house. The young people involved on the course will be at the forefront in planning, costing and sourcing household goods for renovation and refurbishment. The garden will be used for producing vegetables and flowers and there is the room for a secure, walled garden for introduction courses in landscaping. The produce of the gardens will be distributed to the learners and their families and the local communities. Flowers and foliage will be able to be used for learners on the Floristry BTEC L2 course. Wherever possible and appropriate, we will also be delivering Workskills qualifications and organising work placements and experience so that young people can appreciate that the skills they acquire on this course are applicable to the wider world of work and private enterprise. We are confident that a bold project such as this will prove to be stimulating and motivating for young people.</p> <p>The finished house will be used as a short –stay, residential half way house for young people leaving care and as an information and guidance day centre for teenage parents/parents to be , where they will also be able to access accredited parenting courses, at this point of the project we would expect to invite Sure Start and the PCT to participate.</p> <p>House and garden clearance costs (skips etc)</p> <p>Rent and rates</p> <p>Utilities</p> <p>Project Materials and sundries @ £300 per room</p> <p>Horticultural costs</p> <p>Teaching and Course Registration Costs for up to 40 learners</p> <p>Cleaning staff</p>
<p>Community Pledge</p>			<p>We want to ensure that 90% of registered participants will achieve as a minimum the Foundation Diploma, and for those who progress, a minimum of 5 GCSE's grades A*-C or equivalent on leaving mainstream education.</p>
<p>Community Twinning</p>			<p>By working closely with the school we will be able to ensure that young people from different LSOA's will engage more positively</p>

			and thereby reduce anti social behaviour and promote wider social cohesion. Ensuring that Parental involvement in some elements of the project will help to raise awareness in the community that whole family involvement will reinforce the positive and wider social aspects of the learning.
Co-ordination costs in design phase			<p><i>NB: This may total up to £50,000 and is the initial amount released to successful partnerships to develop a final costed programme of activities within three months of selection.</i></p> <p><i>Includes staffing and wider logistical support. Please include a breakdown of individual costs contributing to the total for co-ordination</i></p> <p>18 18 Strategic Management and Quality Assurance Management calculated at 60% of Campaign Leaders Current Salary</p> <p>16 16 Pro Rata contribution to Salary costs (60% of £26K for 3 dedicated days per week, this post will also have liaison responsibilities for the 'Turn Around' project) for Community Liaison Manager (seconded post from Oldershaw).</p> <p>08 Part time Project Administration post(16 hours per week)</p>
Co-ordination costs after design phase	00	40	<p><i>NB: Total co-ordination costs (in and after design phase) may be a maximum of 40% of the total cost in each year.</i></p> <p><i>1x Full time @22K 2x part time @ £9k each key workers for Respite Stage of project</i></p>
TOTAL COST	£175k	£224K	

2B: Provide initial proposals of the outcomes and intermediate outcomes that will be most relevant to your local programme (max 300 words)

See section 2 in the main information pack. For successful neighbourhoods this information will be passed to the organisation responsible for the programme's national evaluation to contribute to their development of an overarching outcomes framework.

Initial proposals of the outcomes are that young people will achieve an improvement in Educational attainment via non-mainstream activities; alternative and vocational curriculum. Absenteeism is reduced and they will demonstrate improved behaviour and attitude towards others. Evidence of these achievements is identifiable via teachers and self reporting and improvements in behaviour and attitude by teacher's testimonials. Learners who are not capable of improving educational achievement will be offered the opportunity to study Workskills to build on their positive non- academic qualities and characteristics to support their employment prospects. However, the partnership will be working hard to ensure that each learner will be supported to fulfil their potential.

SECTION 3: PARTNERSHIP WORKING AND LINKS TO EXISTING ACTIVITIES / PRIORITIES

3A: List existing relevant local activities

Please list and provide a one-sentence description of any existing activities with young people, their families or the wider community, which have raising aspirations and attainment locally as an aim or notable indirect output. Do not include here any central government programmes or pilots.

Note: The level of existing local work will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

We are aware that there is already significant work being undertaken by various community organisations in these wards; however, we understand that the activities that are already being delivered to young people would not be duplicated by the activities that we propose to deliver. Our activities and projects in whole or part are a natural progression for young people who have already successfully completed, self esteem and confidence courses at other organizations.

3B: List existing relevant government pilots

Please list any government pilots operating within, or providing services to, your neighbourhood which have the raising of aspirations and attainment locally as an aim or notable indirect output.

Note: The presence of existing pilots will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

The 14-19 Engagement programme
Working Wirral

3C: How will you engage these existing local activities and government pilots in your local programme? (max 300 words)

Identify where new the Inspiring Communities programme is most likely to be supportive of existing work and if there are any areas where it may not be and how this will be managed (e.g. be clear if there are certain partners for whom involvement in the Inspiring Communities work would distract disproportionately other key objectives).

All of our accredited courses provide a direct progression route into Apprenticeships and or employment or further education and training. We already have close working links with Connexions. The Local Education Authority and local FE providers to support progression and further training and education. We have over the past few years also developed strong working links with the private sector and last year we moved 6 of our most able learners into apprenticeships with local employers. I do not envisage that this new programme has any areas that will not be supportive of existing work in the community.

3D: Explain how a local Inspiring Communities programme would contribute to wider strategic priorities (max 300 words)

Refer to your area's Sustainable Communities Strategy, Local Area Agreement and Children and Young People's Plan. Where appropriate, you may also quote relevant needs analyses, strategic plans and priorities set at neighbourhood, local and regional level

This project contributes to a multiple of wider strategic priorities. The project addresses all of the outcomes of 'Every Child Matters'

- Be healthy
- Be safe
- Enjoy and achieve
- Make a positive contribution
- Enjoy social and economic well-being.

It also addresses LAA's on achievement at Key Stage 4, especially as this project is focussed on an area that has the lowest attainment levels in the Borough. It also has the capacity to reduce absenteeism and increase participation and the aspirations of young people and their families, in fact the work that MTEC has undertaken through the local 14-19 engagement programme and the Alternative Curriculum provision has already achieved a positive impact on engagement and attendance levels of yr 10.11 and 12 learners. For example. One of our most notable achievements last year was a young learner who went from 20-25% attendance to 93% at school and also achieved the highest marks in the country on her chosen alternative curriculum studies; she is now undertaking an apprenticeship. We are also aware that projects such as this will inform 'Next steps' and may influence future LAA decisions and our Local Sustainable Communities Strategy- More prosperous, more equal. More prosperous as there is the opportunity to provide these young people with employable vocational skills and qualifications before leaving schools thereby reducing the potential for them to fall into the NEET category and more equal, as achievement will increase the life chances and quality of social being for our young people.

3E: Outline the partnership model for your neighbourhood (max 300 words)

- *Identify any existing neighbourhood partnership structures*
- *If proposing a new structure, explain why needed and how it relates to any existing partnerships*
- *If proposing to build upon an existing structure, confirm there will be capacity to provide leadership on Inspiring Communities (Note: Co-ordination funding is provided to support partnerships)*

We are proposing to build upon an existing working structure between the parties. Oldershaw and MTEC have over the last 2 years developed a flexible and mutually supportive and pro-active partnership that is based on trust and respect. These new projects mean that we will be able to work even more effectively together for the benefit of the young people, especially as Oldershaw will now have direct input into the shaping and development of alternative curriculum delivery rather than buying into an existing service delivery. This will also have the added bonus of young people being able to see at first hand how all the different social institutions of home , education and work mesh together to make a more cohesive and healthy , happier community.

✓ **3F: Confirm you have attached a signed statement of commitment from core members of the neighbourhood partnership**

Partners should state their:

- *willingness and capacity to jointly oversee design and delivery of a local campaign*
- *endorsement of the identified campaign leader and accountable organisation*
- *willingness to work with the programme's national evaluators, design & marketing and resource mapping support organisations, and to participate in the network of Inspiring Communities*
- *commitment to explore aligning local resources and programmes that contribute to raising aspirations and attainment*

Note: *Digital signatures are acceptable. Where possible, statement should note endorsement from the upper-tier local authority's Local Strategic Partnership, or confirm that the LSP is being approached.*

3G: Outline initial ideas for ambitious joint-working arrangements between partners to join up services and resources through the Inspiring Communities campaign (max 500 words)

Include reference to the following themes and any existing progress in these areas and identify specific commitments wherever possible:

- *Opportunities for pooling/aligning of budgets between partners.*

Secondment of staff maximises the ability to pool human resources and distribute the financial costs and other resources as available and on demand to the project. It ensures parity between partners' investments and commitment to the project. It also clearly demonstrates to the local community the benefits of working with others.

- *proposals of freedoms and flexibilities from government which could improve service delivery*
The independence of being a self-sustaining Social Enterprise means that we enjoy the freedom from lengthy bureaucratic decision processes, enabling speedy resolutions and implementation to possibly changing circumstances – both pro active and reactive to changing demands and as the project advances, the ability to move finances and other resources quickly to areas of demand and need, to ensure minimum disruption to the project.
- *joint service planning e.g. joint needs assessments, joint business plans, joint commissioning, shared appointments, shared governance arrangements.*

The partnership will be drawing up joint service planning and governance documents, to clarify each others role, function and duties and responsibilities in the project.

- *longer-term potential for co-location of services*

This project will be multi-location based (please refer back to costings grid) from the initial phase through to completion and beyond. The longer term potential is to work more closely with the Dioceses for the community benefit by extending provision into other buildings on the site. Notably to use the Church as Music and Arts centre and cafe for young people.

SECTION 4: LOCAL LEADERSHIP AND COMMUNITY ENGAGEMENT

4A: Outline the community credentials and approach of campaign leader (max 400 words)

Please include:

- *brief background information on campaign leader*
- *how (s)he will be effective in bringing together local citizens and organisations to drive the campaign forward*
- *his/her profile in the local community*
- *his/her commitment to work across a range of social groups*

Note: *The campaign leader may choose to complete this section as a personal statement.*

Lorraine's, who is currently the Strategic Director of the Social Enterprises, Mtec and Htec and the community based registered Charity, The Leasowe Women's Centre (trading as The Learning and Well-Being Centre) She has extensive experience of managing change and project development, both in the private and public sector. She ran her own local business employing 6 local people and was successfully self-employed for 22yrs before turning her attention to Community and Voluntary work, where all the projects she has devised and developed have been employment skills focussed. All of these projects have been successful and enabled the re-furbishment and continuing development of the Learning and Well-Being Centre . She has also supported colleagues in their own start up private enterprises, all of which have had local success, one of which has now been acquired to run as a social enterprise and is known as HTEC Ltd . Lorraine has a thorough understanding of effective management techniques and protocol and has a highly developed democratic and inclusive approach to personnel and project management. Lorraine has also worked in the Adult and Further Education sector, both at City of Liverpool Community College and Wirral Metropolitan College. She has also been an Associate Examiner for a National Awarding Body, overall Lorraine has more than 20 years experience working with young people and adults in a learning environment.

Lorraine has secured substantial capital and revenue funding for non-accredited adult learning from the Local Council and The Big Lottery Fund and was recently invited to participate in their Big Think. In total, she can demonstrate that she has both a sound knowledge and practical experience of the training and skills sector from set-up to delivery and finance and quality assurance administration protocol. Lorraine's qualifications are commensurate with her work experience, having all relevant Trade Qualifications and a first degree in Social Studies and a Post Graduate Certificate in Education. Last but not least, Lorraine is a strong proponent of Social Enterprises and is thoroughly committed to the ethos of enterprises working in the local community for the benefit of the local community. This commitment is demonstrated by the set up of two social enterprises that besides offering vocational training and education and real work experience, the surplus profits will be dedicated to providing learners with post qualifying work experience and supporting the health promotion and social inclusion activities of The Learning and Well-Being Centre in Leasowe Millennium Centre. Lorraine was also invited to participate in the Central Government Consultation on cross community Interactions that underpinned the final report from the National Community Forum 'What Works in Embedding Cross Community Interactions' in London last year.

In recognition of her work in the community she was recently invited by the Prime Minister to attend a reception at 10 Downing Street to celebrate International Women's Day and has also been invited to attend the Social Entrepreneur of the Year Awards in London later this month. She has also been successful in being selected to represent New Labour in the local elections next May and will be standing for election in Leasowe and Moreton East.

4B: Outline how you will mobilise and involve the local community in the design and delivery of a local Inspiring Communities programme (max 600 words)

Please set out:

- *details of initial consultation with local people (including young people) in preparing this application*

Oldershaw's specialism is Business and enterprise, and we aim to make this a working case study for their A level courses. They will be responsible for devising and analysing consultation data.

- *ongoing plans for engaging diverse local people (including young people) in the design of the campaign*

Ensuring a variety of activities that reflect popular culture will attract young people to the centre. We will also be building on MTEC's existing working links with Wirral Change and the Multi cultural Centre to engage young people from Ethnic Minorities.

- *ongoing plans for engaging diverse local people (including young people) in the delivery of the campaign*

Maintaining and extending networks, active participation in larger consortias, such as VOLA and CVS. Building in responsive reflective practice ensuring that feedback is obtained by various methods at regular intervals. Developing a young peoples board of trustees', from young people who have engaged and achieved on the courses.

- *how you would ensure that the campaign is effectively communicated to local people (including young people)*

Use of features in local press use of local radio school assemblies and news letters leaflet drop

- *how you will build local capacity for civic engagement*

Post funding activities will support the LA with responsibilities to Children leaving care by providing 'half-way house' services. Respite care for young people with family problems/issues. Learning and part time residential centre for teenage parents and parents to be. 'Blast from the *Past' Café where they can socialise hang out and access informal IAG.

SECTION 5: SHARING INNOVATION AND LEARNING AND MAINSTREAMING WORK

5A: Outline plans to inspire other areas with your work on Inspiring Communities and to share points of learning (max 400 words)

In your response please suggest how, in addition to working with the network of selected neighbourhoods, you will share innovation and learning both between organisations and between citizens.

We already operate open and transparent practices and through thorough networking we have always willingly shared best / effective practice. We are and will continue to be receptive to and active in local consortia that are dedicated to improving the social and economic well being of young people. We are already members of 14-19 Partnership, have strong working links with Sure Start and the Local PCT and regionally we are active in the VOLA 14-19 Merseyside wide partnership.

5B: Outline plans for mainstreaming work after the funding period and how you will maintain momentum and support for activities to raise aspirations (max 400 words)

In your response please cover:

- *where you predict there will be scope to continue activities after the current two year funding period and what actions will be taken to make this possible*
- *how will local progress be maintained and furthered*
- *how will you pursue and involve potential future funders and supporters early on*

We predict that with the support of the Dioceses of Shrewsbury, who have offered us the use of further buildings on the site of Holy Cross, and examples of self sustaining activities from MTEC and HTEC we will be able to utilise elements of the Green House project for income generating purposes which will lend to the project becoming self sustaining. The projects activities are saleable to other schools in the borough and providing respite care for young people will attract service provision funding from the LA. We also expect the local community to become increasingly pro-active in taking ownership of some of the planned projects; a 'Blast from the Past' smoothie and snack (healthy and we can use the produce from the gardens) Café and a Music and Arts Activity Centre, these are projects that can be very cost effective to run, have the potential to raise funds and provide opportunities for volunteering.

SECTION 6: YOUR NEIGHBOURHOOD

6A: Describe local population make-up and local employment trends (max 200 words)

- Describe the neighbourhood age profile
- Identify the key ethnic and faith communities represented in your neighbourhood
- Describe employment levels and key employment sectors locally

Note: This information will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

The areas are predominantly white Christian and the catchment area of Holy Cross is strongly Catholic. On the Wirral as a whole the Ethnic population is approx 2%, and this is reflected in these LSOA's. The neighbourhood age profile Overall, the Bidston and surrounding areas have a relatively young population profile. There are some areas with high concentrations of severe deprivation, where inter-generation state supported living forms the basis of the sub-culture. Parts of the area experience higher than average levels of anti social behaviour and risk –taking behaviour i.e., drugs and alcohol are a common feature. Life expectancy is shorter than the Wirral average for both men and women, overall these areas suffer multiple social deprivations that are synonymous with inner city living.

6B: Describe attainment at key stages 3 and 4 in the secondary school(s) serving the neighbourhood and identify under-performing pupil groups (max 200 words)

Note: This information will not affect scoring of your application, nor will it be factored in selecting a spread of neighbourhoods. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

The attainment of young people in these areas is generally considered to be of particular concern because whilst The Wirral has a higher than national average in A*-C GCSE's (46.1 compared to 43.6 including English and Maths) the percentage achievement in the LSOA's are +/- 29%. Overall the consensus is that low level Numeracy and Literacy skills continue to be a cause for concern and represents one of the main barriers to employment, skills training and personal development.

6C: Describe aspiration levels of young people in your neighbourhood and the presence of community characteristics associated with lower aspirations (max 300 words)

In considering this issue, you may find it helpful to reflect on the analysis and discussion paper on 'Aspirations and attainment amongst young people in deprived communities' at http://www.cabinetoffice.gov.uk/media/109339/aspirations_evidence_pack.pdf

You may choose to refer to:

- information from local surveys (such as Tell Us for schools) or discussions with community groups
- evidence on one or more of the community characteristics associated with lower aspirations - close knit but insular social networks, isolation from cultural, educational and employment opportunities, history of economic decline and low population turnover
- key attitudinal barriers affecting young people's attainment and broader life chances
- the educational aspirations probability measure depicted on the reference map for your local authority area (more information on which is available in Annex B 'Guidance on reference map') – you may agree with or challenge this

Our experience of direct working with young people from deprived areas corroborates all evidence to date that the socio-economic circumstances of the family and local community severely impact upon a young person's perception of work and education. For many of these young people, training, education and employment are not a focal aspect of family life. Family life is often dysfunctional with poor parenting being repeated through the generations. The subsequent development of a sub-culture that has developed through response to exclusion from mainstream values exacerbated by the lack of skill matched employment opportunities, the social problems and barriers to improved life chances that these young people face are greatly increased. It is difficult for them to adopt mainstream values and intentionally exclude themselves from their community culture and risk alienation from their own group. Change will be slow and difficult and needs to be introduced within their communities with tangible ready rewards for participating in a format that reflects popular culture and popular social messages. We firmly believe that we need to reach and engage with these young people before they arrive at school leaving age.

Note: This information will not affect scoring of your application, nor will it be a factored in selecting a spread of neighbourhoods or affect the outcome of your application in any other way. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

Once completed, please submit this form electronically, along with requested financial statements and statement of commitment from partnership members to Cheryl.DeFreitas@Communities.gsi.gov.uk

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NB. A separate Microsoft Word version of this form is available at www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities for applicants' use

Inspiring Communities – Application form	
<i>(All sections must be completed)</i>	
<u>For official use only</u>	
Date received	
Date acknowledged	
Name of neighbourhood:	Leasowe
Full contact details for primary contact within <u>accountable body</u>:	
Name: Mary Quigg	
Position: Director	
Organisation: Leasowe Community Homes	
Address: Leasowe Millennium Centre	
Twickenham Drive	
Leasowe	
CH46 1PQ	
Tel:	
Email: Mquigg@arena-housing.com	
I certify that I have understood the necessary accounting and reporting responsibilities for my organisation and, if this application is successful, am prepared to take on this role on behalf of the partnership responsible for our local Inspiring Communities programme. <i>(see section 4 of main information pack and Annex D for details of responsibilities of the accountable body)</i>	
Signature:	Date:
<i>Where the person signing above is not the Chief Executive or Chief Finance Officer (or equivalent) for the accountable body, please ask this responsible officer to also sign this statement:</i>	
Name:	
Position:	
Signature:	Date:
<i>Note: Digital signatures are acceptable</i>	

If different, full contact details for campaign leader

Name: Roy Sheriff

Position: Director

Organisation (if applicable): Leasowe Development Trust

Address: Leasowe Millennium Centre

Twickenham Drive

Leasowe

Wirral

Merseyside

CH46 1PQ

Tel: 01516389599

Email: roy@leasowedt.org.uk

SECTION 1: CONTACT INFORMATION AND INITIAL ELIGIBILITY**1A: Local authority name:**
Wirral Borough Council

Neighbourhood must be within one of the eligible local authority areas listed in section 4 in the main information pack.

1B: Neighbourhood definition and deprivation

Using the reference map for your local authority area (available at <http://www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities>), provide the Lower Super Output Area (LSOA) codes for the grouping of LSOAs which best fit the boundaries of your neighbourhood. (See Annex B 'Guidance on reference map' for more information.)

Also tick or cross to show whether each LSOA is shaded green. The green shading on the eligibility map indicates LSOAs in the most deprived 10 per cent in England on the 2007 Index of Multiple Deprivation. Neighbourhoods including one or more LSOA shaded green are eligible.

LSOA code	Green?	LSOA code	Green?
e.g. E01015257	✓		
E01007204A	✓		
E01007205A	✓		
E01007207A	✓		
E01007210A	✓		

1C: Estimated neighbourhood population: 6,500

Neighbourhoods are expected to have approximately 5,000 – 10,000 residents

1D: Confirm your application is from a neighbourhood partnership including, as a minimum, the responsible local authority, a local secondary school and a third sector organisation, and which has an identified campaign leader

Later in this application form you will be asked to provide fuller details about the partnership.

1E: Confirm your partnership has, or is committed to prepare, a collectively-agreed description of the purpose, scope and structure of the partnership

1F: Confirm that the accountable organisation has understood, is willing and has the capacity to take on the necessary accounting and reporting responsibilities

See section 4 of the main information pack and Annex D for information about these responsibilities.

1G: Confirm the latest annual report and audited financial statements from the accountable organisation are attached to your application

This does not apply where the accountable body is a local authority.

If audited financial statements are not available at the time of making this application, the accountable body must provide a statement, agreed with its auditor, explaining the situation.

SECTION 2: PROGRAMME OF ACTIVITIES

2A: Provide initial costed plans a programme of locally-developed activities

Using the table below, set out your initial costed proposals for the additional

Activity	Estimated cost (£k)		Details <ul style="list-style-type: none"> ○ Which of the four core aims does the activity address ○ What activity involves ○ Who will lead in carrying out ○ How many people will benefit, and from which groups ○ Breakdown of cost for different elements of activity 																
	Yr 1	Yr 2																	
Establish partnership protocols, publicity and community engagement sessions			Lead Boady Laesowe Development Trust already dedicated to such work. Accountable body Leasowe Community Homes, local social landlord investing in their community. Wallasey School and Extended School service already signed up to such work. Local community, and Local Library already signed up to such work We would bring on board: Children and Young people Services																
Advertise and appoint / second delivery staff	1k		Advertise for staff and promote programme																
Delivery of driving lessons Community learning programme, adult literacy and numeracy, IAG for all. Young toddler programme. Fishing programme	60k 25	80	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1st year</td> <td style="width: 50%;">2nd year</td> </tr> <tr> <td>Facilitator for Community Learning programme £30k</td> <td>33K</td> </tr> <tr> <td>£3K room and equipment hire</td> <td>7K</td> </tr> <tr> <td>£7K participant expenses</td> <td>10K</td> </tr> <tr> <td>£20 to be spent on Driving lessons to encourage learners participate.</td> <td>30K</td> </tr> <tr> <td>Young toddler programme</td> <td>20k salary</td> </tr> <tr> <td>£18K salary for eco fishing and environmental awareness programme</td> <td>20k</td> </tr> <tr> <td>£7k running costs</td> <td>15k</td> </tr> </table>	1 st year	2 nd year	Facilitator for Community Learning programme £30k	33K	£3K room and equipment hire	7K	£7K participant expenses	10K	£20 to be spent on Driving lessons to encourage learners participate.	30K	Young toddler programme	20k salary	£18K salary for eco fishing and environmental awareness programme	20k	£7k running costs	15k
1 st year	2 nd year																		
Facilitator for Community Learning programme £30k	33K																		
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£20 to be spent on Driving lessons to encourage learners participate.	30K																		
Young toddler programme	20k salary																		
£18K salary for eco fishing and environmental awareness programme	20k																		
£7k running costs	15k																		
Resurfacing of all weather pitch	40		Resurface and restoration of existing place £40																
Installation of changing rooms, goal posts and maintenance of pitch.		75	65K planning and build of changing rooms and pitch layout Pitch maintenance costs £10K																
Development of local garden space and parks	10	10	Development of local gardens and park space on existing grounds 10K each year																
Twilight activities for young people in Art, Craft, Wii/xbox tournaments	20	20	Secondment from to organise and run out of hours activities for the target group £20k per year																
Youth workshops	10	10	10k per year for part time worker to organise workshops for young people around citizenship and behaviour																
Food produce local nursery.	5	13	Creation of area for growing local vegetables for sale in the area £5 for land preparation and planting in year 1. Year 2 £10K parttime worker to produce sell and maintain area. £3 K materials																
Community Pledge			<i>20 young people from the Leasowe Community will be supported to reach their full potential as skilled social coaches / community leaders, able to maximise the opportunities presented by the range of gathering places and related activities, so that young peoples energies and talents are directed to regeneration from within; resulting in reduced anti-social behaviour, increased educational achievement, employment and improved levels of health.</i>																
Community Twinning			Leasowe Community Learning Programme has had strong links with Dingle Community Learning Programme for some time. These have been strengthened by establishing a women's group comprising residents/activists of both communities who are committed to supporting young people in their area. Initiatives are planned that will ensure the experience gained in Liverpool 8 and Leasowe are shared to mutual benefit, addressing the 3 core aims: broadening horizons, raising aspirations and developing strong networks																
Co-ordination costs in design phase	2	10	NB: This may total up to £50,000 and is the initial amount released to successful partnerships to develop a final costed programme of activities within three months of selection. The Trust and partnership see this as an integral part of their work and would contribute staff time to it <i>Includes staffing and wider logistical support. Please include a breakdown of individual costs contributing to the total for co-ordination.</i>																
Co-ordination costs after design phase			NB: Total co-ordination costs (in and after design phase) may be a maximum of 40% of the total cost in each year . We see this as part of our work already funded therefore no costs attached.																
TOTAL COST	(Up to £175k)	(Up to £275k)																	

2B: Provide initial proposals of the outcomes and intermediate outcomes that will be most relevant to your local programme (max 300 words)

See section 2 in the main information pack. For successful neighbourhoods this information will be passed to the organisation responsible for the programme's national evaluation to contribute to their development of an overarching outcomes framework.

This proposal will address the multi-deprivation that exists in Leasowe through delivering services and activities that people want, integrated with a very carefully thought through process of learning that is meaningful, achievable and will be delivered at times suitable to the individual. It will deliver to and support all age ranges within the area, specifically targeting young parents, youth, and parents of the children within the target age range. The programme is designed to permeate the community through the introduction of experiential learning linked to activities and events that people engage with.

It provides learning that will help parents, attracted by the Drive to Learn scheme, with basic citizenship and life skills, whilst engaging them onto the CLP, designed to tackle local issues by providing local solutions with local people, using OU Courses to enhance academic understanding and abilities.

outcomes:

1. Form a partnership to pool resources and avoid duplication, dedicated to reducing overall deprivation.
2. Provision of all weather pitch that will engage both children and adults in meaningful activities / exercise.
3. Introduction of out of dedicated school art, craft, and reading groups for the age range with 30 young people a month
4. Re-establish Drive to Learn, teaching basic and life skills for up to 12 parents per course maximum of 3 courses
5. Develop the Community Learning Programme (CLP) in partnership with Youth Charter and The Open University, delivering level 1 and above programmes to residents of Leasowe through dedicated workers.

Intermediate:

- Establish 3 social enterprises creating employment for 5 people
- Parks and play areas, off road track for a range of two wheeled vehicles and skateboards.
- Develop vocational mechanical workshops for bike repairs and maintenance, and allotments for local food produce. Providing training for 60 people.

SECTION 3: PARTNERSHIP WORKING AND LINKS TO EXISTING ACTIVITIES / PRIORITIES

3A: List existing relevant local activities

Please list and provide a one-sentence description of any existing activities with young people, their families or the wider community, which have raising aspirations and attainment locally as an aim or notable indirect output. Do not include here any central government programmes or pilots.

Note: The level of existing local work will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

Community Learning Programme: Enabling local people to tackle local issues whilst studying at higher education level 1 in way that is both engaging and supportive.

Dance: working with 25 to 30 young people aged 10 -14 teaching dance WHY programme The female moving spirits within the community who are actively working to improve the area for young children

Library afterschool provision: working with young children and supporting parents with their learning and reading.

Adventure playground: Providing a play area for children aged 10 -14.

Employment and Training: a range of services for those seeking employment, education or training.

Life long learning: three providers offering adult programmes in learning and education.

Mother and toddler groups: supporting parents looking after their children.

3B: List existing relevant government pilots

Please list any government pilots operating within, or providing services to, your neighbourhood which have the raising of aspirations and attainment locally as an aim or notable indirect output.

Note: The presence of existing pilots will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

Leasowe Development Trust is currently funded through Working Neighbourhood funds to support people into employment. This fund is often used to try one-off or pilot programmes to improve people's chances.

3C: How will you engage these existing local activities and government pilots in your local programme? (max 300 words)

Identify where new the Inspiring Communities programme is most likely to be supportive of existing work and if there are any areas where it may not be and how this will be managed (e.g. be clear if there are certain partners for whom involvement in the Inspiring Communities work would distract disproportionately other key objectives).

The above activities will benefit from a collaborative and cohesive approach, avoiding duplication and benefiting from shared resources.

LDT, Leasowe Community Homes (LCH,) library, Wallasey School, the Youth Service, and

other local groups have been delivering a range of support and services that have already impacted on the deprivation; however, their impact is minimal due to an uncoordinated approach to resources and much duplication.

A process of cooperative working started in November last year when we obtained 30 signatures from agencies and residents agreeing to come together for the youth of Leasowe. Inspiring Communities will provide a valuable input to such work: an Advisory board, chaired by the Campaign Leader, will be formed, consisting of all local authority agencies, third sector groups and young representatives from youth groups and local residents.

The group will be formed from an away weekend highlighting the task in hand and developing ground rules and procedures that we will abide by for the delivery of the programme.

Through a well-formed partnership, arising from the Inspiring Communities programme, we know that such work can be enhanced and have a greater impact by engaging and involving local residents, who in turn will begin to influence their children and their children's children.

3D: Explain how a local Inspiring Communities programme would contribute to wider strategic priorities (max 300 words)

Refer to your area's Sustainable Communities Strategy, Local Area Agreement and Children and Young People's Plan. Where appropriate, you may also quote relevant needs analyses, strategic plans and priorities set at neighbourhood, local and regional level

Wirral has six delivery themes which will be affected by the delivery of this programme in particular.

"Life changes and young people Partners in Wirral want to reduce outcome gaps between children from poorer backgrounds and the population as a whole to that ensure that all of our young people have the best possible start in life.

Improvement areas: child social care referrals, NEET, DCSF statutory indicators, first time entrants to the youth justice system, childhood obesity, teenage conceptions / sexual health, looked after children

Leasowe partnership in collaboration with Youth Charter will consolidate and enhance the work that we are already doing, strengthening local networks of public agencies and community organisations .

The aims are to

- support the young people of Leasowe to reach their potential
- ...by strengthening community bonds and partnership working in Leasowe
- ...by joining up public services and resources in Leasowe
- ensure that no one falls through the gaps
- provide opportunities to be part of a community that cares
- maximize the skills and expertise of the people of Leasowe
- link with other communities for mutual learning and growth
- broaden the horizons of our community

To achieve this, this policy pioneers a new neighbourhood-based approach to raising aspirations and attainment through promoting closer and stronger partnership working at neighbourhood level; and empowering citizens and communities, shifting power, influence and responsibility into their hands

The programme will build up evidence around a neighbourhood-based approach to raising aspirations and attainment. This learning will then be shared more widely for relevant work in and beyond government.

3E: Outline the partnership model for your neighbourhood (max 300 words)

- *Identify any existing neighbourhood partnership structures*
- *If proposing a new structure, explain why needed and how it relates to any existing partnerships*
- *If proposing to build upon an existing structure, confirm there will be capacity to provide leadership on Inspiring Communities (Note: Co-ordination funding is provided to support partnerships)*

There is no structure that engages with all delivery agencies within the area ; this application will fund and establish such a body.

Existing neighbourhood partnership structures that we will build on:

Leasowe Community Homes and Leasowe Development Trust.

Joint Management Council consisting of users and some local agencies who reside within the local community centre.

The accountable body will be Leasowe Community Homes, the local social landlord owning 700? houses in the area of benefit. Having been in existence since 1999 created through the first stock transfer on Wirral. LCH with a turnover of. £3.2 million

The Lead partner will be Leasowe Development Trust, a not for profit third sector organisation with charitable status and registered as a company with limited liability. Established in 2000, the trust board consists of local organisations, residents and a local councillor. Set up to run the biggest community resource centre in the area and assist in the development of Leasowe, its residents, visitors and workers, it has successfully run a variety of programmes over the past 6 years, including a Healthy Eating café, trips to Uganda for young people who have never ventured from the estate, Job clubs, IAG services, and our very successful and innovative Community Learning programme.

Other partners that have agreed to join the partnership: Head teacher at Wallasey School, Wirral Libraries (through Leasowe Library), Children and Young peoples service, Youth Service, and local residents and community groups such as the local football team, Personnel Service Society, boxing club and fishing club, two local churches and a member of Life Long Learning, the local radio station (7Waves Community Radio), as well as Youth Charter with whom the Trust and LCH have worked to address the issue of increasing anti social behaviour amongst young people.

3F: Confirm you have attached a signed statement of commitment from core members of the neighbourhood partnership

Partners should state their:

- *willingness and capacity to jointly oversee design and delivery of a local campaign*
- *endorsement of the identified campaign leader and accountable organisation*
- *willingness to work with the programme's national evaluators, design & marketing and resource mapping support organisations, and to participate in the network of Inspiring Communities*
- *commitment to explore aligning local resources and programmes that contribute to raising aspirations and attainment*

Note: Digital signatures are acceptable. Where possible, statement should note endorsement from the upper-tier local authority's Local Strategic Partnership, or confirm that the LSP is being approached.

3G: Outline initial ideas for ambitious joint-working arrangements between partners to join up services and resources through the Inspiring Communities campaign (max 500 words)

Include reference to the following themes and any existing progress in these areas and identify specific commitments wherever possible:

- *opportunities for pooling/aligning of budgets between partners*
- *proposals of freedoms and flexibilities from government which could improve service delivery*
- *joint service planning e.g. joint needs assessments, joint business plans, joint commissioning, shared appointments, shared governance arrangements*
- *longer-term potential for co-location of services*

For years Leasowe has suffered greatly from funding streams that force local organisations into competition with each other, thus dividing the community and any progress towards cohesion. This is the first strand of funding that will enable cooperative working and will benefit organisations who do work together. The Trust, over the past 9 years, has actively developed programmes that support the whole community and has developed, organised and run activities that address all issues of community development as well as employment and training programmes for residents. LCH and the Trust have already begun to use budgets to jointly fund activities that will benefit the area.

This application will enable partners to see the benefits of cooperative working, which will ultimately transpose the community and reduce existing high levels of deprivation.

We feel that such initiative will prepare the area and develop governance to establish a truly locally run neighbourhood management programme that would not only benefit the area and residents, but would reduce the vast amount of duplication that exists wasting public resources on programmes that are often not used by local people. Offering flexibility and freedom to respond to local need through careful management, the partnership will be able to capitalise on its expertise, innovative and creative talents to revolutionise the way in which local deprived neighbourhoods function. Work is already underway with local organisations and the council to develop a community campus using existing buildings to offer services and resources in ways that local people will want to access and take part in.

Although Leasowe has a reputation for pulling together in cases of extreme adversity and common campaigns, such actions are often misguided and misinformed, creating mistrust and embedding values that maintain the area's level of deprivation.

We see this initiative establishing the foundations for community cohesion, bringing together organisations that will recognise the tasks and challenges to be faced together, providing support and resources for each other. It will enable them to identify where savings can be made by eradicating duplication, and help provide a more comprehensive programme of delivery for local people who in turn will recognise the values that are being advocated. This will not only provide the future population of Leasowe with a more positive outlook on life but will in the short term offer them places to go, play, and learn in nonthreatening environments.

We recognise fully that the work required to change values and improve levels of educational attainment is a long and protracted process. We also recognise that this process has been hampered and often regressed due to parental attitudes, behaviour, peer group pressure and a general acceptance within the area for demonising young people, looking for ways to punish and reprimand instead of support, encourage, motivate, and challenge unacceptable behaviour.

SECTION 4: LOCAL LEADERSHIP AND COMMUNITY ENGAGEMENT

4A: Outline the community credentials and approach of campaign leader (max 400 words)

Please include:

- *brief background information on campaign leader*
- *how (s)he will be effective in bringing together local citizens and organisations to drive the campaign forward*
- *his/her profile in the local community*
- *his/her commitment to work across a range of social groups*

Note: *The campaign leader may choose to complete this section as a personal statement.*

Campaign Leader :Roy Sheriff, appointed as Director of Leasowe Development Trust in 2005.

My experience over the years has been wide and varied, ranging from industrial and private industry through to education, training and employment initiatives all of which have been innovative and cutting edge, starting with pilots or have been first time developments in an area, which have ultimately integrated into mainstream provision.

Trained and qualified as a Telecommunications Engineer after leaving school, from here I progressed to the world of education, trained and qualified as a Teacher and Teacher Social Worker. Due to cut backs in education and a glut of teachers I became an Educational Social Worker. After approximately 3 years I left to embark on a Career that has formed the basis my work over the past 30 years, starting as manager of one of two pilots that were created to work with unemployed young people, forerunner to Youth Opportunities and YTS. As training developed I joined another pilot, a programme to develop an enterprise culture delivering Enterprise training to both young people and businesses. From here i moved to working with Deaf people, developing training programmes and supporting deaf people through teacher training. Thereafter I developed the first drop in centre on Merseyside that set the foundations of what is now known as JET centres.

With others I funded and developed the Community Learning Programme. As Manager of the first FOYER on the Wirral working, with and providing accomodation to young homeless, my work began to focus on the deprivation in the area especially around the needs of young people.

Withing the local community I have established another Community Learning programme, run several enterprise programmes, and am currently the Chair of Wirral TV, a Member of the Learning Lighthouse Board, Chair and lead partner of Wirral Learning Consortia, Third sector representative on the Wirral Strategic Partnership advisory board for Worklessness and Enterprise Development partnership, a graduate of Common Purpose and Director of Leasowe Development Trust.

Such work has allowed me to work with, support and advise people at all levels, and I have a firm commitment to working with those most disadvantaged in the community, working on both one to one basis and group work, ensuring true understanding of issues and difficulties that people face.

4B: Outline how you will mobilise and involve the local community in the design and delivery of a local Inspiring Communities programme (max 600 words)

Please set out:

- *details of initial consultation with local people (including young people) in preparing this application*
- *ongoing plans for engaging diverse local people (including young people) in the design of the campaign*
- *ongoing plans for engaging diverse local people (including young people) in the delivery of the campaign*
- *how you would ensure that the campaign is effectively communicated to local people (including young people)*
- *how you will build local capacity for civic engagement*

The groundwork for such mobilisation has already been done and networks established; the real problem is that of focus and collaboration. This initiative will address the following issues in ways that will have greater impact on consultation, local involvement and effective communication.

Currently we have established a Community Learning programme that engages local people in debate and discussion around finding solutions to local issues. This form of informal experiential learning, together with the option of undertaking an Open University Course that will help them develop their skills and hone their intellectual ability to prepare and deliver rational arguments for change, is key to addressing capacity building and civic engagement. As such a group, they will inform and be part of the decision-making processes that will help shape the programme as it develops.

A recent residential was organised and run by the Director of LDT for local young people, the aim of which was to understand the issues and difficulties they face everyday. This information has been used to substantiate the proposed work.

As a result of developments with the Community Learning Programme, Youth Charter and LCH, a group has been formed representing key women in the area who are not only representative of the community but are dedicated to improve the area in which they live through support for young people and their future.

Leasowe has no less than 5 newsletters, in addition to 2 local papers that are not delivered to the most deprived parts of the area. We have our own 7Waves Community Radio, and Wirral TV a web-based TV dedicated to local news. It is the intention of this initiative to maximise the use of such media to inform people of the programme, initiatives and act as an engagement and monitoring tool for the programme

Young people from the age of 10 upwards will be encouraged to contribute and take part in the production and gathering of information of articles for the programme. They will be encouraged to learn skills that will lead to professional standards of reporting, gathering information and media production in all aspects.

Youth Charter and Wallasey School over the past year have excelled in the delivery and use of their Citizenship programme, working with young people to develop a sense of responsibility. These programmes linked to the work of the Community Learning Programme, The WHY group, the Every Child Matters agenda delivered by the Childrens and Young Peoples Service on Wirral through the coordination of this programme cannot fail to have a significant impact.

Most importantly the Campaign Leader will train, support and mentor Leigh Grimsly, a local youth who has had a chequered background since early school days. Leigh, the community groups and learning programmes will inform both the monitoring of the programme whilst allowing input to adapt and respond to changes as they occur.

SECTION 5: SHARING INNOVATION AND LEARNING AND MAINSTREAMING WORK

5A: Outline plans to inspire other areas with your work on Inspiring Communities and to share points of learning (max 400 words)

In your response please suggest how, in addition to working with the network of selected neighbourhoods, you will share innovation and learning both between organisations and between citizens.

The Trust through its director is the Community, Voluntary and Faith sector representative on Working Wirral's WEDS Partnership Board. The Managing Director of LCH is representative on the Housing and environmental partnership for Wirral, and the Headteacher represents Secondary schools on Wirral in Education. It is through such partnerships that we will report the progress of our work in addition to using our own media expertise to document report and produce both DVD presentations that people may learn from.

From the start of the programme we will monitor and record progress and events to provide a detailed account of progress that will form the basis of a documentary. This will be used by communities throughout the world to learn from and develop a similar programme to suit their neighbourhood.

Wirral TV will provide quarterly progress reports that will be broadcast around the world. 7waves community radio will cover all local aspects broadcasting events as far as North Wales, and our newsletter will inform local people about developments as they take place. This will also be available for use by other areas to learn from and adapt accordingly.

Wirral TV and 7Waves community radio provide an online response facility where both local people and interested communities can interrogate our methods and reasons for development.

As we progress through the programme and evidence is gathered, both partners and residents will present their findings on request to other interested parties. A dedicated website will be created to itemise resources, actions, minutes of meetings and community involvement, ensuring that there is one main point of call that will inform and signpost people to areas of interest.

5B: Outline plans for mainstreaming work after the funding period and how you will maintain momentum and support for activities to raise aspirations (max 400 words)

In your response please cover:

- *where you predict there will be scope to continue activities after the current two year funding period and what actions will be taken to make this possible*
- *how will local progress be maintained and furthered*
- *how will you pursue and involve potential future funders and supporters early on*

The Community Learning Programme, Drive to Learn and the Womens Helping Youth activities once established can be integrated easily into existing mainstream provision. Such integration we consider would be cost effective in relation to the improved services that local communities will benefit from. The programme will provide the evidence to enable local authorities / professional bodies to justify such integration.

The Community Learning Programme could easily be incorporated into all adult learning working in a way that will engage, support, motive and develop local people whilst helping them take responsibility for the actions and inactions in their area.

It is intended that the development of Football areas, parks and off road tracks will be self financing through the creation of locally run and owned Social Enterprises that will not only maintain the area but provide employment and training opportunities for local people. Private enterprise will be alerted to such

developments and where possible encouraged to support, run or contribute to the management of facilities with a return on their investment through subs and hire charges.

The out of school activities should easily be integrated to existing provision through education, children services and other youth focussed funding.

The publicity and research that will accompany our work will provide valuable evidence for further funding although we feel it will also prove an investment for authorities demonstrating how this work will make valuable savings whilst improving their targets and achievements. Using the method of recording and demonstrating Social Return on Investment the added value can be clearly demonstrated and offer factual information proving the programmes worth.

In such economic climates we are conscious not to rule out that such services may have to be supported by grants and funding applications, but by this time we will have in place both the evidence and structures to support such applications.

Any form of collaboration will inevitably lead to public savings, reducing duplication and increasing quality of provision and services. The programme will provide the opportunity and incentive for such working , demonstrating the value for such efforts which cannot be ignored by main stream providers as a way forward.

SECTION 6: YOUR NEIGHBOURHOOD

6A: Describe local population make-up and local employment trends (max 200 words)

- Describe the neighbourhood age profile
- Identify the key ethnic and faith communities represented in your neighbourhood
- Describe employment levels and key employment sectors locally

Note: This information will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

The ward has a population of 13,793 (6442 male and 7293 female).. Within the super output area 009a 41% are unemployed; economically active 4466. 48.66% of families have one or more people with limiting long term illness. Over 50% of the population suffer from depression or anxiety. People die 10 years earlier in Leasowe through unhealthy life styles than their neighbouring communities. Pupils gaining 5 or more grade a*-c GCSEs is still 25% below the borough profile.

National stats updated 2004 Leasowe ward

009a area

Population age

Population 1500

0-9	1,718
10-14	1,072
30-59	5,430
People below pension age	10,722
In higher management	1,288
Lower Management	1,626
Supervisory and tech	1,367
Semi routine occupations	1,866
Routine occupations	1,549
Never worked and Long term	658
Not classified	1,489

working age on Benefit	52%
incapacity benefits	23%
People with no qualifications	460
Level 2 below	321
Level 3- 5	107

Leasowe as with the rest of Wirral has a predominately white population, with less than 1% from ethnic/ non white backgrounds, although recently there has been an increase in Black and Thai residents. Both LCH and the Trust have actively sought to employ people from minority groups, thus raising their status within the area.

6B: Describe attainment at key stages 3 and 4 in the secondary school(s) serving the neighbourhood and identify under-performing pupil groups (max 200 words)

Note: This information will not affect scoring of your application, nor will it be a factored in selecting a spread of neighbourhoods. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

GCSE (and equivalent) results

Number of pupils at the end of KS4	211
% of pupils at the end of KS4 aged 14 or less as at 31.08.2004	0%
% of pupils at the end of KS4 aged 15 as at 31.08.2004	99%
Number of KS4 pupils with SEN with statements	8
Percentage of KS4 pupils with SEN with statements	3.8%
Number of KS4 pupils with SEN without statements	47
Percentage of KS4 pupils with SEN without statements	22.3%
% of pupils achieving Level 2 (5 or more grades A*-C)	32%
% of pupils achieving Level 1 (5 or more grades A*-G)	83%
% of pupils achieving at least one qualification	96%
Average total point score per pupil	271.5

The school acknowledges that the background and culture of the pupils they work with needs to change if they are to have any impact upon academic performance; however a move to more practical subjects will enable pupils to learn the basis of study and long term achievable goals that

are more in keeping with current peer and family expectations. This work coupled with other activities planned for this programme will enable such developments and have significant impact on their future.

6C: Describe aspiration levels of young people in your neighbourhood and the presence of community characteristics associated with lower aspirations (max 300 words)

In considering this issue, you may find it helpful to reflect on the analysis and discussion paper on 'Aspirations and attainment amongst young people in deprived communities' at http://www.cabinetoffice.gov.uk/media/109339/aspirations_evidence_pack.pdf

You may choose to refer to:

- *information from local surveys (such as Tell Us for schools) or discussions with community groups*
- *evidence one or more of the community characteristics associated with lower aspirations - close knit but insular social networks, isolation from cultural, educational and employment opportunities, history of economic decline and low population turnover*
- *key attitudinal barriers affecting young people's attainment and broader life chances*
- *the educational aspirations probability measure depicted on the reference map for your local authority area (more information on which is available in Annex B 'Guidance on reference map') – you may agree with or challenge this*

Note: This information will not affect scoring of your application, nor will it be a factored in selecting a spread of neighbourhoods or affect the outcome of your application in any other way. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

Leasowe for over 50 years has remained an island cut off by the sea on one side, motorways, rail tracks and dual carriageways on the other. It is rare for people to move away (unless forced) and stay away from the area. It has a reputation of been self policed by some families and has a culture of violence, excessive alcohol, and aggressive behaviour. It is a food desert with little provision of healthy food with a strong emphasis on unhealthy life styles, smoking and limited exercise.

Working closely with residents, young people and some of the very hard to reach groups who both mistrust and show extreme aggression towards what most would accept as normal and reasonable behaviour patterns, we have identified some of the key factors affecting their culture.

Peer group pressure, coupled with low aspirations and little or no alignment to what would be considered the norm, give rise to the problems that the people of Leasowe face which is often a result of them wishing to stay and exclude others in an area where their lifestyle is acceptable.

The younger population have reported their desire for play areas, parks and out of school activities where they are not threatened, bullied or forced away by adults.

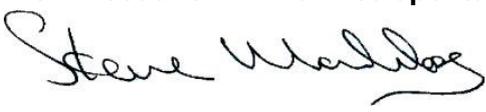
We experience some real difficulties in helping parents understand the needs of their children whilst thinking long term and working towards a better life. Nothing would be simpler than to engage all potential and existing parents onto a parenting programme, but we know that such a solution would be the most difficult to deliver without a holistic approach tackling other issues at the same time.

Those of working age have declared a desire to work, but only in the area where they are not threatened by the tribalism that exists against people from Leasowe.

Once completed, please submit this form electronically, along with requested financial statements and statement of commitment from partnership members to Cheryl.DeFreitas@Communities.qsi.gov.uk

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NB. A separate Microsoft Word version of this form is available at www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities for applicants' use

Inspiring Communities – Application form	
<i>(All sections must be completed)</i>	
<u>For official use only</u>	
Date received	
Date acknowledged	
Name of neighbourhood:	Tranmere and Rock Ferry, Wirral
Full contact details for primary contact within <u>accountable body</u>:	
Name: Peter Edmondson	
Position: Head of Branch (Participation and Inclusion)	
Organisation: Wirral Metropolitan Borough Council	
Address: Hamilton Building, Conway Street, Birkenhead, Wirral, CH41 4FD	
Tel: 0151 666 4304	
Email: peteredmondson@wirral.gov.uk	
I certify that I have understood the necessary accounting and reporting responsibilities for my organisation and, if this application is successful, am prepared to take on this role on behalf of the partnership responsible for our local Inspiring Communities programme. <i>(see section 4 of main information pack and Annex D for details of responsibilities of the accountably body)</i>	
Signature:	
	Date: 3 rd June 2009
<i>Where the person signing above is not the Chief Executive or Chief Finance Officer (or equivalent) for the accountable body, please ask this responsible officer to also sign this statement:</i>	
Name: Steve Maddox	
Position: Chief Executive – Wirral Metropolitan Borough Council	
Signature:	
	Date: 3 rd June 2009
<i>Note: Digital signatures are acceptable</i>	
<u>If different, full contact details for campaign leader</u>	
Name: Mrs Hazel Roberts	
Position: Joint Chair Together Neighbourhood Management	
Organisation (if applicable):	
Address: c/o Together NMP, Royal Standard House, 334, New Chester Road, Rock Ferry, Wirral, CH42 1LE	
Tel: 0151 644 4830	
Email: hazeldroberts@btinternet.com	

SECTION 1: CONTACT INFORMATION AND INITIAL ELIGIBILITY**1A: Local authority name: Wirral Metropolitan Borough Council**

Neighbourhood must be within one of the eligible local authority areas listed in section 4 in the main information pack.

1B: Neighbourhood definition and deprivation

Using the reference map for your local authority area (available at <http://www.communities.gov.uk/communities/neighbourhoodrenewal/inspiringcommunities>), provide the Lower Super Output Area (LSOA) codes for the grouping of LSOAs which best fit the boundaries of your neighbourhood. (See Annex B 'Guidance on reference map' for more information.)

Also tick or cross to show whether each LSOA is shaded green. The green shading on the eligibility map indicates LSOAs in the most deprived 10 per cent in England on the 2007 Index of Multiple Deprivation. Neighbourhoods including one or more LSOA shaded green are eligible.

LSOA code	Green?	LSOA code	Green?
e.g. E01015257	✓	E01007294	x
E01007289	✓	E01007295	✓
E01007290	✓	E01007296	✓
E01007291	✓		
E01007292	✓		
E01007293	✓		

1C: Estimated neighbourhood population:

Neighbourhoods are expected to have approximately 5,000 – 10,000 residents

X 1D: Confirm your application is from a neighbourhood partnership including, as a minimum, the responsible local authority, a local secondary school and a third sector organisation, and which has an identified campaign leader

Later in this application form you will be asked to provide fuller details about the partnership.

1E: Confirm your partnership has, or is committed to prepare, a collectively-agreed description of the purpose, scope and structure of the partnership

1F: Confirm that the accountable organisation has understood, is willing and has the capacity to take on the necessary accounting and reporting responsibilities

See section 4 of the main information pack and Annex D for information about these responsibilities.

1G: Confirm the latest annual report and audited financial statements from the accountable organisation are attached to your application

This does not apply where the accountable body is a local authority.

If audited financial statements are not available at the time of making this application, the accountable body must provide a statement, agreed with its auditor, explaining the situation.

SECTION 2: PROGRAMME OF ACTIVITIES

2A: Provide initial costed plans a programme of locally-developed activities

Using the table below, set out your initial costed proposals for the additional activities and opportunities that you would like to offer through the Inspiring Communities grant programme. This may include scaling-up or broadening of existing work.

Please refer to the information in section 5 under 'Funded programme of activities' in the main information pack, including budget information.

Propose activities that will contribute to the following four core aims:

- *Broadening young people's horizons*
- *Providing advice and inspiration to young people*
- *Raising parents' own aspirations and self-confidence, so that they can support their children to take up opportunities and to make positive, informed choices*
- *Developing strong social networks in communities, raising community pride in young people and drawing out the talents of the community to support young people*

Be realistic in your costings and consider which activities may offer best value for money.

Within this, include ideas about local work on community twinning and a community pledge for youth achievement. Do not at this stage propose youth-led positive activities for other young people or intergenerational volunteering opportunities, as these will be developed in the full design phase for successful neighbourhoods.

Note: As described in the information pack, a full design phase will follow and allow proposals to be amended and refined, not least to take account for further community engagement at this stage. But the initial proposals are key in assessing your understanding, approach and ambition for this programme

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>'HORIZONS BEYOND' Trapped, contented or mobile?</p> <p>Supporting evidence used in developing this activity can be found at:</p> <p>'Aspiration and Attainment among Young People...' CLG, DCSF, Cabinet Office 2008.</p> <p>'Attachment to Place' Rowntree, 2007</p> <p>The Bradford Community Cohesion Casestudy @teachernet.gov</p> <p>'Local Links' Rowntree 2008</p>	£17,000	£26,100	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people's horizons • Providing advice and inspiration to young people • Raising parents' own aspirations and self-confidence <p>The rationale for this activity Tranmere and Rock Ferry is defined as an 'Isolator Area' where strong 'bonding capital' exists but where 'bridging capital' (links to and positive influences from outside the area) is weak.</p> <p>This Activity will help us lift the horizons of young people whose aspirations are under threat of diminishing, through learning and fun. Engagement through this project will provide a passport for young people to the proposed Life Coaches and Role Models Activity for those who need it.</p> <p>What the activity involves</p> <p>The project will present opportunities for examining, first hand, life in other places, and to build links outside the area. Project activities will focus on developing twinning and exchanges, and will see young people prepare, arrange and enjoy new experiences and different 'cultures.</p> <p>We will build a modern youth-centred approach to twinning, mixing place-based twinning and field trips with activity or 'experience' based opportunities.</p> <p>Young people will document their experience using surveying, filming places, and getting out and about in towns, cities and rural areas, eating out, driving around, using hotels, public transport, going 'backstage' in sport, performances, business and politics, to learn about and understand life in other places</p> <p>Lead Partners for this project will be Prenton High School and Rock Ferry High School</p> <p>Other Partners who will help deliver this project will be: Residents Together Partnership and constituent members Wirral Council Children and Young People's Services Wirral TV Tranmere Community Project Involve Northwest Tranmere & Rock Ferry Young Advisors Wirral Youth Inclusion Programme (YIP) Wirral Rotary Club.</p> <p>Beneficiaries and groups Initially, ten groups of 8-10 young people (Year 1/Twenty Year 2), 11-14 years of age; 300 in total from Prenton and Rock Ferry High Schools considered 'at risk' of underachieving, including absentees and young people in trouble, troubled, or currently housebound, plus 45 community supporters and parents who will guide, mentor and accompany the young people during their off limits experiences, and linked, where appropriate with suitable coaches and role models – our next, proposed Activity</p> <p>Breakdown of costs Year 1 (Year 2 in brackets) Travel & Accommodation £5,500 (£11,000) Training £3,600 (£7,200) Supervisors £2,400 per annum Equipment £4,500 per annum Materials £1,000 per annum Leadership, administration & liaison: a core cost</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>LIFE COACHES AND ROLE MODELS</p> <p>Supporting evidence used in developing this activity can be found at: ‘Breaking the Link’ DCSF 2009. ‘Bucking the Trend’ DWP 2006. ‘Attachment to Place’ Rowntree 2007</p>	£29,833	£48,666	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people's horizons • Providing advice and inspiration to young people • Raising parents' own aspirations and self-confidence • Developing strong social networks in the community <p>The rationale for this activity The target area has a total cohort of 946 young people (aged 11-14 in September 2009 and 2010) attending partner schools. Predicted exam results indicate up to 4 out of 5 will underachieve at 16. These young people need an alternative to “becoming a young mum” or “going onto Incapacity Benefit” like their parents. They need a guide, mentor and friend; someone to look up to, have fun with, develop and channel their skills and powers. This activity links to Ofsted and SEF requirements on community cohesion, and WRLEE.</p> <p>What the activity involves</p> <p>Assigning role models to young people eg coaches, mentors to coach and support young people in chosen activities and to help imagine life opportunities beyond school:</p> <ul style="list-style-type: none"> • Entry to adult support and networks and getting a taste of ‘what’s out there: • Social and community networks • Sports and arts • Public and emergency services • Business and business networks • High flyers and Inspiring People • IT, communications and media <p>Lead Partners for this project will be the Wirral Youth Service, Youth Inclusion Programme and a teacher from each High School</p> <p>Other Partners who will help deliver this project will be:Wirral Safer Schools Partnership; Merseyside Police; Residents Together Partnership; Tranmere & Rock Ferry Young Advisors; Prenton and Rock Ferry High Schools; ; Wirral Council; Children and Young People’s Services; Tranmere Community Project; Involve Northwest; Together NMP; Wirral TV; Wirral PCT; Wirral Wardens; Lairdsie Communities Trust; Tranmere Rovers; local business organisations; Wirral Mediation Service.</p> <p>Beneficiaries and groups Twenty (Year 1), forty (Year 2), 11-14 year olds, chosen/recruited from Horizons Beyond groups, plus 40 role models.</p> <p>Breakdown of costs Year 1 (Year 2 in brackets) Liaison/recruitment £3,333 (£6,666) Expenses for role models, including childcare £6,000 (£12,000) Induction for role models £1,500 (£2,000) Responsibility allowances to YIP and the schools £10,000 Travel/activity budget – soccer, seaside, studio work, walkabouts £9,000 (£18,000) Administration: core Co-ordinator: role models identification and recruitment: core Co-ordinator: activities core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>WHEN I AM ELEVEN</p> <p>Supporting evidence used in developing this activity can be found at: ‘Breaking the Link’ DCSF 2009. ‘Bucking the Trend’ DWP 2006.</p>	£15,300	£15,300	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people’s horizons • Providing advice and inspiration to young people • Raising parents’ own aspirations and self confidence • Developing strong social networks in communities <p>The rationale for this activity The transition from primary to secondary school is a challenging, daunting and confusing time for young people, especially those without sufficient or knowledgeable family support systems. It is a key moment in child development and a key opportunity for support to be offered to young people and their families to prevent a drift away from educational attainment and future aspiration.</p> <p>What the activity involves</p> <ul style="list-style-type: none"> • Small group discussions in primary schools • Family group sessions, with provided meals, at home • Invited parent and child teas in the local community venues • Family Fun Days • Informal drop in sessions for parents • ‘Back to School’ and ‘In My Day’ experience sharing for Year 7 parents <p>Lead Partners for this project will be A primary Head, secondary Home School Liaison Worker and a group of supported teachers from the 8 feeder primary schools.</p> <p>Other Partners who will help deliver this project will be eight catchment primary schools; Bag a Bargain; Residents Together; Wirral Council Children and Young People’s Services; Junior Young Advisors; Tranmere Community Project; Involve Northwest; Together NMP; Extended Schools Programme; C&YP District Team ; C&YP Thematic Group; Wirral Youth and Play Service; Rock Ferry Children’s Centre, Birkenhead Children’s Centre; Junior Youth Inclusion Programme (JYIP), Reach Out, Wirral PCT</p> <p>Beneficiaries and groups 64 parents, especially single parents, and their 10-11 year olds 12 house bound and young carers 8 families with mental health problems</p> <p>Breakdown of costs (per annum) Expenses (travel, taxis, mini-bus collections) £1,000 per annum Catering and meals £6,000 per annum Hire of hall £300 per annum Teachers’ focus group £8,000 per annum Co-ordinator: core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>JUNIOR YOUNG ADVISORS and JUNIOR WARDENS</p> <p>Supporting evidence used in developing this activity can be found at: Young Advisors Evaluation CLG 2007</p> <p>‘Bucking the Trend’ DWP 2006.</p> <p>‘Aiming High for Young People’ DCSF 2009</p> <p>Junior Wardens Consultation with schools (Together NMP/Riverside 2008)</p>	£19,744	£19,744	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people’s horizons • Providing advice and inspiration to young people • Developing strong social networks in communities <p>The rationale for this activity Young people have a clear view about their community and the place where they live, learn, walk and play which is often different from the rest of the community and often markedly different from professional service providers. Valuing young people’s knowledge, insights, skills and problem solving raises their self esteem, involves them in increasing the aspirations of their neighbourhoods, and leads to real improvements. This has proved successful elsewhere and will work well for the Inspiring Communities target groups too. “Something you have to get up for can lead you back to school” Young Advisor, previously absent from school.</p> <p>Our Young Advisors Project is established in the area and is a key part of our partnership approach. Our Junior Wardens scheme is also well established and involves 6 primary schools and 350 children (Yr 5). We want to add to and harness this capacity in our community in our Inspiring Communities Programme.</p> <p>What the activity involves</p> <p>Junior Young Advisors (aged 11-14), shadowing existing YAs in Health, policing, and local authority regeneration activities, youth proofing, neighbourhood mapping and going on to be a Young Advisor.</p> <p>Expanding the Junior Wardens scheme into Year 6 & into the partner secondary schools, Giving young people responsibility for solving community problems, Linking with the Area Youth Forum, Executive Youth Board, YOF and YCF Young People’s Panel..</p> <p>Lead Partners for this project will be Involve North West; Young Advisors, and Tranmere & Rock Ferry Neighbourhood Wardens</p> <p>Other Partners who will help deliver this project will be Residents Together Partnership; Wirral Council Children and Young People’s Services; Prenton and Rock Ferry High Schools; 8 primary schools; Involve Northwest; Together NMP; Riverside (Housing); Wirral Partnership Homes; Wirral TV; Wirral PCT; Wirral Council Regeneration Department; Wirral Council Housing Market Renewal (HMRI); Wirral Safer Schools; Merseyside Police; Wirral Streetscene Service; Wirral Youth and Play Service; Wirral Youth Inclusion Programme (YIP).</p> <p>Beneficiaries and groups Twelve disadvantaged young people, including truants, excludees, teenage mothers and looked after young people, referred by local schools (Young Advisors); 350 children aged 11 (Junior Wardens)</p> <p>Breakdown of costs (per annum) Recruitment of Junior Young Advisors and Junior Wardens £1,000 Young Advisor Induction and training (inc accreditation) £3,144 Expenses for existing Young Advisors £3,600 Wardens support costs £12,000 Co-ordinator costs: core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>'CLOUDY' SKY GROUPS – local people and professionals working together</p> <p>Supporting evidence used in developing this activity can be found at: 'Breaking the Link' DCSF 2009. 'The Extra Mile' DCSF 2008 'Local Links' Rowntree 2008</p>	£9,600	£9,600	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Developing strong social networks in communities • Raising parents' own aspirations and self-confidence <p>The rationale for this activity Front line professionals, young people, residents (incl. parents), and knowledgeable local support staff rarely have the chance to meet, pool their local knowledge and experience with professional skills and delivery, and develop innovative solutions.</p> <p>What the activity involves Young people, teachers, support staff, dinner supervisors, classroom assistants, and the C&P Area Team Leader meeting as a standing group to review activities (new through ICP and existing) and produce and develop local attainment raising ideas and seek resources for delivery for the two selected secondary schools.</p> <p>Lead Partners for this project will be : C&YP Dept Area Team Leader, member of Together NM Team, two Headteachers and the Inspiring Communities Coordinator.</p> <p>Other Partners who will help deliver this project will be Prenton High School; Rock Ferry High School; school PTAs, Wirral Children and Young People's Department; Residents Together Partnership; Young Advisors; Youth Inclusion Programme (YIP)</p> <p>Beneficiaries and groups Two groups of 10 participants, plus the beneficiaries of their ideas and the grants which their work will obtain from other sources.</p> <p>Breakdown of costs per annum Supper after school, or Sat/Sun meals £4,000 Venue costs £2,000 Travel £1,600 Childcare £2,000 Coordinator time: core Admin time: core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>YOUTH BANK</p> <p>Supporting evidence used in developing this activity can be found at: ‘Aiming High for Young People’ DCSF 2009</p> <p>Youth Bank NYA</p>			<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people’s horizons • Providing advice and inspiration to young people • Developing strong social networks in communities <p>The rationale for this activity If young people who are disadvantaged or disaffected can be ‘caught getting it right’ their self worth, responsibility and pride in their work increases. Youth Bank is another way for local young people to inspire their peers with grants to pursue their aspirations.</p> <p>Wirral already devolves spending decisions to young people through Youth Opportunities Fund and Youth Capital Fund Panels. We will build on this through a neighbourhood-focused Youth Bank which will seek and disperse funding that supports inspiring activity and achievement.</p> <p>Partners involved in delivering services and activities for young people in the area have established a youth services consortium for Tranmere and Rock Ferry (including our Extended Schools Cluster Group) to support partnership working and maximise the service offer to young people. Our Youth Bank will be supported by and add value to this development.</p> <p>What the activity involves Young people securing funding, making grants to other young people to develop their local community and neighbourhood, and linking with YOF and YCF Grant Panel</p> <p>Lead Partners for this project will be Involve Northwest and Wirral Youth Service</p> <p>Other Partners who will help deliver this project will be: Tranmere & Rock Ferry Youth Services Consortium; Extended Schools Cluster Group; Residents Together Partnership; Wirral Council Children and Young People’s Services; Prenton and Rock Ferry High Schools; Tranmere Community Project; Together NMP; Young Advisors; Youth Inclusion Programme (YIP)</p> <p>Beneficiaries and groups Young people’s groups in T&RF; community projects.</p> <p>Breakdown of costs Coordinator: core – time to set up Youth Bank and seek funds</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>TEACHERS' DREAMS FOR THEIR PUPILS</p> <p>Supporting evidence used in developing this activity can be found at: 'Deprivation and Education' DCSF 2009</p> <p>'The Extra Mile' DCSF 2008</p> <p>OFSTED REPORTS FOR PHS & RFHS</p>	£3,000	£3,000	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Providing advice and inspiration to young people • Raising parents' own aspirations and self confidence • Broadening young people's horizons <p>The rationale for this activity Providing support to teachers in their uphill struggle to raise low aspirations and attainment with their underperforming students, developing value in the work and the interventions which they are employing, sharing their knowledge and skills, and raising the profile in education and schools of this more integrated approach to inspiring communities.</p> <p>What the activity involves Incorporates professional development groups into the programme and adds teacher understanding and feedback into ongoing programme development and refinement. Development groups with teachers in the partner schools, with a young mentee each</p> <p>Lead Partners for this project will be : Local teacher-trainer/group facilitator and ICP Programme Manager.</p> <p>Other Partners who will help deliver this project will be: Prenton High School; Rock Ferry High School; Together NMP; Residents Together Partnership; Wirral Council Children and Young People's Services; Young Advisors; Wirral Metropolitan College; Youth Support Service; Youth Inclusion Programme (YIP)</p> <p>Beneficiaries and groups 60 teachers, 60 targeted pupils, Prenton High School and Rock Ferry High School school learning cultures</p> <p>Breakdown of costs per annum Facilitator (Partner or Coordinator): core Expenses/child care for participating teachers £3,000 Report: core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>INSPIRING TECHNOLOGY</p> <p>Supporting evidence used in developing this activity can be found at: ‘Aiming High for Young People’ DCSF 2009 Digital Inclusion Strategy (Cabinet Office 2009)</p>	£16,000	£26,000	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people’s horizons • Providing advice and inspiration to young people • Raising parents’ own aspirations and self-confidence • Developing strong social networks in communities <p>The rationale for this activity IT, media and communications, You Tube, webmastering, Bebo, MySpace, Twitter, and Facebook encapsulate and are vehicles for young people’s energy, relationships and enthusiasms. This activity, adding further variety to our options, will bring 32 socially excluded young people into mainstream education practice, recognising their skills and raising their aspirations, enabling them to develop presentation skills and the confidence to use them, and ‘market testing’ options for junior IT (community) enterprise(s). Prenton and Rock Ferry High Schools support young enterprise, and enter teams in inter-school competition. Together NMP is to pass publication of its community newspaper to Wirral TV to develop a resident-led publishing service.</p> <p>What the activity involves Film making, communications techniques, IT publishing, broadcasting through social networking sites - Bebo, MySpace, Twitter, You Tube, Facebook, video blog, regeneration, presentation skills, texting networks, music, dance – accessing and using local youth culture. Showreels. Projected images onto large municipal buildings. Qualifications. References for employers. Visits to TV production eg ‘Doctors’, ‘Emmerdale’ Publication of print-media and web-based community news. Develop young entrepreneurs and championing young IT ‘geeks’ IT and PC support and ICT literacy training (for adults)</p> <p>Lead Partners for this project will be Wirral TV, Merseyside Digital Development Agency, and business and ICT departments.</p> <p>Other Partners who will help deliver this project will be: Seven Waves Radio; Prenton and Rock Ferry High Schools; Birkenhead Sixth Form College, Merseyside Learning & Skills Partnership, Tranmere Community Project; Involve Northwest; Together NMP; Wirral Council Regeneration Department; Young Advisors; Wirral Metropolitan College; Youth Inclusion Programme (YIP); Computers in Schools</p> <p>Beneficiaries and groups Two groups of 8, 11-14 year olds, in Years 1 and 2, 32 young people altogether, from Prenton and Rock Ferry High Schools. Young people’s families Improved attendance levels of siblings at school. New Peer groups. School websites. Community and neighbourhood groups who view the public showreels. Adult learners.</p> <p>Breakdown of costs per annum Wirral TV £10,000 (£20,000 year 2) Equipment costs eg hand held cameras £1,000 Travel £3,000 Meals (essential ingredient) £3,000 Co-ordinator’s time: core</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>COMMON ASSESSMENT FRAMEWORK (CAF) TARGETED SUPPORT</p> <p>Supporting evidence used in developing this activity can be found at:</p> <p>Children Act 2004</p> <p>Every Child Matters (DCSF)</p> <p>Youth Matters (DCSF)</p> <p>CWDC Integrated Children's Services</p>	£1,000	£1,000	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people's horizons • Provide advice and inspiration to young people • Raising parents own aspirations and self confidence <p>The rationale for this activity Co-ordination of partners and their interventions for the most at risk young people. Integrating front line support, particularly in universal services, with parents, carers, and local environmental issues. Tranmere & Rock Ferry is a pilot area for the national Remodelling Social Work programme.</p> <p>What the activity involves The CAF process provides an opportunity, for young people who have multi-agency involvement, to explicitly address their aspirations and to include specific actions in each CAF action plan.</p> <p>Lead Partners for this work will be: Wirral Council Children and Young People's Department Area Team Leader (Tranmere and Rock Ferry); Remodelling Social Work project Co-ordinator.</p> <p>Other Partners who will help deliver this project will be: Members of the co-located Area Team and those with the responsibility of Lead Professional (Children and Young People's Partnership); Wirral Council Children and Young People's Service; Wirral Children and Young People's Strategic Partnership; Parents/Carers and Young People.</p> <p>Beneficiaries Young people subject to a CAF assessment and Team Around the Child meetings. It is estimated that 60 young people aged 11-14 will be subject to CAF in the designated area of the project. This model will be used in CAF and Lead Professional training sessions by the Area Team Leader and rolled out to other ATL colleagues for their training sessions across Wirral.</p> <p>Breakdown of costs Lead and other professionals' time will be met from core funding. £1000 for leaflets promoting aspirations for use with individual families and for training sessions.</p>

Activity	Estimated cost (£k)		Details
	Yr 1	Yr 2	
<p>Sport, Art and Youth Culture and Events</p> <p>Supporting evidence used in developing this activity can be found at: ‘Meaningful Interaction’ CLG 2008</p> <p>‘Local Links’ Rowntree 2008</p>			<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people's horizons • Providing advice and inspiration to young people • Developing strong social networks in communities • Raising parents' own aspirations and self-confidence <p>The rationale for this activity</p> <p>Young people enjoy and respond to sports, arts and ‘street culture’. Like other members of the community they take pride in achievement and have a stronger sense of personal worth when their achievements are shared and recognised.</p> <p>Rock Ferry High School has specialist Arts College status. We want to take this expertise out into the community and encourage the community into the school, and into Prenton High School which also has a rich tradition in this area. This will allow us to showcase the creativity and achievement of young people in a community context culminating in a new annual community culture and arts festival led by schools and young people.</p> <p>Despite these strengths we also recognise that public performance is the last thing our most vulnerable young people have on their mind. These young people have difficulty forming relationships in school settings. Their challenging behaviour minimises their chances of being inspired or motivated by teaching staff. Yet in community settings they are able to relax, build social networks and become inspired by staff who are good role models.</p> <p>What the activity involves</p> <p>A community arts and culture programme including street theatre, community drama, arts and other cultural activities. Crafts. Visits to places of local cultural interest. Theatre trips to Liverpool, Manchester and London.</p> <p>Outdoor adventures - climbing, scrambling, gorge walking, coasteering, caving, abseiling, white water rafting, sailing, windsurfing, canoeing and teambuilding activities such as raft building.</p> <p>Lead Partners for this project will be Rock Ferry High School and Prenton High School; Tranmere Community Project ; the Jam Factory (community theatre group), Wirral Council Children and Young People’s Service;.</p> <p>Other Partners who will help deliver this project will be: Wirral Youth and Play Service; Residents Together Partnership; Extended Schools Cluster Group</p> <p>Beneficiaries and groups</p> <p>(Universal programme) young people and their families</p> <p>Targeted project: 40, 11-14 years olds, identified by the schools and through our CAF programme, who have problems coping in school or difficulties attending school, and looked after children.</p> <p>Breakdown of costs</p> <p>Full year costs: staff £8780, travel £1220, entrance fees/tickets/equipment hire £5010, accommodation £1000.</p>
	£12,007 (9 months)	£16,010	

<p>COMMUNITY PLEDGE</p>	<p>£1,600</p>	<p>£7,600</p>	<p>The core aims which this activity addresses</p> <ul style="list-style-type: none"> • Broadening young people's horizons • Providing advice and inspiration to young people • Developing strong social networks in communities • Raising parents' own aspirations and self-confidence <p>The rationale for this activity <i>Young people will establish a contract/local charter with partner agencies and the communities of Tranmere & Rock Ferry to</i></p> <ul style="list-style-type: none"> - <i>Provide alternatives for absentees from school, supporting them in their aspirations for success both in T&RF and away</i> - <i>Care better for Looked After, vulnerable, pregnant and at risk young people</i> - <i>Help them set up social enterprises and Community Interest Companies</i> - <i>Win Awards for commitment, creativity and innovation</i> - <i>Signpost lost, unusual and overlooked talent to inspiring opportunities in the arts, trades, business, media, sports and professions</i> - <i>Provide especially focused support to young people receiving free school meals</i> <p>Lead Partners for this project will be; <i>school councils in Prenton Rock Ferry High Schools; Young Advisors</i></p> <p>Other Partners <i>who will help deliver this project will be: ALL PARTNERS</i></p> <p>Breakdown of costs Food for young people's meetings to write and develop the Charter £1,600 Coordinator: core Production costs (Year 2) £6,000</p>
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COMMUNITY TWINNING			<p>NB: See main information pack section 5.15 See 'Horizons Beyond', one of our communities' chosen activities</p>
Co-ordination costs in design phase	£20,910		<p>NB: This may total up to £50,000 and is the initial amount released to successful partnerships to develop a final costed programme of activities within three months of selection.</p> <p>Includes staffing and wider logistical support. Please include a breakdown of individual costs contributing to the total for co-ordination.</p> <p>Breakdown of costs (first 3 months) Co-ordinator - £12,500 (3 months @ £50k pa) Administrative support - £4,500 (3 months @ £18K pa) On costs - £3,910 (3 months @ 23%)</p>
Co-ordination costs after design phase	£62,730	£83,640	<p>NB: Total co-ordination costs (in and after design phase) may be a maximum of 40% of the total cost in each year.</p> <p>Includes staffing and wider logistical support. Please include a breakdown of individual costs contributing to the total for co-ordination.</p> <p>Breakdown of costs</p> <p>YEAR 1 Co-ordinator £37,500 (ie £50K pa, less £12.5K for first three months management) Administrator £13,500 (ie£18K pa, less £4.5K for first three months) On costs £11,730 (ie 23%, less £3,910 for first three months)</p> <p>YEAR 2 Co-ordinator £50,000 Administrator £18,000 On costs £15,640</p>
TOTAL COST	£175,000 £33,724	£255,060	<p>CLG/DCSF Grant</p> <p>From matched funding and local resources to support the complete programme, created by the Partnership, of coordinated local activities and national pilots</p>

2B: Provide initial proposals of the outcomes and intermediate outcomes that will be most relevant to your local programme (max 300 words)

See section 2 in the main information pack. For successful neighbourhoods this information will be passed to the organisation responsible for the programme's national evaluation to contribute to their development of an overarching outcomes framework.

Our first intermediate targets will be to involve:

- **668** Pupils
- **30** Other young people
- **64** Parents
- **85** Community reps, leaders and champions
- **40** Role models
- **62** Partners and initiatives

in the **11 integrated and overlapping** activities which we have proposed to raise the aspirations in 11-14 year old pupils hindered by low expectations. Community and youth empowerment in developing social capital will sustain these interventions. The foundations have been laid by Residents Together, Young Advisors, Involve, the NMP, Prenton and Rock Ferry High Schools, and the Children and Young People's Services.

We will use creative and innovative projects to engage and involve, offering children and young people, and their families 'taster sessions' to get things started. This will link to formal and informal 'referral (including 'self referral) through peer, family, community and professional networks to timetabled activities.

Teachers Notes and Assessments will monitor and report progress. There are eight Headteachers in our Partnership.

668 out of 946 pupils in total cohort, receiving free school meals, or absenting themselves from school will be chosen as a priority. Their peers will be engaged as supporters in these activities. We are offering unusual challenges which will raise their status in the eyes of their peers, and their own self belief and esteem.

Community engagement will be measured in the first instance by:

- Numbers recruited to the programme
- Numbers taking up the 11 activities proposed
- Numbers completing activities
- Budgets and assets coordinated, influenced or controlled by local people, especially young people
- Take up of universal inclusion activities already available (see 3A which follows)

Our Residents Together Partnership has developed a template for monitoring and evaluating public service delivery in the area. They are adapting this for Inspiring Communities.

SECTION 3: PARTNERSHIP WORKING AND LINKS TO EXISTING ACTIVITIES / PRIORITIES

3A: List existing relevant local activities

Please list and provide a one-sentence description of any existing activities with young people, their families or the wider community, which have raising aspirations and attainment locally as an aim or notable indirect output. Do not include here any central government programmes or pilots.

Note: The level of existing local work will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

Existing partnership activities captured by our Inspiring Communities Programme are:

- Health Action Area initiative and community programme
- Year 7 music - funding has enabled any incoming Year 7 who wishes it, to have voice or instrumental lessons
- Parks plan - students have been involved in evaluating existing provision through local parks, proposing and implementing improvements eg. Planting Community Garden
- Active playgrounds - students are trained as Play Leaders in indoor and outdoor activities to be enjoyed by their peers at lunchtimes, tackling isolation and bullying, and encouraging leadership and positive role models
- Computers in schools
- Digital Inclusion Project
- Tranmere & Rock Ferry Extended Schools
- Healthy Schools Initiative
- Social and Emotional Aspects for Learning (SEAL)
- Youth Hubs – centres for quality 'youth offer' and outreach in each area
- ALAN – Prenton High and Reach Out – PHS has offered ALAN qualification to students in danger of permanent exclusion or displaying general disaffection and poor attendance
- Pupil Attitudes to School and Self (PASS)
- New third sector Community Anchor – created through merger of Together NMP and Lairdside Communities Trust

(Oct 2009)

- Green Together – Environmental Improvement Programme (Big Lottery Fund)
- LIDC – Focus on Disadvantage – adult education courses which have become increasingly popular
- Funkstar Dance; Stella Theatre group – positive, creative, out of school provision for young people designed to build confidence and a sense of belonging and purpose
- Working Wirral Local Employment and Enterprise programme (incl. WNF)
- Neighbourhood Enterprise
- Tranmere and Rock Ferry Child and Family Support
- Bag a Bargain - fruit and veg sold weekly at good prices for local produce to encourage healthy eating 5 a day
- Teenage Health and Sexual Awareness
- Neighbourhood Resource Centres in Tranmere and Rock Ferry provide a new focus for work with residents identifying barriers to improvements in health, education and employment. They develop residents' approaches to issues of poor health, education, skills, worklessness and family support
- Trampoline Club – young users told us *"For many of us using the club offers friendships, a place that encourages individualism"; "The club supports us emotionally, physically and mentally with the activities provided"; "We are given skills to enhance our social interaction with the community and often help out with fund-raising and running the club"; "We are a little community when we are at the club, looking out for one another"*.

Both of the partner secondary schools in this programme have at least 50 hard to reach parents of disaffected and absent pupils.

Traditional communications including invitations to discussions and meetings are not effective. Non-traditional approaches, based on 'what works for young people' themselves as well as intensive and persistent relationship building is required, as well as material support. Accessing mobile numbers, texts, extended family, friends, neighbours are all conduits used in postcodes CH41 and 42 to offer financial, mental, health, substance, crime, diversion and advocacy support. Initial avoidance of 'authority' positions is important to rebuild trust and hope. Negativity in contact encourages further resistance and isolation.

This programme joining up the activities above and creating new ways into previously intractable problems, delivered in partnership by front line professionals, community leaders, young people and local heroes, is supported by multi-agency co-operation, commitment and determination to break the cycles of deprivation in Tranmere and Rock Ferry.

3B: List existing relevant government pilots

Please list any government pilots operating within, or providing services to, your neighbourhood which have the raising of aspirations and attainment locally as an aim or notable indirect output.

***Note:** The presence of existing pilots will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.*

Wirral Youth Capital Fund and Youth Opportunities Fund
Targeted Youth Support
The National Challenge Programme
Wirral Enterprise Centres
Wirral Working 4 Health (Working Neighbourhoods Fund)
Reach Out (Working Neighbourhoods Fund)
Wirral Apprenticeship Scheme (Working Neighbourhoods Fund)
Housing Market Renewal
Neighbourhood Management Pathfinder
Remodelling Social Work
Youth Crime Action Plan (DCSF Youth Taskforce)

3C: How will you engage these existing local activities and government pilots in your local programme?

Identify where new the Inspiring Communities programme is most likely to be supportive of existing work and if there are any areas where it may not be and how this will be managed (e.g. be clear if there are certain partners for whom involvement in the Inspiring Communities work would distract disproportionately other key objectives).

The activities chosen by the Tranmere and Rock Ferry Inspiring Communities Partnership are being carefully designed by local people and professionals, working together, to make the spark jump the gap between persistent and isolating disadvantage, fresh, inspiring opportunities, and the universal offers already provided by partners.

In preparing our submission we have taken care to involve and engage all stakeholders and believe we have captured the full range of existing local and government sponsored pilots open to us.

Each element is linked and has been mobilised and underpinned by the partnership and community engagement infrastructure established by Together NM Pathfinder over the past four years. Our programme enables the transfer of activities, ideas and understanding of 'what works' to be managed holistically, and will inform the way we introduce young people, gradually and when ready, into the opportunities provided by national pilots and mainstream programmes alike.

In developing our Inspiring Communities Programme we recognise the need to link in with, and add value to existing programmes and activities. We see this as 'Building Confidence and Making Attainment **EISIA** (easier) through work that will **Engage, Inspire, Support, Improve; and Achieve**.

Alongside this we are committed to, and have planned for 'Making Our Assets Work' (MAW) through:

- Schools that reflect and are (better) equipped to respond to the needs of our community
- Tapping into resources already in our community to extend the Extended Schools Offer
- Basing our approach on a formalised consortium approach of providers
- Putting residents and young people in particular at the centre of our approach
- Providing 'fun and learning' for the whole community
- Exploiting our ICP status to maximise leverage of resources into the area; and
- Offering a taster programme of innovative and creative ideas that enthuse, engage and inspire all ages.

3D: Explain how a local Inspiring Communities programme would contribute to wider strategic priorities (max 300 words)

Refer to your area's Sustainable Communities Strategy, Local Area Agreement and Children and Young People's Plan. Where appropriate, you may also quote relevant needs analyses, strategic plans and priorities set at neighbourhood, local and regional level

Wirral Sustainable Communities Strategy encourages people to come up with proposals to improve the place where they live. Wirral Council invites proposals from local voluntary and community groups, residents and tenants associations and branches of national organisations to improve local delivery, social inclusion, community engagement, health & well-being.

Inspiring Communities is just such a proposal and will contribute to the Local Area Agreement's targets for:

- educational attainment,
- teenage conceptions,
- sexual and mental health,
- antisocial behaviour,
- looked after children,
- National Indicator 87 for secondary school persistent absence, and
- NI 110 young people's participation in positive activities.

The area's Children and Young People's Plan aspires to:

- enable families to feel that they have support from their local community in raising their children;
- ensure that agencies work closely together and in a coordinated manner;
- improve parents' skills in order to help them to give more educational support to their children;
- improve young people's attainments and raise their aspirations;
- celebrate and publicise the achievements of young people;

all of which our Inspiring Communities Programme will deliver and affect.

3E: Outline the partnership model for your neighbourhood (max 300 words)

- *Identify any existing neighbourhood partnership structures*
- *If proposing a new structure, explain why needed and how it relates to any existing partnerships*
- *If proposing to build upon an existing structure, confirm there will be capacity to provide leadership on Inspiring Communities (Note: Co-ordination funding is provided to support partnerships)*

The Partnership for our Inspiring Communities Programme is being stimulated, co-ordinated and managed through the Together Neighbourhood Management Pathfinder.

Set up in 2004 'Together' is a Round 2 national pathfinder. Now funded through a mix of Area Based Grant and other revenue, Together inspires community engagement and manages a neighbourhood partnership that reflects strategic priorities in the Wirral.

Together's Partnership Board is co-chaired by the 'Campaign Leader' and a local resident, nominated to drive the Inspiring Communities Programme. It is supported by a Neighbourhood Management Team led by a Partnership Director. The community leaders and the team have a wealth of skills and expertise in service coordination, development and delivery. This will be enhanced through the appointment of an Inspiring Communities Programme Manager.

Together's Board is made up of senior representatives of statutory and non-statutory organisations, including Wirral Council, Wirral Primary Care Trust, Merseyside Police, Job Centre Plus, schools, colleges, housing providers, community organisations and residents. Residents have a majority. We also have a Participatory Budgeting Advisor.

CLG's 2007 evaluation assessed Together as having strong engagement from key agencies and outstanding levels of

resident involvement.

Together's Children & Young People's Plan has been nationally recognised as good practice and pinpoints low aspiration, poor attainment and low levels of adult qualification as long-standing barriers to inequality and deprivation. Inspiring Communities investment will be used to create a fresh impetus for joined up working to tackle these inequalities.

It is this experience which is driving our bid to step up to the next level in innovation and breakthrough and to be included among the Inspiring Communities pathfinders.

☑ 3F: Confirm you have attached a signed statement of commitment from core members of the neighbourhood partnership

Partners should state their:

- *willingness and capacity to jointly oversee design and delivery of a local campaign*
- *endorsement of the identified campaign leader and accountable organisation*
- *willingness to work with the programme's national evaluators, design & marketing and resource mapping support organisations, and to participate in the network of Inspiring Communities*
- *commitment to explore aligning local resources and programmes that contribute to raising aspirations and attainment*

Note: Digital signatures are acceptable. Where possible, statement should note endorsement from the upper-tier local authority's Local Strategic Partnership, or confirm that the LSP is being approached.

We, the undersigned, will jointly oversee the design and delivery of this Inspiring Communities programme for Tranmere and Rock Ferry.

We endorse the choice of campaign leader and the accountable organisation and will work with the programme's national evaluators, design & marketing and resource mapping support organisations, and participate in the network of Inspiring Communities.

We are committed to aligning local resources and programmes that contribute to raising the aspirations and attainment of 11 to 14 year olds in Tranmere and Rock Ferry.



Steve Foulkes
Leader of the Council
Wirral Metropolitan Borough Council



Peter Edmondson
Head of Branch: Participation and Inclusion
Children and Young People's Department
Wirral Metropolitan Borough Council



CLlr Philip Davies
Councillor for Birkenhead and Tranmere Ward
Wirral Metropolitan Borough Council



Neil Collins
Director
Together Neighbourhood Management Pathfinder

David Ball.

David Ball
Head of Housing and Regeneration
Regeneration Department
Wirral Metropolitan Borough Council

Chris Mann
Deputy Headteacher
Prenton High School

Chris Mann
Deputy Head Teacher
Prenton High School for Girls
Wirral

Peter Bennett

Peter Bennett
Head Teacher
Rock Ferry High School, Wirral

Justine Molyneux

Justine Molyneux
Chief Executive
Involve Northwest

Mike Power

Mike Power
Business Development Manager
Wirral TV
Wirral

Ros Free

Ros Free
Principal Manager, Extended Services, Narrowing The Gap.
Children and Young People's Department
Wirral Metropolitan Borough Council

S. J. Doolan

PC Garry Doolan
On Behalf of Inspector Mick Blease
Well Lane Police Station
Merseyside Police



Hazel Roberts
Tranmere Resident and Joint Chair of Together Partnership Board
Together Neighbourhood Management

3G: Outline initial ideas for ambitious joint-working arrangements between partners to join up services and resources through the Inspiring Communities campaign (max 500 words)

Include reference to the following themes and any existing progress in these areas and identify specific commitments wherever possible:

- *opportunities for pooling/aligning of budgets between partners*
- *proposals of freedoms and flexibilities from government which could improve service delivery*
- *joint service planning e.g. joint needs assessments, joint business plans, joint commissioning, shared appointments, shared governance arrangements*
- *longer-term potential for co-location of services*

Inspiring Communities will contribute to the investment in the creation of learning Academies through the current secondary school reorganisation. The Programme offers a unique opportunity to encourage and support children approaching secondary school age, and those already at secondary schools affected by the reorganisation, to take maximum advantage of the enhanced learning opportunities which both the existing schools offer and the new ones will. This work will be based on the local schools cluster and extend the Extended Schools Offer in the area.

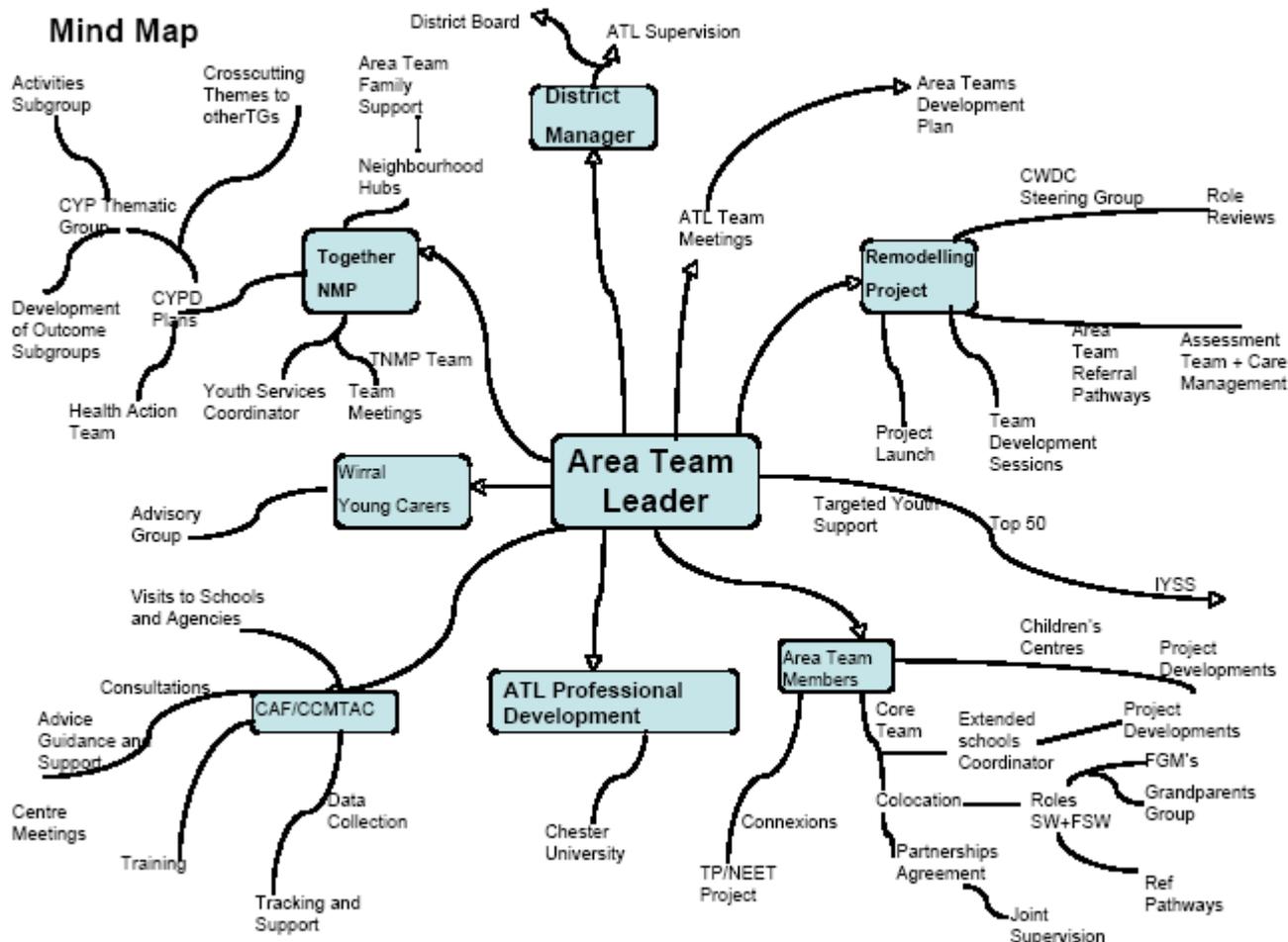
Each activity which we are proposing will have a small, core partnership steering group of key schools, community organisations, and public service authorities supported by the Inspiring Communities co-ordinator.

Each group will have a contract agreed with the Partnership, enabling them to recommend:

- *violation in budgets, staffing and resources from savings to services which have the flexibility to be pooled for further interventions,*
- *to partners the blocks and barriers to coordination and effectiveness which they need to remove,*
- *overlaps which should be linked, and duplication reduced where appropriate,*
- *co-ordinating public service commissions which deliver joined up, front line solutions.*

Existing projects, for example ReachOut involving home visits and employment support, will also open doors for social inclusion.

Below is a map of just one of our partner's professional network which will contribute to our CAF proposal.



SECTION 4: LOCAL LEADERSHIP AND COMMUNITY ENGAGEMENT

4A: Outline the community credentials and approach of campaign leader (max 400 words)

Please include:

- brief background information on campaign leader
- how (s)he will be effective in bringing together local citizens and organisations to drive the campaign forward
- his/her profile in the local community
- his/her commitment to work across a range of social groups

Note: The campaign leader may choose to complete this section as a personal statement.

Hazel Roberts has been a longstanding volunteer for the Tranmere and Rock Ferry area and has been working in the community for over twenty years. Hazel started volunteering with the League of Hospital Friends in 1972 and was voted as the representative for the Tranmere community to bid for European money to regenerate the area, including Rock Ferry. In 1999 the United Communities Group was formed, with Hazel voted in as chair. She continued her local work and became a resident representative on the Board for the Together Neighbourhood Management pilot.

Since 2004 Hazel has been involved with Together NMP. She was vice chair of the Partnership Board until 2008 and is currently the co-chair of the Board and chair of the Residents Together Partnership. Hazel chairs the Health Thematic Group on behalf of the PCT in partnership with Together and sits on the Children and Young People's Theme and Neighbourhood Action Groups.

Hazel is chair of the Tranmere Action Group, who have run a very successful Trampoline/Youth Club for the last five years and continues to do so, alongside ongoing commitment over more than 20 years as Secretary to the Trustees of the charity Wirral Heartbeat, and District Treasurer for the Birkenhead and Bebington St Vincent d Paul Society.

Hazel has also been awarded:

- Platinum Medallion for long service in Volunteering from Wirral Borough Council
- Gold Medallion for long service in Volunteering from Wirral Borough Council
- Wirral Volunteer of the Year 1997 – Working in your own time award
- Bag a bargain healthy eating scheme volunteer – Live Wirral Award
- Live Wirral Award – Good Neighbour 2007

“My leadership of the Inspiring Communities programme will be enhanced by a Young Advisor working with me as campaign leader.” Hazel Roberts.

4B: Outline how you will mobilise and involve the local community in the design and delivery of a local Inspiring Communities programme (max 600 words)

Please set out:

- *details of initial consultation with local people (including young people) in preparing this application*
- *ongoing plans for engaging diverse local people (including young people) in the design of the campaign*
- *ongoing plans for engaging diverse local people (including young people) in the delivery of the campaign*
- *how you would ensure that the campaign is effectively communicated to local people (including young people)*
- *how you will build local capacity for civic engagement*

Local people already direct and deliver the Together Neighbourhood Management Pathfinder alongside statutory public service partners and other stakeholders. Together's residents, young people, and partners are full members of our partnership and have helped drive this application. Our Young Advisors work with the local police, youth proofed and launched the Children and Young People's Plan. Nationally recognised levels of engagement and empowerment already achieved in T&RF (CLG 2007) provide strong foundations for the joined up working which Inspiring Communities proposes.

Prenton and Rock Ferry High Schools, Residents Together, Involve, Young Advisors and Together NMP have already made public and filled the gaps in local networking, inclusion, control of programmes and resources.

The activities proposed in this application seek unusual community and business entrepreneurs, talent outside the public service norm, jesters, artists, innovators, characters who excite and challenge conditioned behaviour and expectations. This programme, if it is to achieve quick wins, and make a lasting, sustainable difference, will inevitably question some traditional concepts of right and wrong in public service delivery, it will recognise and endorse some of the diverse cultures of Tranmere and Rock Ferry, lifting participants' hopes out of the morass of debt, over-burdened parenting and food poverty. Together has already demonstrated the neighbourhood's enthusiasm for this highly participative programme of renewal. Residents young and old want the children of T&RF to succeed. Residents and young people will be on each of the mini-boards which will steer each inspiring activity which we are proposing

A natural progression for the local adults and older young people involved in this programme will be to form and join further partnerships, become service advisors themselves and be elected to local boards and councils.

SECTION 5: SHARING INNOVATION AND LEARNING AND MAINSTREAMING WORK

5A: Outline plans to inspire other areas with your work on Inspiring Communities and to share points of learning (max 400 words)

In your response please suggest how, in addition to working with the network of selected neighbourhoods, you will share innovation and learning both between organisations and between citizens.

We will run workshops for other communities and professionals, in our neighbourhood, and earn fees from these to maintain our programme. The workshops will be delivered by local residents and young people, trained as trainers. They will raise the profile of our area. We will send young ambassadors to conferences, seminars and meetings all over the region and the country as part of our Horizons beyond and Role Models activities. Our Inspiring technology activity will reach out to wider audiences in Merseyside.

The Council website, Wirral TV, The National Neighbourhood Management Network, The Tenant Services Authority, The Homes and Communities Agency Academy, CLG and the media will all hear regularly about our successes, inspired achievers, real life rags to riches stories for our children and young people, which endorse our status as a Beacon council for young empowerment. Together's quarterly community newspaper and web-based companion publication, produced by local residents through Wirral TV will offer local and national commentary.

5B: Outline plans for mainstreaming work after the funding period and how you will maintain momentum and support for activities to raise aspirations (max 400 words)

In your response please cover:

- *where you predict there will be scope to continue activities after the current two year funding period and what actions will be taken to make this possible*
- *how will local progress be maintained and furthered*
- *how will you pursue and involve potential future funders and supporters early on*

We plan that the costs and benefits matrix which we are developing will monitor and demonstrate the practical outcomes and advantages of joined up working on the front line in ways which local people desire and public services frequently aspire to, but are often blocked by over-centralised systems, a culture of counting which takes precedence over delivery, and the inevitable silo working which ensues. The energy which empowered local people bring to a programme like this is tenacious and demanding of results, as already evidenced in T&RF.

We will make Tranmere and Rock Ferry a good place to live, a seed bed of individuals and groups who go places and make waves in public life, sport, the media and invention. As happens in East Manchester and Lewisham, funders and supporters will want to be associated with the climate of change, stability, community ownership and pride which this programme of small activities spawns.

We will work on mainstreaming through the Extended Schools Programme, Youth Service Commissioning, Employment, Training and Enterprise support, Family Support, Alternative Curriculum in schools, Youth Forum and Youth Parliament, and intergenerational volunteering initiatives.

A brief consultation, conducted by young people in T&RF, follows in the form of a spidergram produced by Lee, Jenna and Jordan.



SECTION 6: YOUR NEIGHBOURHOOD

6A: Describe local population make-up and local employment trends (max 200 words)

- Describe the neighbourhood age profile
- Identify the key ethnic and faith communities represented in your neighbourhood
- Describe employment levels and key employment sectors locally

Note: This information will not affect scoring of your application, but will be considered by the assessment panel in ensuring a spread of neighbourhood circumstances and locations are chosen.

The total population of the Tranmere & Rock Ferry area is 12,689, spread across 8 lower super output areas (shown in 1B). The age profile is as follows:

0 – 15: 3095
16 – 29: 2409
30 – 44: 2751
45 – 64: 2430
65+ : 2004¹

Children and young people under 16 make up just under a quarter of the population (24.3%), compared with 19% for the borough as a whole.

Lone parents lead 15% of all households in the area.

98% of the area's population are White (Irish and British). Residents of other ethnicity make up 2% of the population, which is made up of residents of Chinese, Black, Asian and Mixed race (with none dominant).²

Of the working age population (59.8% of the total) less than a third (30%) are in paid employment. 17.4% are on health related benefit (Incapacity Benefit in 2008) and 6.4% are in receipt of Job Seekers Allowance. In addition 20% of the population are in receipt of Income Support.³

237 young people aged 16 to 20 are classified as Not in Education Employment or Training (NEET) (21% of Wirral total).

The occupation breakdown of residents in key employment areas shows:

Managerial and professional	– 12.6% (24.8% Wirral)
Technical	- 9.9% (14.4%)
Administrative/Secretarial	- 11.5% (13.7%)
Personal/Sales/Customer Services	- 22.3% (16.6%)
Plant/Machinery/Manual	- 31.9% (19.6%) ⁴

6B: Describe attainment at key stages 3 and 4 in the secondary school(s) serving the neighbourhood and identify under-performing pupil groups (max 200 words)

Note: This information will not affect scoring of your application, nor will it be a factored in selecting a spread of neighbourhoods. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

Results by pupil postcode show young people living in the area achieve a level comparable with those from other parts of Wirral at KS3, but significantly worse at KS4. This difference is amplified for pupils in receipt of free school meals, particularly amongst boys, with only 1 in 10 likely to achieve 5 or more passes at A* - C (including maths and English).

The rate of pupils in receipt of free school meals in the area is 52%, more than double that for Wirral as a whole (23%)

Key Stage 3 pupils achieving Level 5 (2008)

¹ ONS Mid Year Estimates 2004

² As above

³ DWP August 2008

⁴ NOMIS 2001

English - 86.2% (83.5% Wirral)
Maths - 78.5% (80.5% Wirral)
Science - 63.7% (75.0% Wirral)

Key Stage 4 pupils attaining 5 or more GCSEs (A* - C) including maths and English (2008) - 26% (51.1% Wirral).⁵

6C: Describe aspiration levels of young people in your neighbourhood and the presence of community characteristics associated with lower aspirations (max 300 words)

In considering this issue, you may find it helpful to reflect on the analysis and discussion paper on 'Aspirations and attainment amongst young people in deprived communities' at

http://www.cabinetoffice.gov.uk/media/109339/aspirations_evidence_pack.pdf

You may choose to refer to:

- information from local surveys (such as Tell Us for schools) or discussions with community groups
- evidence one or more of the community characteristics associated with lower aspirations - close knit but insular social networks, isolation from cultural, educational and employment opportunities, history of economic decline and low population turnover
- key attitudinal barriers affecting young people's attainment and broader life chances
- the educational aspirations probability measure depicted on the reference map for your local authority area (more information on which is available in Annex B 'Guidance on reference map') – you may agree with or challenge this

Note: This information will not affect scoring of your application, nor will it be a factor in selecting a spread of neighbourhoods or affect the outcome of your application in any other way. It is requested to encourage applicants to consider need for an Inspiring Communities programme locally and to provide initial information for the national evaluators.

Residents report

- a strong, traditional sense of community
- low aspirations and confidence
- "It's always going to be like that around here"
- the need for better attainment levels at school, and increased self worth and confidence
- something for young people to do
- facilities for all ages⁶

Tranmere Community Project worked with 292 at risk young people last year, successfully re-engaging them in education. Unsettled homes, no adult behaviour in the family home, few role models, particularly adult men, driven by emotions, inabilities with anger and grief, are common. Education is not a priority, *as one young person put it: "I can't come in today as my fake tan will run in the rain".*

They operate only within two miles of their homes, limiting access to FE, HE and employment.

KS3 pupils achieve similar results to their peers. At KS4 they achieve 26% below the Wirral average – 'Aspirations are not fixed but change over time' (Lupton & Kintrea 2008). Our proposed activities will intervene early to prevent this slide.

We use geodemography to target support to low aspiring pupils. Our maps show the 'cool spots' underachievement at KS4.

Despite personalised and focused invitations, KS4 parent meetings only produce 55% attendance.

A parents 'support for teenagers' event attracted 30 out of 700 parents/carers.

Of 150 Year 7 parents and carers, 10 completed the three Maths support courses offered.

Sport: 15 out of 450 young people attended.

Wirral PCT reports that teenage mothers with low aspirations for their daughters at 10, increase the chances of their daughters becoming teenage mothers. For teenage parents who had their first child, and then another 10 years later, childcare, rather than money or disinterest, are the problem in supporting their teenagers.

Once completed, please submit this form electronically, along with requested financial statements and statement of commitment from partnership members to

⁵ Wirral Council 2008

⁶ Together NMP Household Survey (NOP/ODPM (CLG) 2004 & 2007)

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INSPIRING COMMUNITIES

	Tranmere & Rock Ferry	Leasowe Community Homes	MTEC LTD , HTEC LTD , LWC
Compliance with pre-qualifying criteria	3	2	2
Quality of programme	3	1/2	0/1
Evidence of integration with CYPD	2/3	1	1
Single neighbourhood vision	3	1	0
Extent of neighbourhood partnership	3	1/2	0/1
Capacity to deliver	2	1/2	1

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WIRRAL COUNCIL

CABINET – 25th June 2009

REPORT OF THE DEPUTY CHIEF EXECUTIVE/DIRECTOR OF CORPORATE SERVICES

MERSEY HEARTLANDS NEW GROWTH POINT – RESOURCE ALLOCATION

1. EXECUTIVE SUMMARY

- 1.1 Following submission of a joint New Growth Point Programme of Development, the Department for Communities and Local Government has awarded £6,332,389 to the Mersey Heartlands Partnership for the years 2009/10 (£2,466,176) and 2010/11 (£3,866,213 subject to Parliamentary approval). The partners, Wirral Council, Liverpool City Council and Peel Holdings, have revised the Programme of Development submitted to Government in October 2008 to reflect funding availability.
- 1.2 The funding is to be used to help deliver additional homes before 2016/17 and in Wirral is focused on Wirral Waters and the surrounding Housing Market Renewal Initiative Area. Because of the current difficult economic circumstances, direct housing provision is limited and Wirral's projects aim to support new homebuyers in the HMRI area, strategic acquisitions and the planning of infrastructure to put in place the conditions for new development when the market improves.
- 1.3 Cabinet is asked to agree the allocation of grant between Liverpool City Council and Wirral Council in the proportion 60:40, reflecting the relative population of the City and Wirral. Cabinet is further asked to agree an allocation of £150,000 revenue funding to Peel Holdings (a capital funding allocation of £150,000 is to be made by the City Council).
- 1.4 Cabinet is also asked to agree the prioritisation of projects set out in the Appendix to this report, recognising that re-prioritisation might occur. Those projects are also to be incorporated within relevant Council revenue or capital programmes.

2. Introduction

- 2.1 Wirral Council, in partnership with Liverpool City Council and Peel Holdings submitted a bid to the Department for Communities and Local Government (CLG) for New Growth Point funding in October 2007 (Cabinet 18th October 2007, Minute 312 refers). The joint bid was approved by CLG in July 2008 and an initial award of £200,000 for 2008/09 was made, which was used to fund two projects: – a joint Strategic Housing Land Availability Study (in Wirral's case augmenting funding of £25,000 agreed by Cabinet at its meeting on 15th March 2007, Minute 284 refers); and joint transport modelling. A sum of £10,000 was retained by Liverpool City Council as lead authority to manage the fund.
- 2.2 The CLG invited bids through a Programme of Development (POD) into the national funding pot of £97 million for the years 2009/10 and 2010/11. At its meeting on 16th October 2008, Cabinet agreed to the submission of a POD covering projects in Liverpool and Wirral, which had a final value of £46,791,000 (Minute 234 refers).

- 2.3 The CLG award of £6,662,389 to the joint bid for the years 2009/2010 and 2010/2011 was announced on 10th December 2008, with payment expected at the end of the first quarter of each subsequent financial year. This figure compares with awards to Mid Mersey (St Helens, Halton and Warrington) of £4,039,815 and West Cheshire (Cheshire West and Chester) of £3,432,924.

Table 1: Mersey Heartlands Growth Fund allocation 2009/2010-2010/2011

	2009/2010	2010/2011	Total
Capital	£2,271,770	£3,607,005	£5,878,775
Revenue	£194,406	£259,208	£453,614
Total	£2,466,176	£3,866,213	£6,332,389

- 2.4 The £6.3 million funding is to be used to help deliver an additional 26,460 more homes to 2016/17, 4,410 more than previously planned. The funding comes with increased flexibility for local authorities, who can decide how to spend it in accordance with the POD. The POD includes defined target dates for the grant of outline planning permission for major and key sites identified to be brought forward within 2008/2009–2010/2011 to secure the delivery of the housing trajectory. In Wirral, the first of these key sites is Northbank, in Wirral Waters, on which a planning application was submitted in February 2009. These targets will be scrutinised by Government.
- 2.5 Liverpool City Council is the lead authority for the Growth Point funding, with an Operational Group of Liverpool and Wirral officers reporting to a Steering Group of senior Council officers from the two authorities and a Director of Peel Holdings. The Steering Group makes recommendations to an Executive Board of two Wirral and two Liverpool Members (see Cabinet report 16th October 2008, Minute 234 refers). Whilst the funding is not ring-fenced, the split between revenue and capital expenditure must be adhered to and all appraisal, monitoring, financial management, governance and audit of individual projects are the responsibility of the lead authority for the payment of grant.

3. The Allocation of Growth Fund between the Partnership Members

- 3.1 The principle adopted for division of the £6.3 million funding has been on the basis of the relative populations of Liverpool and Wirral. At Mid Year 2007, the population of Liverpool was 435,500 and Wirral 310,200 (ONS), representing a 60:40 proportion.
- 3.2 The submitted POD contained a list of projects, to be prepared jointly (eg. sub-regional transport modelling) or specific to Liverpool or Wirral. One of the areas of joint funding has been the contribution made by Peel Holdings in preparing and submitting the Growth Point bid. The partnership with Peel Holdings was a very important element of the Mersey Heartlands bid, as CLG wished to see private sector involvement in the New Growth Point bids.
- 3.3 It is proposed to allocate Peel £300,000 of the £6.3 million, as a contribution to the bid preparation, evidence base, an element of transport modelling and in Liverpool capital funding for key infrastructure. The £300,000 has been divided equally between Wirral and Liverpool, with Liverpool's £150,000 from its capital allocation and Wirral's £150,000 from its revenue allocation. Although the normal division of the Growth

:Point funding is on a 60:40 basis, it is recognised that Peel Holdings proposals are further advanced in Wirral and the evidence base work carried out by Peel has more value to Wirral in supporting Wirral Waters and therefore the Peel allocation is divided 50:50 between Liverpool and Wirral.

- 3.4 As Members will be aware, the Growth Point in Wirral is centred on Wirral Waters and the Housing Market Renewal Initiative. Peel Holdings have prepared an extensive evidence base, which can be used for the Growth Point and Wirral Waters. The evidence base is intended to be integrated within the Wirral Local Development Framework.
- 3.5 Members will also be aware of the volume of evidence required in support of the Local Development Framework. Peel Holdings are preparing a Strategic Regeneration Framework for Wirral Waters, consistent with advice provided by the Commission for Architecture and the Built Environment (CABE). This framework will be integrated within the Local Development Framework and the evidence base provided by Peel would otherwise have to be prepared by the Council
- 3.6 Table 2 below shows the effect of allocating £150,000 capital from Liverpool and £150,000 revenue from Wirral. Whilst Liverpool's capital element can be taken from year 1 (2009/10), the reduced amount of total revenue available in the programme requires the division of the revenue allocation from Wirral to Peel over 2 years (£60,000 in year 1 and £90,000 in year 2).

Table 2: Distribution of Growth Point Funding

	2009/10	2010/11	Total	Notes
Liverpool 60% minus £150,000 capital to Peel in year 1				
Capital	£1,363,062- £150,000 = £1,213,062	£2,164,293	£3,377,265	Liverpool capital contribution to Peel 2009/10
Revenue	£116,644	£155,525	£272,169	
Liverpool total	£1,329,706	£2,319,828	£3,649,434	
Wirral 40% minus £150,000 revenue to Peel over 2 years				
Capital	£908,708	£1,442,802	£2,351,510	
Revenue	£77,762- £60,000 = £17,762	£103,683- £90,000 = £13,683	£31,445	Wirral revenue contribution to Peel divided over 2 years to accommodate CLG allocation
Wirral total	£926,470	£1,456,485	£2,382,955	

3.7 The final allocation of £6.3 million has required some re-prioritisation of the original POD as submitted in October 2008, in accordance with a set of agreed criteria:

Priority 1 projects are those which:

- *Are critical to the delivery of housing growth and which, if they were not to go ahead, would most severely jeopardise delivery of the growth;*
- *Have strong support from both local authorities and community and stakeholder endorsement;*
- *Are consistent with existing plans and strategies;*
- *Need to be delivered early in the growth period.*

The methodology for prioritisation is to prioritise according to the following criteria:

- *Deliverability – what can have the biggest impact in terms of sustainable housing growth;*
- *Policy compliance and fit with existing strategy;*
- *Support of the partners and stakeholders;*
- *The extent to which the outcome is needed in terms of housing and wider regeneration objectives, including addressing economic growth and tackling worklessness;*
- *Value for money;*
- *The extent to which the project/item would be complementary to existing initiatives and also act as a catalyst to housing and economic growth;*
- *Contribution towards sustainability objectives, transport objectives, green infrastructure, environmental heritage assets, place making and high quality design.*

3.8 The full list of Wirral projects is set out in Appendix 1 to this report and summarised in a list in Appendix 2. The projects have been prioritised according to the criteria set out above. A breakpoint has also been introduced into the list to show where the first two years of funding could be applied to the Wirral element of the funding.

3.9 Whilst the overall New Growth Point objectives are to maximise housing growth, the partners (and CLG) recognise the current difficulties in developing new housing. Therefore projects also include infrastructure improvements (including transport and green infrastructure) whose aim is to put in place an improved environment for new housing growth, to be delivered as the market recovers. Many of the projects are supportive of existing HMRI priority areas and programmes (such as the support given to new homeowners) and share best practice across the HMRI in Liverpool, Wirral and Sefton.

4. The Peel Projects

Bid preparation

- 4.1 Peel and their consultants, Turley Associates, carried out extensive work to prepare the original Expression of Interest for the Mersey Heartlands NGP bid (October 2007), a document setting out Additional Information for CLG (January 2008) and the Programme of Development (October 2008). This also involved attendance at Operational Group meetings and in briefings with CLG and Government Office North West (GONW), in addition to background research, drafting of reports, graphics and presentational material.

Wirral NGP Evidence Base and Transport Modelling

- 4.2 In support of the Wirral Waters development proposals (which with Liverpool Waters form an essential underpinning to the Mersey Heartlands NGP bid), Peel and their consultants, Turley Associates have carried out extensive work to prepare an evidence base, which has been used for the NGP bid. The evidence base also supports the submitted planning applications at Northbank (an early expression of commitment to new housing growth at the heart of the NGP area) and is intended to be incorporated within Wirral Council's LDF Evidence Base. Peel Holdings are also engaged in joint work with the two local authorities on transport modelling. In Wirral, this will involve the development of a micro-simulation model, which allows local assessment of the transport network. This can be combined with higher level macro modelling across Wirral and particularly within the inner Birkenhead/town centre/Housing Market Renewal Initiative area around Wirral Waters.
- 4.3 Wirral Waters is being taken forward through a Strategic Regeneration Framework, which is to be integrated within Wirral Council's Core Strategy and subsequent Local Development Documents. In that respect, the Wirral NGP Evidence Base provides essential information that would otherwise have had to be prepared by Wirral Council in support of an Area Action Plan for the Wirral Docklands. Officers are currently focusing on preparation of Wirral's Core Strategy and individual Area Action Plans can only be prepared once the Core Strategy is advanced. The Peel NGP Evidence Base and Strategic Regeneration Framework allows a 'twin-track' approach to be followed, in order to save time and resources in the future.
- 4.4 These revenue elements have been allocated £150,000 (Items 1,2 and 3 under Joint Funding on the attached spreadsheet at Appendix 2).

Liverpool Proposals

- 4.5 Whilst Peel's support for the joint submission of the Expression of Interest and Programme of Development benefitted both Liverpool and Wirral, the Evidence Base for Liverpool Waters is not as advanced as the Wirral Evidence Base. Liverpool City Council has however, identified a key infrastructure investment that can be brought forward in the short term and would unlock housing sites in the Liverpool Growth Point area. Capital contribution of £150,000 has been allocated to this element.

5. New Growth Point Conditions

- 5.1 The award of New Growth Point funding is subject to a limited number of conditions. The funding is to be managed by Liverpool City Council as lead authority on behalf of the partners, Liverpool City Council, Wirral Council and Peel Holdings.
- 5.2 The Growth Fund allocation will be paid by the Homes and Communities Agency in two payments, in the first quarter of each financial year to the lead authority (ie Liverpool City Council) for the payment of grant. The first payment should therefore be received by the City Council by the end of June 2009. The second payment for the year 2010/11 should be received by the end of June 2010 but is subject to CLG's medium term financial planning and will not be confirmed until Spring 2010.
- 5.3 As the Growth Fund provides funding that is not ring-fenced, local areas are free to allocate the resources as they see fit, with the exception that capital must be used for capital expenditure. There is no requirement to spend the funding within the financial year in which it is paid. All appraisal, monitoring, financial management, governance and audit of individual projects are the responsibility of the lead authority for the payment of grant.
- 5.4 The attached spreadsheet at Appendix 2 shows in detail for Wirral the available revenue and capital funding in the two years 2009/10 and 2010/11. There is a limited amount of revenue available for year 2009/10 when set against the Peel joint funding requirements. Some of this should therefore be offset against 2010/11 (subject to Liverpool City Council's audit requirements). Over the two years however, there is sufficient revenue and capital funding to accommodate the Priority 1 projects of the partners to the limit of the available NGP funding.
- 5.5 The funding of any projects however, should be subject to the release of funding to Liverpool City Council by HCA. No commitments should be entered into unless the funding is secured. That would imply making any agreement conditional on the funding release to the City Council.
- 5.6 All expenditure to be funded should also be subject to the audit processes of the City Council.

6. Financial implications

- 6.1 The Mersey Heartlands Partnership of Liverpool City Council, Wirral Council and Peel Holdings has been awarded £2,466,176 funding for the financial year 2009/10, to be received by Liverpool City Council as the lead authority by the end of the first quarter of the financial year. Funding of £3,886,213 for 2010/11 is provisional pending CLG agreement to its release.
- 6.2 Of the total 2 year funding of £6,332,389, it is proposed to divide the funding in the proportion 60:40 between Liverpool City Council and Wirral Council. Wirral's share of the residual funding is £2,532,956, to be expended on Wirral's prioritised programme and including a contribution of £150,000 to Peel Holdings towards revenue expenditure on the preparation of evidence base, POD submission and an element of transport modelling. Liverpool's share is £3,799,433 to include a contribution of £150,000 to Peel for capital works to key infrastructure in Liverpool. It is a condition of the grant allocation that revenue funding can only be used for revenue expenditure.

Table 3: Mersey Heartlands New Growth Point funding summary

	2009/10			2010/11			2009/10-2010/11		
	Revenue	Capital	Total	Revenue	Capital	Total	Revenue	Capital	Total
	£	£	£	£	£	£	£	£	£
Liverpool	116,644	1,213,062	1,329,706	155,525	2,164,203	2,319,728	272,169	3,377,265	3,649,434
Wirral	17,762	908,708	926,470	13,683	1,442,802	1,456,485	31,445	2,351,510	2,382,955
Peel	60,000	150,000	210,000	90,000	0	90,000	150,000	150,000	300,000
Total	194,406	2,271,770	2,466,176	259,208	3,607,005	3,866,213	453,614	5,878,775	6,332,389

6.3 Many of the Wirral projects support and augment funding available through the Housing Market Renewal Initiative and will result in improved housing choice for existing Wirral residents. These projects will be audited through the arrangements already in place for HMRI.

6.4 All projects must be subject to the payment, audit and management processes of Liverpool City Council and no expenditure can be incurred before adequate resources have been released to the City Council.

6.5 Project re-prioritisation may be required within the revenue or capital funding streams. Any such re-prioritisation will be reported to Cabinet in accordance with the governance arrangements put in place for the Growth Fund (agreed by Cabinet 16th October 2008, Minute 234 refers).

7. Staffing implications

7.1 There are no implications arising directly from this report.

8. Equal Opportunities implications

8.1 There are no implications arising directly from this report.

9. Community Safety implications

9.1 There are no implications arising directly from this report.

10. Local Agenda 21 implications

10.1 There are no implications arising directly from this report. However, infrastructure improvements which enable the development of a sustainable community at the heart of the Housing Market Renewal Initiative area are intended to reduce the need to travel and provide local employment and improved housing choice.

11. Planning implications

11.1 Whilst the joint Growth Point bid has been approved in principle by CLG, it has little status as a material consideration in development plan terms. However, the increase in housing development focused on Wirral Waters is in a sustainable location, using previously developed land in the spatial priority area within RSS.

11.2 The spatial strategy and the infrastructure requirements of the New Growth Point bid will be incorporated within Wirral's Local Development Framework Core Strategy.

11.3 Individual infrastructure proposals identified in the Programme of Development may require planning permission.

12. Anti-poverty implications

12.1 The Growth Point proposals are intended to support the regeneration of some of the Borough's poorest communities and to improve the economic conditions of residents within them.

13. Human Rights implications

13.1 There are no implications arising directly from this report.

14. Social Inclusion implications

14.1 The Growth Point bid is intended to regenerate the core of the HMRI area and allow for effective engagement of residents. This is consistent with the Council's objectives for Wirral Waters and the Council's Corporate Objectives 'To create more jobs, achieve a prosperous economy and regenerate Wirral' and 'To create a clean, pleasant, safe and secure environment'.

15. Local Member Support implications

15.1 There are no implications arising directly from this report.

16. Background Papers

16.1 The following background paper has been used in the preparation of this report:

'The Growth Fund – Allocations for 2009/10 - 2010/11', Letter from Henry Cleary, Communities and Local Government, 10th December 2008

RECOMMENDATIONS

- (1) That Cabinet agree the distribution of New Growth Point Grant allocation at a ratio of 60:40 between Liverpool City Council and Wirral Council respectively.
- (2) That Cabinet agrees an allocation of £150,000 revenue funding to Peel Holdings, £60,000 in year 2009/10 and £90,000 in year 2010/11 (the latter subject to CLG confirmation) and note that Liverpool City Council is to make an allocation of £150,000 capital funding from year 2009/10.
- (3) That Cabinet agrees the prioritisation of projects as set out in this report, subject to variation due to re-prioritisation within Liverpool or Wirral being delegated to the Steering Group and that re-prioritisation is reported to the next available meetings of the Executive Group and Wirral Cabinet.
- (4) That Cabinet agrees that Wirral projects will be incorporated within the relevant Council revenue or capital programmes.

J. WILKIE

Deputy Chief Executive/Director of Corporate Services

This report was written by Richard Lewis in the Strategic Development Division of Corporate Services, who can be contacted on 0151 691 8222.

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Mersey Heartlands New Growth Point

Wirral Prioritised Programme 2009/10 and 2010/11

W1. Transport Modelling (first priority project)

1.1 Project Background

1.1.1 Junction modelling is essential to assess the potential impacts of the NGP on the Borough's transport networks. Whilst the LTP partners' joint model – Liverpool City Region Model (LCRM) – will provide the high level strategic modelling tool, more detailed modelling is required at a local level. It is critical that Wirral is able to test the impacts and outputs of development scenarios and potential transport interventions in order to guide the planning process.

1.1.2 To date, Peel's transport consultant – Savill Bird and Axon (SBA) – has developed spreadsheet modelling tools and commissioned some outputs from Halton Borough Council's Mersey Gateway Model (MGM). Wirral Council is awaiting receipt of a validation report from SBA to determine whether the MGM is fit for purpose. Wirral Council officers are currently of the view that more detailed modelling is required.

1.1.3 Wirral Council is keen, like LCC, to develop a junction based model that will also facilitate modelling of other regeneration plans, such as HMRI , and will sit below, and utilise the matrices of, the LCRM so that both the sub-regional and local models are compatible, fulfil DfT requirements and are less open to dispute in the future.

1.2 Links to Housing Delivery

1.2.1 Wirral Waters is projected to deliver 3,600 residential units before 2017.

1.3 Funding

1.3.1 £275,000 (£270,000 capital, £5,000 revenue)

1.4 Risks to Delivery

1.4.1 This project would require an appropriate consultant with extensive skills and knowledge in transport model development to be commissioned. Existing Wirral Council officers, with support from the LTP Support Unit, will work with the appointed consultant and ensure the new model's compatibility with the LCRM.

W2. Economic Viability Assessment (first priority project)

2.1 Project Background

2.1.1 Commercial viability analysis to provide commercial advice to the partners on the deliverability, funding profile, suitability/priority and scale of planning contributions.

2.2 Links to Housing Delivery

2.2.1 To provide an appropriate framework for determining viability and planning contributions for planning applications for housing.

2.3 Funding

2.3.1 £25,000 revenue, to be divided £10,000 2009/10 and £15,000 2010/11

2.4 Risks to Delivery

2.4.1 Procurement, failure to specify the task to provide an appropriate framework.

W3. New Build Shared Equity – Financial Assistance to support Shared Ownership (first priority project)

3.1 Project Background

3.1.1 Financial assistance to develop innovative means of delivering affordable home ownership and other forms of affordable housing support such as equity release loans, rent to purchase products etc.

3.2 Links to Housing Delivery

3.2.1 To deliver the aims of the Growth Point in respect of affordable housing, to ensure the creation of sustainable communities.

3.3 Funding

3.3.1 £740,000 capital, to be divided £600,000 2009/10 and £140,000 2010/11.

3.4 *Risks to Delivery*

- 3.4.1 Failure to provide enough of an incentive to attract buyers would result in failure to spend budget.

W4. Strategic acquisitions HMRI (2009/10 and 2010/11 first priority project)

4.1 *Project Background*

- 4.1.1 Acquisition of key sites within HMRI area, including on main corridors, where high quality new development would raise profile and attractiveness of the area

4.2 *Links to Housing Delivery*

- 4.2.1 Acquisition and remediation of key sites will provide opportunities for high quality new housing development, subject to relevant planning permissions.

4.3 *Funding*

- 4.3.1 £1,340,000 (£40,000 revenue and £1,300,000 capital) 2010/11.

4.4 *Risks to Delivery*

- 4.4.1 Failure to agree acquisition price with owners. Risk of second year funding being cut by CLG. May require revenue costs to be offset to years subsequent to 2010/11 or use of alternative resources.

W5. Strategic acquisitions HMRI (2009/10 and 2010/11 second priority project)

5.1 *Project Background*

- 5.1.1 Acquisition of key sites within HMRI area, including on main corridors, where high quality new development would raise profile and attractiveness of the area.

5.2 *Links to Housing Delivery*

- 5.2.1 Acquisition and remediation of key sites will provide opportunities for high quality new housing development, subject to relevant planning permissions.

5.3 *Funding*

5.3.1 £800,000 capital 2010/11

5.4 *Risks to Delivery*

5.4.1 Failure to agree acquisition price with owners. Risk of second year funding being cut by CLG.

W6. Northbank Infrastructure (second priority project)

6.1 *Project Background*

6.1.1 To create a new residential-led mixed use community as a catalyst to the growth of housing and economic development in inner Wirral, planning applications submitted in February 2009, to be determined in summer 2009, for a phased development.

6.1.2 A primary sub-station is required for Phase 1 of the Northbank scheme (£120,000), together with electricity network reinforcement (£250,000). Subsidised delivery of community facilities post-2011 (childcare or healthcare unit £1 million).

6.2 *Links to Housing Delivery*

6.2.1 Initial planning applications for 142 units to be delivered by 2011 and a further 1,531 units maximum to 2016.

6.3 *Funding*

6.3.1 £1,370,000 capital (£370,000 2009/10 and £1,000,000 2010/11).

6.4 *Risks to Delivery*

6.4.1 Delays to implementation of Northbank project.

W7. Key transport infrastructure (second priority project)

7.1 *Project Background*

7.1.1 This project will deliver improvements to the pedestrian and cycle networks from the Northbank area of Wirral Waters to key public transport hubs at Birkenhead Bus Station, Seacombe Ferry Terminal and Merseyrail

stations – principally Birkenhead North, Birkenhead Park and Conway Park. The proposed improvements will address problems with pedestrian/cycle accessibility as well as traffic management and congestion. The focus is on the infrastructure improvements that can be delivered to 2011.

- 7.1.2 The project is that submitted to the Government for CIF2 funding. Whilst included by the region in the top 6 submissions for further consideration by Government and although a Full Business Case has been submitted in May 2009, it will not be known until later in 2009 if funding has actually been secured.

7.2 *Links to Housing Delivery*

- 7.2.1 The transport improvements are fundamental to supporting delivery of 3,600 dwellings by 2016 within the 'East Float' area of Wirral Waters. However, in the longer-term they will assist delivery of some 15,000 new dwellings within the overall Wirral Waters regeneration scheme.

7.3 *Funding*

- 7.3.1 £1,500,000 capital 2009/10

- 7.3.2 Total cost of the project is £2.9 million, however, in recognition of the limited availability of CIF2 nationally, funding of 50% is being sought from the NGP on the basis that the full CIF2 bid is unlikely to be fulfilled. Should CIF2 funding exceed 50%, the amount over and above could be released back into the NGP fund for reallocation. Should the CIF2 bid be unsuccessful, alternative funding sources will need to be secured.

7.4 *Risks to Delivery*

- 7.4.1 The proposed improvements will be implemented within existing adopted highway or on private land in the ownership of Peel Holdings. Therefore, other than insufficient funding, there are no unknown risks to delivery.

W8. Green infrastructure (second priority project)

8.1 *Project Background*

- 8.1.1 To assist the delivery of established and emerging green infrastructure projects, which will create recreational resources for new residents and improve the local environment for existing residents.

8.2 *Links to Housing Delivery*

8.2.1 To provide green and blue recreational and ecological assets for new and existing communities, including linking into and delivering the Regional Park.

8.3 *Funding*

8.3.1 £2,000,000 (£100,000 revenue £900,000 capital 2009/10, £100,000 revenue £900,000 capital 2010/11).

8.4 *Risks to Delivery*

8.4.1 Site acquisition delays. Over-commitment of programme.

Table: Programme summary

Programme date	Project reference	Project	Funding required	Capital (C)/Revenue (R)
(a)	W1	Transport modelling	£275,000	£270,000 (C) £5,000 (R)
	W2	Economic Viability assessment	£25,000	R
(b)	W3	Affordable housing products – New Build Shared Equity – Financial Assistance to support shared ownership	£740,000	C
(c)	W4	Key strategic site acquisitions HMRI	£1,340,000	£1,300,000 (C) £40,000 (R)
			£2,380,000	
	W5	Key strategic site acquisitions HMRI (2 nd priority)	£800,000	(C)
	W6	Northbank infrastructure (2 nd priority)	£1,370,000	C
	W7	Key transport infrastructure (2 nd priority) ¹	£1,500,000	C
(d)	W8	Green infrastructure(2 nd priority)	£2,000,000	£1,800,000 (C) £200,000 (R)
			£5,670,000	
			£8,050,000	

Programme date:

(a) 0-6 months (2009/10)

¹ Key transport infrastructure subject to CIF2 bid

- (b) 6-12 months (2009/10)
- (c) 12-18 months (2010/11)
- (d) 18-24 months (2010/11)

CABINET 25th June 2009

Mersey Heartlands New Growth Point – Resource Allocation

Appendix 2: Project Prioritisation May 2009 (October 2008 POD)

Mersey Heartlands Growth Point Bid

Project Prioritisation May 2009 (October 2008 POD)
CLG Growth Fund Requirements

Project	Project Description	2009/2010			2010/2011			2009/10-2010/11			Cumulative	Priority
		Revenue £	Capital £	TOTAL £	Revenue £	Capital £	TOTAL £	Revenue £	Capital £	TOTAL		
CLG Allocation		194,406	2,271,770	2,466,176	259,208	3,607,005	3,866,213	453,614	5,878,775	6,332,389		
A. INITIAL NGP ALLOCATION LIVERPOOL:WIRRAL 60:40												
LIVERPOOL		116,644	1,363,062	1,479,706	155,525	2,164,203	2,319,728	272,168	3,527,265	3,799,433		
WIRRAL		77,762	908,708	986,470	103,683	1,442,802	1,546,485	181,446	2,351,510	2,532,956		
B. JOINT FUNDING												
	1 Bid preparation by Peel											
	2 Wirral NGP Evidence Base											
	3 Peel Transport modelling (Wirral)											
	4 Liverpool Key infrastructure											
sub-total joint funding		100,000	150,000	250,000	50,000	0	50,000	150,000	150,000	300,000		
C. LIVERPOOL PROJECTS												
L1	HMRI - Land acquisition										0	1
L2	HMRI - Land remediation										0	2
L3	Key infrastructure										0	3
L4	Transport Modelling										0	4
L5	Key Transport Infrastructure										0	5
L6	Affordable Housing - Mortgage Loans										0	6
L7	SHMA										0	7
L8	Green Infrastructure										0	8
L9	Water Cycle										0	9
L10											0	10
Sub-total Liverpool funding		116,644	1,363,062	1,479,706	155,525	2,164,203	2,319,728	272,169	3,527,265	3,799,434		
Less contribution to Peel		0	150,000	150,000	0	0	0	0	150,000	150,000		

residual after Peel funding	116,644	1,213,062	1,329,706	155,525	2,164,203	2,319,728	272,169	3,377,265	3,649,434
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D. WIRRAL PROJECTS

W1	Wirral Transport Modelling	5,000	270,000	275,000		0	5,000	270,000	275,000	275,000	1	
W2	Economic Viability Assessment	10,000		10,000	15,000	15,000	25,000	0	25,000	300,000	2	
W3	New build shared equity in HMRI		600,000	600,000		140,000	140,000	0	740,000	740,000	1,040,000	3
W4	Strategic acquisitions HMRI			0	40,000	1,300,000	1,340,000	40,000	1,300,000	1,340,000	2,380,000	4
W5	Strategic acquisitions HMRI			0		800,000	800,000	0	800,000	800,000	3,180,000	6
W6	Northbank infrastructure		370,000	370,000		1,000,000	1,000,000	0	1,370,000	1,370,000	4,550,000	7
W7	Key transport infrastructure		1,500,000	1,500,000			0	0	1,500,000	1,500,000	6,050,000	8
W8	Green infrastructure	100,000	900,000	1,000,000	100,000	900,000	1,000,000	200,000	1,800,000	2,000,000	8,050,000	9
W9												
Sub-total Wirral priority projects		15,000	870,000	885,000	55,000	1,440,000	1,495,000	70,000	2,310,000	2,380,000		
Sub-total Wirral funding		77,762	908,708	986,470	103,683	1,442,802	1,546,485	181,445	2,351,510	2,532,955		
Less contribution to Peel		60,000	0	60,000	90,000		90,000	150,000	0	150,000		
residual after Peel funding		17,762	908,708	926,470	13,683	1,442,802	1,456,485	31,445	2,351,510	2,382,955		
balance (+/- of residual)		2,762	38,708	41,470	-41,317	2,802	-38,515	-38,555	41,510	2,955		

Note: Wirral revenue deficit in 2010/11 to be reviewed during 2009/10

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HOSPITAL DISCHARGE SCRUTINY REVIEW

THE 'PATIENT EXPERIENCE' OF OLDER PEOPLE IN WIRRAL



A REPORT PRODUCED BY THE SOCIAL CARE, HEALTH AND INCLUSION
OVERVIEW AND SCRUTINY COMMITTEE

FINAL REPORT

MARCH 2009

WIRRAL BOROUGH COUNCIL

HOSPITAL DISCHARGE SCRUTINY REVIEW

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FINAL REPORT

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APPENDICES

1	Scope Document
2	Wirral Hospital Discharge Review – Report prepared by Mott Macdonald (December 2008)
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4	Hospital Discharge Survey, July – September 2008, Initial Report of Wirral’s Older People’s Parliament
5	Proposed ‘Personal / Home Circumstances Check List’ (as originally proposed by Wirral Older People’s Parliament)

1. EXECUTIVE SUMMARY

The review set out to assess the “patient experience” of hospital discharge in Wirral, with particular emphasis on those people aged over-sixty. This Report, therefore, aims to raise issues on behalf of residents / patients.

The bulk of the evidence for the review was gathered from the focus groups organised by Mott MacDonald (an external consultancy) and from ‘interviews’ with individual officers and representatives from the voluntary sector. The results of a survey undertaken by Wirral Older People’s Parliament regarding residents’ experience of recent stays in hospital were also used as evidence.

One of the challenges for the members of the Scrutiny Panel has been that, in recent months, considerable changes to health procedures have taken place. Inevitably, implications of the transformation have impacted on the discharge process. Given that the focus groups consisted of patients who had been discharged during June 2008 and September 2008, it is unavoidable that some of the experiences reflected in this report may have been ‘overtaken by events’.

One of the prompts for the changes which have taken place during the course of this review has been the Mott MacDonald report. The Scrutiny Panel is pleased that the review has produced evidence which has helped to inform these changed procedures. Some of the experiences and suggestions of patients identified during the focus group discussions have already been instigated. It is rewarding that issues highlighted during the review have already been acted upon.

The scrutiny Panel has made a number of recommendations. As stated in legislation, the responding organisations should make an initial response within 28 days of receipt of the report. It is anticipated that a more detailed response will be made to the Scrutiny Committee when the impact of any changes can be more fully assessed.

OUR RECOMMENDATIONS ARE:

A. To improve the patient experience from hospital to home through a consistent and planned discharge process by use of the following:

- Planning for discharge should begin at the time of admission to the ward (or as soon as appropriate thereafter). The patient should be involved and be aware of how the discharge procedure will affect them. (See section 6.2.1 for details)
- Sufficient time must be available for care planning to be completed to enable successful post-discharge support. This should involve the patient / carers and, where appropriate, social workers at an early stage. (See section 6.2.1 for details)
- A ‘Personal / Home Circumstances Check List’ should be introduced. (See section 6.1 for details)
- Information, to explain the discharge process, should be made available to the patient and their family / carer in the form of a general leaflet. This will explain ‘What will happen while I’m in hospital and when I’m ready to go home’. (See section 6.2.2 for details)

- Advocates / support staff for patients with special needs (for example, learning disability, hearing impairment, visual impairment) should be included in the processes as soon as possible following the admission of the patient. (See section 6.7.2 for details)

B. To improve the patient experience on the day of discharge and post-discharge support by use of the following:

- Maximum use should be made of the Discharge Lounge at Arrowe Park Hospital for appropriate patients. (See section 6.3.1 for details)
- Delays in discharge due to the availability of medication must continue to be addressed as a high priority. (See section 6.3.3 for details)
- A personalised Discharge Information Pack should be established. It should be provided for every patient and their advocate / carer in an accessible format. (See section 6.3.4 for details)
- A protocol regarding transport home from hospital should be established and clearly explained to all patients. (See section 6.3.5 for details)
- All organisations are encouraged to support and make use of the 'Out of Hospital' scheme operated by VCAW (Voluntary Community Action Wirral), which is warmly welcomed. (See section 6.4.1 for details)
- GP surgeries should be informed of the patient's discharge within 24 hours in anticipation of Department of Health's proposed standard (due to commence in April 2010). The surgery should be encouraged to contact the patient on the same day that information is received. (See section 6.4.2 for details)

C. To recognise that the principles and working practices of the discharge process should include the following:

- No one should have to make a major and permanent life-changing decision while under pressure to vacate a hospital bed. (See section 6.4.5 for details)
- All agencies are encouraged to work together to provide better pain management services in the community. This should have the effect of reducing the number of admissions / re-admissions to hospital. (See section 6.5.2 for details)
- The patient's needs are central to the discharge process (and on-going community support). Even greater priority should be given to the provision of a "seamless" service involving staff from Acute Care, Primary Care, Social Care and the voluntary sector. (See section 6.6.1 for details)
- All sectors should continue to build capacity in primary and community care to provide alternatives to receiving care in traditional hospital settings. (See section 6.6.1 for details)

2. ACKNOWLEDGEMENTS

For many people, particularly the elderly, a stay in hospital and subsequent recuperation can be a stressful, even frightening, experience and may contribute to re-admission rates. It is an event that many older people have experienced, either as a patient or as a carer. Hospital discharge is therefore an issue of great importance to many residents in our community. The Panel hopes that this scrutiny review has, in a small way, enabled some of the thoughts of residents to be heard and to be reflected in future decision-making.

The Panel would like to thank all those people who willingly agreed to contribute and to provide information to this review. In particular, the Panel thanks the staff at Wirral University Teaching Hospital who have facilitated a number of visits to Arrowe Park Hospital during the course of the review. The health community has been placed under severe strain over recent winter months as the number of admissions to hospital reached extremely high levels. The Panel recognises the tremendous effort that has been made during this time by staff at Wirral University Teaching Hospital, Wirral NHS (PCT) and the Department of Adult Social Services at Wirral Borough Council.

A major part of the evidence gathered during the review was generated by the three focus groups. The Panel is extremely grateful to the participants in those focus groups as well as to the staff at Mott MacDonald for facilitating those sessions and for producing such a detailed report. Furthermore, Wirral NHS (PCT) has supported the scrutiny review by providing the funding for that professional external support. The Panel members appreciate the support provided by Wirral NHS (PCT).

Recognition is also paid to the tremendous work that was completed by Wirral Older People's Parliament by undertaking a detailed survey of 200 residents who had recently experienced a stay in hospital. The results of their survey added a further strand to the evidence available to the Panel.

Thank you to all for your participation and contributions to this review.



Councillor Ann Bridson (Chair)

3. PANEL MEMBERSHIP

The Hospital Discharge Scrutiny Panel was appointed by the Social Care, Health and Inclusion Overview and Scrutiny Committee in February 2008. The purpose of the Panel is to carry out a scrutiny review of the hospital discharge process in Wirral and make any relevant recommendations for improvements.

The members of the Panel are:

Councillor Ann Bridson (Chair)



Councillor Sheila Clarke



Councillor Denise Roberts



Sandra Wall (Older People's Parliament)



4. BACKGROUND AND ORIGINAL BRIEF

During 2007, the Hospital Discharge process was recognised by Wirral NHS (PCT), Wirral University Teaching Hospital and Wirral Council as an important topic for review. Anecdotal evidence, from constituents, of issues arising during the discharge process had been highlighted to councillors. Members agreed to include this topic in the work programme of the Social Care, Health & Inclusion Overview and Scrutiny Committee. Simultaneously, Wirral Older People's Parliament were also receiving comments from residents regarding their experience of the discharge process.

A workshop was held, in October 2007, involving officers of Wirral NHS (PCT), Wirral Council and Wirral University Teaching Hospital as well as members of Wirral Borough Council. The workshop concentrated on the major issues arising from the discharge process.

The Social Care, Health and Inclusion Overview and Scrutiny Committee received a report on 26th February 2008 entitled 'Delayed Discharges from Hospital: Levels of delays and reasons and recommendations for action'. This report made recommendations for future actions and a revised discharge policy.

The Social Care, Health and Inclusion Overview and Scrutiny Committee decided to undertake further scrutiny work of this topic. As a result, the Hospital Discharge Scrutiny Panel was appointed by the Committee on 26th February 2008. A Scope document for the review, attached as Appendix 1, was agreed by the Committee in June 2008.

The Panel agreed that the scrutiny review would focus on an assessment of the 'patient experience' of discharge using a target population based on those patients who are aged over sixty.

5. METHODOLOGY FOR THE REVIEW

The Panel has employed a number of methods to gather evidence, at all times recognising the importance of patient confidentiality.

5.1 Focus groups

A professional consultancy, Mott MacDonald, experienced in market research, organised three focus groups with people who had been recently discharged from hospital. The patients had been discharged in either June or September 2008. In an attempt to achieve a geographical spread across the borough, the focus groups were held in Hoylake, Birkenhead and Liscard.

The broad objectives of the focus groups were to:

- assess patient satisfaction with the discharge process. Is the process as easy as it could be from the perspective of the patient?
- understand whether patients feel that they have adequate support on discharge from hospital.

A copy of the report produced by Mott MacDonald is attached as Appendix 2.

5.2 Meetings / Visits with officers

A series of individual meetings has taken place at which the Panel members could discuss relevant issues with key officers from each of Wirral NHS (PCT), Wirral University Teaching Hospital and Wirral Council and from the voluntary sector. A list of individuals, with whom the Panel met, is listed in Appendix 3.

5.3 Representations from Wirral's Older People's Parliament

During 2008, the Older People's Parliament has undertaken a questionnaire survey of Wirral residents who have recently experienced a stay in hospital. This survey included issues relevant to the discharge process. Although this activity was independent of the Scrutiny Committee, Sandra Wall was instrumental in organising the work of the Older People's Parliament as well as being a member of the Hospital Discharge Scrutiny Review Panel. We were, therefore, fortunate to be able to include relevant information to inform the findings of the Scrutiny Review. The Wirral Older People's Parliament report is attached as Appendix 4.

5.4 Written Evidence

Written evidence was received from a variety of sources.

6. EVIDENCE AND RECOMMENDATIONS

Older people are the biggest client group in the hospital; most adult patients are over 60 years of age. With an ageing population, the proportion of older people in the hospital is likely to increase. It is important to recognise that many patients acknowledge having had a reasonable or good experience in hospital, including the discharge process. This is borne out by the Mott MacDonald focus groups which found that:

“some participants had had a positive experience”.

Comments from respondents included:

“It was quite straightforward. I found everything was fine”.

“I went in from the out of hours and they were absolutely wonderful”.

With specific regard to the discharge process, the Older People’s Parliament reported that:

“about half of our sample were very happy with their treatment and discharge”.

Although much of the following sections will highlight concerns and some negative experiences, it is very important to stress that these are not the majority of cases and a sense of balance must be retained.

It is also important to highlight the enormous progress that has been made regarding delayed discharges in Wirral. Whereas three years ago, it was not unusual to experience sixty delayed discharges per week, that figure is now typically in the range of three to five per week. The progress reflects the priority jointly given to delayed discharges by the Acute Trust, Primary Trust and the Department of Adult Social Services (Wirral Council). It is, therefore, predictable that delayed discharges did not feature as a significant issue in the “patient’s experience”.

The evidence and recommendations in the following sections are structured to follow the patient’s journey from home to hospital and back home again, that is, ‘The Patient’s Experience’.

6.1 Day of Admission (and ‘Personal / Home Circumstances Check List’)

Based on the interaction with the focus group participants, the Mott MacDonald report commented that:

“It was clear that, for these elderly patients, being admitted to hospital can be a frightening time for patients and a feeling of vulnerability can continue through to and following their discharge”.

Understanding the personal and home circumstances of a patient is essential to a good recovery from a stay in hospital and a successful return home. If a patient does not settle back into their home environment comfortably and safely then the possibility of re-admission to hospital is greater. A clear picture of the patient’s personal and home circumstances is, therefore, crucial in establishing whether additional support will be required either during and / or after their stay in hospital. It is proposed that a specific check list be incorporated into working practices to ensure that all relevant facts are collated. This is an issue that has already been raised by the Older People’s Parliament and a number of questions has been suggested. The use of the check list gives an opportunity for social needs to be assessed. Anecdotal evidence has shown examples of

patients having initially struggled during their hospital stay because of the lack of personal items such as glasses and false teeth. A proposed Check List is attached as Appendix 5.

It is recognised that hospital staff do collect data regarding home circumstances for some patients. Details are already collected for planned admissions using the 'Pre-Admission Assessment' form, as at Clatterbridge. However, all of this information is less likely to be collected for emergency admissions. The Check List may, therefore, be of greatest benefit for unplanned admissions. It is suggested that the Check List will be particularly useful in identifying those patients who may benefit from the recently established 'Out of Hospital' scheme operated by VCAW - Voluntary Community Action Wirral. (For further details, see section 6.4.1).

When focus group participants were asked for suggestions regarding possible improvements to the discharge process, Mott MacDonald reported:

"Participants thought that it should be checked that all patients have support at home following discharge, it should not be assumed".

It is hoped that introduction of the Check List will provide information for early decisions on the likely needs of patients at discharge.

Recommendation 1 – A 'Personal / Home Circumstances Check List' should be introduced.

This will identify patients who may require additional practical assistance during either their stay in hospital or following discharge. Designated staff should complete the check list with the patient as soon as possible after admission and should organise appropriate actions.

6.2 Planning for discharge during the stay in hospital

The Mott MacDonald report concluded that:

"Overall, it was apparent that the success of the discharge process varied wildly from patient to patient. Many felt they were left in the dark about the process while a smaller number were clearly well informed".

Over recent months, changes have been introduced by Wirral University Teaching Hospital and by Wirral NHS (PCT) which will have a direct impact on the "patient's experience" of the discharge process. It is recognised that it is likely that the process will improve with the introduction of such changes as the Discharge Policy and Procedures document, the Discharge Action Plan and Patient Flow Practitioners. However, it is too early for evidence of improved "patient experience" to be collected for this report.

Nevertheless, significant challenges will remain. As a member of the medical profession commented:

"80% of discharges from the Acute Trust are "simple". However the remaining 20% are increasingly complex and accomplishing a timely discharge from hospital for this group of patients is reliant on a number of factors, not least the coordination of different teams".

6.2.1 The patient's view of the discharge process

In the summary of the Mott Macdonald report, it is stated that:

"The main concern was the lack of consistency in the discharge process and the apparent lack of structured repeatable process and a lack of communication about the process. Often patients were left 'in the dark' as to whether they had been discharged and how long the process would take".

Furthermore, the Older People's Parliament report quotes a respondent:

"Explain procedures and what is going to happen. Waiting for things to happen stresses a patient. It's like waiting for a bus that never comes".

It is clear from the evidence that different patients had very different experiences during discharge from hospital. Some patients reported good experiences; others reported poor experiences. This strongly suggests that there is not a consistent, repeatable process which is followed by staff. Reference was made at the Heswall focus group to:

"the whole process appearing random and ad hoc".

However, the patient needs to know what they should expect to happen and when it is likely to happen. It is often the uncertainty that can make a situation stressful for a patient.

It appears that there is recognition among professional staff that the discharge of a patient is most likely to be successful if planning commences as early as possible. This approach is welcomed by the review Panel. However, evidence from patients suggests that, as yet, this is not always carried out.

Recommendation 2 – Consistent planning for discharge should begin at the time of admission to the ward (or as soon as appropriate thereafter). The patient should be involved and be aware of how the discharge procedure will affect them.

Recommendation 3 – Sufficient time must be available for care planning to be completed to enable successful post-discharge support. This should involve the patient / carers and, where appropriate, social workers at an early stage.

6.2.2 Information available to the patient

Some participants in the focus groups indicated that that they did not receive adequate advance information about the discharge process and others commented that they were not prepared for discharge and going home. It is suggested that improved information flow to the patient during their stay in hospital may reduce the anxiety of the patient and better prepare them for going home. Anecdotal evidence also suggests that it can be hard for family / friends / carers to talk to anyone on the ward who had answers to their queries. Clearly, patient-specific issues can only be resolved on an individual basis.

Nevertheless, a general leaflet could be used to explain issues such as:

- the discharge process.
- the patient may be discharged by a nurse rather than a consultant / doctor (Criteria-led discharge).
- the discharge lounge and the facilities.
- car pick-up point for users of the discharge lounge.
- transport protocol.
- explanation of the Home Assessment Reablement Team (HARTs) and community care services.

The Mott MacDonald report concluded that:

“Patients clearly felt a little abandoned during the process and requested a formal written procedure be given to all patients – how long the process will take, who makes the decision, when they will receive results and any outpatients appointments they will require”.

Recommendation 4 – Information, to explain the discharge process, should be made available to the patient and their family / carer in the form of a general leaflet. This will explain ‘What will happen while I’m in hospital and when I’m ready to go home’. The bedside television system may also deliver this information. This will supplement the verbal explanation given by staff, particularly the newly introduced Patient Flow Practitioners.

6.3 Day of discharge

6.3.1 Use of the Discharge Lounge

Statistics (for August to November 2008) show that the monthly level of usage of the discharge lounge at Arrowse Park is less than 15% of the total discharges. However, the figures also show an increasing trend, which is welcomed. The figures are supported by the fact that many participants in the focus groups were not aware of the discharge lounge. It had clearly not been part of their journey. During a visit to the discharge lounge at Arrowse Park, it was stated by an officer that:

“Across the country, Discharge Lounges do not always work well because of hearts and minds. There is a need to change culture as well as physical facilities. Sometimes nurses on wards need to be persuaded to ‘let patients go’. However, real progress is being made”.

As well as providing a formal route for patients exiting from hospital, it is understood by the Panel that greater usage of the discharge lounge should also help the Hospital Trust to better manage bed capacity. Although it may not be recognised by all patients, there does need to be a balance between maximising early admissions to an appropriate ward and the patient’s ‘right’ to stay on the ward until the final point of discharge.

One comment from a focus group participant was:

“I was in the way and I felt that could have been sorted.”

This is less likely to be the case if the patient is moved to the discharge lounge, having previously been informed that it is the normal process. It is important that the use of the Discharge Lounge ought to be seen by the patient as a standard part of the process rather than a “dumping ground” to leave patients when their bed in the ward is required by someone else. Nevertheless, there may be resistance from some patients as it was reported by an officer that older people can be reluctant to use the discharge lounge:

“Older patients often like to be discharged from the ward.”

Equally, it is fully recognised that the discharge lounge is not suitable for all patients.

Positive comments were received from those patients who had used the discharge lounge, including the comfort of the facilities. It is recognised that the Hospital Trust has made, and is continuing to make, efforts to improve the facilities in the lounge. The Panel suggests that a greater selection of newspapers and magazines may be beneficial. The Panel also welcome the support already given to more vulnerable patients by offering milk and bread for them to take home.

Recommendation 5 – Maximum use should be made of the Discharge Lounge at Arrowse Park hospital for appropriate patients.

6.3.2 Timeliness of the discharge process

The focus groups indicated that there is often a delay between the time that patients are told that they can be discharged to the point that a doctor actually discharges them. Indeed, a representative of the third sector commented that:

"Many patients develop considerable anxiety resulting from them not knowing their discharge date".

However, it is understood that the implementation and higher usage of criteria-led discharge will reduce this problem as, in particular cases, a senior nurse will be able to authorise the discharge rather than having to wait for a doctor.

On the other hand, the questionnaire undertaken by the Older People's Parliament found that:

"almost half of the respondents claim to have had a day or less notice of the time of discharge. Twenty four of them (out of 200) said that they had one hour or less warning".

This is of particular importance in cases where care planning through social services is necessary or where the patient lives alone and is less likely to have adequate support at home.

These two conflicting findings from Mott MacDonald and from the Older People's Parliament are perhaps a reflection of an inconsistent discharge process or perhaps as a result of the distinction between simple and more complex cases.

6.3.3 Availability of medication to take home

One of the specific reasons for a delay in discharge reported from both the focus groups and in the Older People's Parliament questionnaire relates to the timely availability of take-home medication. Although all focus group participants acknowledged receipt of the correct medication, there was concern regarding delays in the medication becoming available. Comments include:

"Two or three hours for medication."

"Mine was for the physio but when the physio said I could go well that's it, I waited two hours then [for medication]"

"Waiting for your medication. Yes, for two hours, over two hours."

"I had to go back the next day."

"Three hours later I was still there and so I left and I had to come back for it."

It is recognised by the Panel that the perceived delay in discharge due to the availability of medication is a difficult issue. The focus group participants also identified this as a key problem. As an example, a consultant will conduct a ward round in the morning. During the ward round, Mrs A may be informed that she is ready to go home. However, at that point, there are still preparations to be made. Patients can get the wrong impression that they are able to go instantly. Hospital audits show that most medication is ready within about two to two-and-a-half hours of being ordered. However, as the doctor may not authorise the prescription until the end of the ward round, it may be lunchtime before the prescription is ordered.

The focus groups highlighted a need for further clarification and support regarding the taking of medication as it can be a source of delay and confusion. The hospital recognises this as an issue and a working group is actively searching for solutions. The Panel notes that some progress has already been made.

Recommendation 6 – Delays in discharge due to the availability of medication must continue to be addressed as a high priority.

6.3.4 Information following discharge

A clear message from the focus group participants was that they felt that not enough support is available post-discharge. Their interpretation was that the information available was general rather than condition or patient specific. Although some participants had been given some information, it was not of a consistent level amongst all participants. Mott MacDonald concluded that:

“The lack of information was a key concern for many. A majority in the sample left hospital with a lack of understanding about the next step in the treatment”.

And that:

“To receive key information in a written form enables easier digestion of conditions, treatments and consequences but also can serve to allay many fears about subjects not fully understood”.

As one focus group participant put it:

“No one ever explained anything but I knew, that’s why I was saying to them give me a discharge letter, you don’t have one, I said yes I do, no you don’t, your GP will get one and that’ll do sort of thing. I said no, I should have one with all the medication on.”

A member of the medical profession explained:

“Improved information given to the patient at the point of discharge would help. Patients can often become anxious at the time of discharge, which results in them being readmitted quickly due to the lack of support at home”.

Recommendation 7 – A personalised Discharge Information Pack should be established. It should be provided for every patient and their advocate / carer in an accessible format. The pack should include:

- **key information specific to the patient’s condition, treatment and medication and its relevance to that patient.**
- **contact numbers or helplines.**
- **a copy of information sent to the GP.**
- **details of next appointment.**
- **appropriate information sheets regarding the patient’s condition, for example, Stroke Association.**
- **appropriate contact numbers for care in the community and voluntary groups.**

6.3.5 Transport home from the hospital

Transportation is an important issue to many patients. The availability of wheelchairs was an issue highlighted by a number of focus group participants including:

"Well I went in for a hip replacement, complete and I didn't get my wheelchair on the way out."

"I walked out and nobody offered me anything."

"You would think they would provide a wheelchair regardless of what you've had done really."

"It's a basic need yeah. And the same thing I had a cholecystectomy on my gall bladder and like this lady I was discharged the next day and it was a terrible walk from the ward, the car park but nobody said ..."

Mott MacDonald reported that:

"Participants perceived the fact that they were not offered wheelchairs as a sign of the staff's apparent disregard for patients once they have left their ward".

In addition, there appears to be a discrepancy between expectations of patients regarding transport facilities and the ability of the hospital to meet those expectations. As one officer explained:

"There is a cultural issue whereby some members of the public tend to use ambulances as a taxi. Some people think that it is the hospital's responsibility to get people home from hospital, but it is not".

It is, therefore, suggested that improved communication with the patient regarding transport facilities may help to change those expectations. It may be possible for this to lead to a form of publicity campaign to improve understanding.

A key point raised by the Older People's Parliament survey was the great concern of respondents regarding the availability of short-stay car parking at the main entrance. The Panel is pleased to note that a convenient exit and pick-up point with limited parking has now been established close to the discharge lounge.

As Mott MacDonald concluded:

"Participants recognise that hospital staff are busy but often elderly patients can be confused or lacking in confidence or expertise in arranging their own transport".

Recommendation 8 – A protocol regarding transport home from hospital should be established and clearly explained to all patients. The protocol could include:

- **availability of wheelchairs and support (where appropriate) to escort patients to their transport.**
- **clarity of when it is the responsibility of the patient or family to provide their own transport.**
- **explanation of the designated pick-up points, including routes to the discharge lounge car park.**

6.4 Support Post-Discharge

The Older People's Parliament report concluded that there were "far more adverse comments about medical needs after hospital" (as opposed to during the hospital stay). As an example, the Mott MacDonald report draws attention to one lady's experience as follows:

"She found herself in a situation whereby she had an operation and was sent home the next day when she had no one at home to help her or look after her, she had no discharge letter, she had no information about what she needed to do at home to care for her wound, no information about what she should do if she needed assistance and no transport arranged for her to get home. Furthermore, she had been told that she would be in hospital longer and had informed a relative as such and then when she was discharged early no one was aware she was home alone. She felt that the hospital could have taken responsibility to inform someone she was coming home early and upon realising she would be at home alone, provide some care or keep her in hospital".

Mott MacDonald found that:

"It was felt strongly that there is a lack of support for those recently discharged patients".

Their report concluded that:

"Support post-discharge was generally viewed negatively with many reporting little or no help".

Some of the comments from participants included:

"I think we need more aftercare for patients."

"But I would have thought that on things like major surgery, which unfortunately I seem to always end up doing - major surgery - that there should be a group of people that 24/7 you can ring up on call. And they will sort you out."

"You don't know what's going to happen to you. You've got no idea what's going to happen to your body."

"Yeah. And I'm only asking for major surgeries, and I'm only asking for four days or five days afterwards. But it's a whole lot better than me ending up back in hospital for another couple of days."

"Your really worried, and really frightened - and that's what it comes down to - it's fear in the end. You're really frightened."

6.4.1 Support at home following discharge

One issue raised during the focus groups was that some patients felt that adequate support was lacking following discharge. Although participants were pleased that most had been asked if there was anyone at home to help look after them during their discharge, Mott MacDonald reported that:

"there were some participants, who needed assistance, who were sent home alone, but did not have any support at home".

Furthermore, a medical professional commented that:

"There is a key interaction between the hospital and social services. It is difficult for the hospital; a patient cannot be kept in hospital because they have not got clean laundry but there is a duty to make sure they are safe".

In addition to existing processes, the introduction of the 'Personal / Home Circumstances Check List' should help to highlight those patients who are most likely to need assistance at home once they have been discharged. Subsequent 'sign-posting' of available services would help to give additional confidence to the patient. The availability of information to the patient, in the form of a Discharge Information Pack, is covered elsewhere in this report. (See section 6.3.4 above).

Furthermore, it is hoped that the new 'Out of Hospital' scheme, launched at the end of January 2009, will help to fill the gap in provision. The scheme, to be managed by staff working for VCAW (Voluntary Community Action Wirral) will be supported by a number of volunteers. A member of the 'Out of Hospital' staff will have a desk in the Discharge Lounge at Arrowe Park, resulting in close ties between hospital staff and the volunteers. It is inevitable that the scheme will only be successful if those patients requiring support are identified prior to their discharge from hospital. The aims of 'Out of Hospital' are to:

- initially visit the patient in hospital to check whether there are likely to be any practical issues to resolve.
- make sure that the house is satisfactory to live in and is warm.
- help with practical issues such as opening the post, ensuring that there is milk and bread, and so on.

Recommendation 9 – All organisations are encouraged to support and make use of the 'Out of Hospital' scheme operated by VCAW (Voluntary Community Action Wirral), which is warmly welcomed.

6.4.2 Support from Community Practitioners

The Mott MacDonald report commented that:

"Participants reported an apparent lack of communication between the hospital and the community nursing team/doctors surgery regarding aftercare. Many participants were shocked that after a stay in hospital, their recovery was not checked or facilitated by a community practitioner. They reported feeling confused, alone and unsure of how to treat wounds or gain advice if required".

Furthermore, the report added:

Some reported that their GP was not even made aware of their stay in hospital or the aftercare required. Others commented that their GPs did not seem to have all the information about their treatment".

Comments have also been made to the review Panel regarding the process for 'handing back' a patient from the Hospital Trust to primary care. As an example, a patient may be in hospital and contracts C.difficile infection. Unless the GP is specifically informed of that secondary condition, they will not consider it in the future care / diagnosis of that patient. Establishing a good information link between the hospital and GPs is important. A further example is the discrepancy between hospital and the GP's records resulting from the use of 'Patient Own Drugs' at the point of discharge. As a result, these drugs will not be included on the Discharge Summary and may, therefore, not be apparent to the GP.

The Discharge Summary is produced electronically. Three copies are generated; one each for the consultant, GP and the patient. The summary is also available electronically through the electronic health record. Effort is made to try to send the patient home with a copy. Audit has shown that already 98% of the electronic Discharge Summaries are generated within 12 hours of discharge. However, it has been explained that the real issue is that "the quality of the letters is not what it might be". Some GPs may get a further letter, which may be very detailed, but it could be two weeks after the patient has been discharged. Therefore, events could have moved on.

One focus group participant commented that:

"I think sometimes they're very slow in getting information to your GP."

The information flow between the Hospital Trust and the GP should be improved. This, in turn, may lead to more integrated patient care. The Hospital Trust does recognise this as an issue and is aiming to improve the process. Furthermore, once the GP's surgery has received the information, the patient will only feel reassured if that information is acted upon. When asked for suggestions regarding possible improvements to the discharge process, the focus group participant responses included:

"An automatic follow up by someone, either from your GP or from the hospital. A visit, a physical visit from someone within a week of discharge to make sure that the medication you're on ...is correct."

"I think it's essential that when you do get home that there is an immediate follow up. You can go on taking medication for too long and I found that."

"There should be an active follow up within a number of days in case there is any change of medication required."

The Mott MacDonald report added:

"There were widespread concerns from participants about the lack of support and advice following their discharge from hospital. Participants strongly felt that there should be a standard follow up by a medical professional from the community, even if only by phone, to all relevant people who have been in hospital".

It has also been suggested that improved processes in primary care, for example, with the management of a blocked catheter or with the treatment of diabetes may help to avoid the re-admission of some patients.

Recommendation 10 – GP surgeries should be informed of the patient's discharge within 24 hours in anticipation of Department of Health's proposed standard¹ (due to commence in April 2010). The surgery should be encouraged to contact the patient on the same day that information is received.

6.4.3 Suitability of home environment following discharge

Most participants in the focus groups were positive although there were some inconsistencies in the experience. It is noted in the Mott MacDonald report that:

"...Another participant was admitted via A&E and they stated that nobody discussed the issue that they had left the home in chaos following their emergency admission".

It is hoped by the Panel that the 'Personal / Home Circumstances Check List' (see section 6.1 above) and other recommendations will help to check whether the home environment is suitable.

Reassurance can be drawn from the respondents reporting that, where necessary, adaptations had been fitted adequately. However, one participant raised the issue of short-term accessibility to a toilet, which had apparently not been checked prior to discharge.

¹ Since April 2008, the NHS contract has contained a national standard (but not a target) that hospitals must issue a discharge summary within 72 hours of a patient's discharge. This will go down to 24 hours on 1 April 2010. (Source: Health Service Journal 26.01.09)

6.4.4 Caring responsibilities

There was a clear message from the focus groups that carers would like to be more involved in the discharge planning of the patient. Comments included:

"And as I said - for a carer - for my husband - he's just completely left out of the loop altogether."

"Yes. You're not really in the loop. You're outside the loop. So it would help if you could"

"You're not really kept informed as the carer."

"I think just to be accepted as a carer would go a long way. You know, if somebody said oh, are you the carer"

Further evidence from the focus groups highlighted that:

"Some of the sample were also carers as well as recent patients. None had been asked if they were a carer for someone else and most had to arrange for someone to take over their caring responsibilities while they were in hospital".

As a consequence of this evidence, the Panel encourage the involvement of family / carers in discussions on the ward to help plan for the discharge of the patient. Furthermore, those patients who are either cared for or have caring responsibilities need to be identified early during their stay in hospital. This should be done either by the 'Personal / Home circumstances Check List' (see Recommendation 1 in Section 6.1) or through the care planning process (see Recommendation 3 in Section 6.2.1).

6.4.5 Care Plan

The focus groups did not specifically comment on the care package received. This is borne out by the comment in the Mott MacDonald report that:

"A large majority of participants were unaware of any care plan put into place".

Of the 200 respondents to the Older People's Parliament survey:

"Only sixteen reported a home care support package arranged by the local authority".

The report added that:

"There were several remarks of this type – 'I wasn't well enough to look after myself. Knowing somebody would come in to do some little jobs for me while I was recovering would have been nice".

Therefore, only limited evidence was obtained regarding care plans. Most of the evidence was from health / social care professionals, rather than from the 'patient experience'.

Assessment and Care planning can involve several members of the multi-disciplinary team and may bring significant pressures on the discharge process, notably in terms of time and capacity. On rare occasions it can take weeks for care packages to be established, especially in complex cases. The Adult Social Services Care Management team, based at Arrowe Park, deal with a large volume of cases. Short notice of discharges can add pressure to the system, leading to delays. Early identification of those patients likely to need care planning is more likely to improve the 'patient experience'. A positive outcome is less likely to be achieved if the Care Management team are informed of a requirement at short notice, for example, when a package is needed with almost immediate effect on a Friday afternoon.

In addition, although it is recognised that the family / carer should be included in the process, it can sometimes be difficult for this to be totally achieved. Again, limited involvement of family / carers can lead to frustrations (on both sides) and a less positive “patient experience”.

Close working relationships and good information exchange between hospital staff and the Care Management team are clearly beneficial. For instance, if an individual has a care package and is admitted to hospital, the package can be retained for a maximum of two weeks. If the Care Management Team is not informed of the length of a patient’s stay, a costly waste of resources may result. Improved processes whereby the Care Management Team is able to continually monitor such cases would be beneficial.

It is recognised that recent changes to procedures regarding the use of intermediate beds, ‘Integrated Care at Home’, the Home Assessment Reablement Team (HARTS), the new Community beds and the Virtual ward approach should provide more flexibility in the care packages that are potentially available. One comment made by an officer was that:

“...there are too many hospital beds occupied by residents of nursing homes and residential homes. More support is needed to keep these patients in their normal residency”.

It is hoped that these changes will lead to an improved “patient experience”.

In terms of the timing of the decision-making process, there were a number of comments from staff, from the different organisations, all along the lines of:

“It is clear that long-term decisions regarding the future of a patient should not be made when they are in an acute bed”.

Recommendation 11 – No one should have to make a major and permanent life-changing decision while under pressure to vacate a hospital bed.

6.5 Avoiding Unnecessary Readmissions

Analysis undertaken by Wirral University Teaching Hospital has confirmed that there is not one major cause of readmissions. Almost half of the readmissions come back within three days. In particular, two areas of concern have been highlighted.

6.5.1 Alcohol

A significant number of readmissions are those with hazardous drinking behaviour, of which older people are well represented. Wirral University Teaching Hospital does recognise this as a serious and growing issue. Continuing work needs to be done with other services to get messages out to the public.

The Panel have suggested that further scrutiny should take place into issues surrounding excessive alcohol consumption.

6.5.2 Palliative Care

It is estimated that 8% of all readmissions are for palliative care. Most of these cases are as a result of poorly controlled pain. Many of these patients do not necessarily need to be in hospital. The availability of better pain control in the community would reduce the need for readmission. One medical professional remarked that:

"Hospital is not the right place for such patients to die, especially in emergency wards where many of these patients may be. Although nurses and doctors will always do their best, the bustling atmosphere of an emergency ward is not where such patients should be".

Another professional commented that:

"A major issue for those families providing care at home is the family's ability to cope emotionally and physically. This can lead to readmission due to a lack of understanding of how difficult the circumstances can be. The real issue is one of the capacity of district nurses and social services to pick up the cases. However, some packages of care are very complex".

A further issue may arise from a perceived "reluctance" of residential care homes to keep 'end of life' patients in their home. It was suggested to the Panel that:

"Too many residents in care move to hospital to die. As an example, too many patients go to hospital to receive adequate pain control and stay there. The aim is to implement the Gold Standard for End of Life Care into some of the Care Homes in the borough".

Recommendation 12 – All agencies are encouraged to work together to provide better pain management services in the community. This should have the effect of reducing the number of admissions / readmissions to hospital.

6.6 The 'Holistic Approach' to Discharge

6.6.1 A seamless process

A health professional has commented that:

"It needs to be acknowledged that discharge is only one element of a whole system economy approach to care and that development in one area can and will have an impact on another service. It is important therefore to take this into account when discussing how to resolve the issues".

Professional staff from the different organisations (Acute Care, Primary Care and the Department of Adult Social Services) have indicated that while there are good examples of working together and much has been already been achieved, there remains much to be done before a seamless process is provided. Two comments from different staff in different organisations were:

"There is a need for more joined-up thinking".

"There needs to be a coordinated approach to the discharge process that requires full cooperation from all the services involved".

However, another professional commented that:

"In practice, the teams are not integrated but it is an improving situation".

The point has been made strongly and on several occasions that major steps have been taken to ensure that the Acute Trust, Primary Trust and Social Care organisations in Wirral do work together effectively. Progress has been and continues to be made. Nevertheless, greater cross-departmental working would help to provide more effective communication

and interaction between different teams. Some small examples that have been noted include:

- early participation by social workers in the discharge planning process is not always apparent.
- the lack of automatic downloads of information from hospital to social care computer systems. Consequently data has to be re-entered manually.
- the daily Trust bed meeting could involve a manager responsible for the social worker team.

The Older People's Parliament report, referring to joined-up working, commented that:

"Several patients thought that they had been told to expect Occupational therapy or physiotherapy follow-up which did not materialise. One respondent reported a week at home before the OT aids were delivered".

Recommendation 13 – It is recognised that the patient's needs are central to the discharge process (and on-going community support). However, even greater priority should be given to the provision of a "seamless" service involving staff from Acute care, Primary Care, Social Care and the voluntary sector.

Recommendation 14 – All sectors should continue to build capacity in primary and community care to provide alternatives to receiving care in traditional hospital settings.

6.7 Needs of Specialist Groups

6.7.1 Dementia patients

Evidence, particularly from the voluntary sector, has raised a number of issues relating to patients with dementia and their treatment in hospital. A representative of a third sector organisation commented that:

"As a society, there is a need to look at creative alternatives to keep people at home. At present, people are being admitted into residential care earlier than they really need to".

The discharge process for dementia patients is often longer than average. To many such patients, the environment is confusing and they do not understand why they are in hospital. However, the point was made to the Panel that the real issue is that there is often no adequate support available to keep the person with dementia in their own environment.

The Panel have suggested that further scrutiny, involving Cheshire and Wirral Partnership Trust, should take place into issues for patients with dementia. Some specific points that the Panel would like to consider further include:

- ensuring as short a stay in hospital as possible for a person with dementia.
- reducing the number of admissions of people with dementia, that is, try to treat them in their own home.
- speed up the Social Services processes for this client group.

With respect to the ability to assist patients with dementia from having to go into hospital, a professional from the third sector commented that for some patients, a 'virtual ward' approach would be more suitable:

"Sometimes there is no alternative to a stay in hospital, for example, a broken leg. However, it can often be the case that people with dementia end up in hospital because a carer is no longer able to look after them, for example, because the carer is ill, stressed, and so on. The real issue is that there is no support to available to keep the person with dementia in their own environment".

6.7.2 Patients with communication issues

Evidence collected from a variety of sources (the focus groups, the Older People's Parliament survey and from meetings with representatives of the third sector) suggests that specific needs of particular groups could be improved. It is noted in the discharge policy that advocates and / or other support should be included in the process as soon as possible. However, evidence suggests that this is not necessarily the case.

As an example, the Mott MacDonald report includes several quotes from a lady who described herself as "profoundly deaf". She felt that a signer should have been available to help her communicate. She commented that:

"I didn't have an interpreter on my discharge. They didn't find an interpreter it was just me and my partner there. They didn't check things like am I ok on my own, how was I getting home. No."

Likewise a lady with visual impairment, who completed the Older People's Parliament questionnaire, commented that her stay in hospital had been extremely difficult.

With respect to those people with learning difficulties or disabilities, a professional from the third sector argued strongly that:

"The main issue is frustration over the lack of time available to deal with issues before a client is due to be discharged. For instance, we may become aware that a person is due to be discharged in two days. The admission plan for each patient should include a discharge plan, that is, planning for discharge should start at the time of admission."

A further comment was that:

"It is important to stress the need for advocates to get involved as soon as possible. For people with learning difficulties, it is important to have the chance to get to know the client. A better service for the client would be more likely if there was more joint working between Social Services and Health"

A detailed example can be used to illustrate the point:

"A patient had been in hospital for five months with end-stage Multiple Sclerosis. The patient was not communicating. However, an advocate was able to start communicating within two minutes. That patient would have been better off in nursing care than in hospital. If a trained advocate had been called at the time of admittance to hospital, the bed could have been cleared much earlier"

Recommendation 15 – Advocates / support staff for patients with special needs (for example, learning disability, hearing impairment, visual impairment) should be included in the processes as soon as possible following the admission of the patient.

This report was produced by the Hospital Discharge Scrutiny Panel.

11th March 2009

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APPENDIX 1: SCOPE DOCUMENT

Scope Document for the Hospital Discharge Scrutiny Review

Date: 13th March 2008 (revised on 12th June 2008)

Review Title: Hospital Discharge / Re-admissions Scrutiny Review

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Other Key Officer contacts: Kathy Doran Heather Rimmer Pat Higgins	
1. Which of our strategic corporate objectives does this topic address? 1.1 To Improve Health and Well-being for all, ensuring people who require support are full participants in mainstream society.	
2. What are the main issues? 2.1 High re-admission rate 2.2 Is there adequate support on discharge from hospital? 2.3 Are people who live in care homes disproportionately represented in the group who are re-admitted?.	
3. The Committee's overall aim/objective in doing this work is: 3.1 To reduce readmissions to hospital for people aged over 60 years 3.2 To put systems and services in place in order to ensure a satisfactory individual experience of the discharge process.	

4. The possible outputs/outcomes are:

- 4.1 Better understanding of the reasons for re-admissions
- 4.2 Reduce the number / rate of re-admissions
- 4.3 Improve the experience of individuals in order to drive service improvement
- 4.4 Improve joint working between the various agencies
- 4.5 Identify further work in a similar area

5. What specific value can scrutiny add to this topic?

To use patient-centred experience to drive any changes which would lead to the outcomes listed in section 4 above.

6. Who will the Committee be trying to influence as part of its work?

- 6.1 Wirral PCT
- 6.2 Wirral University Hospital Trust
- 6.3 Department of Adult Social Services, Wirral council
- 6.4 Appropriate Cabinet members, Wirral Council

7. Duration of enquiry?

Aim for the final report to be available before the Social Care & Health Scrutiny Committee due to be held on 20th January 2009

8. What category does the review fall into?

- | | | | |
|------------------------------|----------------------------|------------------------|--------------------------|
| Policy Review | X <input type="checkbox"/> | Policy Development | <input type="checkbox"/> |
| External Partnership | <input type="checkbox"/> | Performance Management | <input type="checkbox"/> |
| Holding Executive to Account | <input type="checkbox"/> | | |

9. Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?

The review will be conducted by councillors with the support of existing officers. However, the Panel are looking for advice from people with expertise on this topic.

10. What information do we need?	
<p>10.1 Secondary information (background information, existing reports, legislation, central government documents, etc).</p> <p>10.1.1 Recent Committee reports</p> <p>10.1.2 Output from the workshop on hospital discharge held on 10th October 2007</p> <p>10.1.3 Copy of a questionnaire used for a similar project organised by Sunderland City Council</p> <p>10.1.4 Relevant Department of Health documents</p> <p>10.1.5 Reports from other councils into similar topics</p>	<p>10.2 Primary/new evidence/information</p> <p>Assessment of the 'patient experience' using a target population based on those patients who:</p> <ul style="list-style-type: none"> - have been re-admitted - are aged 60+ - give a good geographical spread across the borough - are either 'living at home' or in residential / nursing home care. <p>10.2.1 Letter to be sent to those patients who have been re-admitted to hospital within a specified month (Average monthly rate for re-admissions is approx 320). Depending on the feedback, this may be followed up by subsequent interview / focus group.</p> <p>10.2.2 Experience of 'family and friends'</p> <p>10.2.3 Additional experiences based on focus groups and other individuals</p> <p>10.2.4 Interviews with key officers</p>

<p>10.3 Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc). Contacts may include: Former patients. Family & friends of former patients.</p> <p>Maura Noone (Head of Service, Commissioning, Health & Wellbeing, Wirral Council).</p> <p>Kathy Doran (Chief Executive, Wirral PCT). Heather Rimmer (Joint Commissioning Manager, Intermediate Care, Wirral PCT).</p> <p>Pat Higgins (Directorate Manager, Wirral University Teaching Hospital NHS Foundation Trust).</p> <p>Dave Carroll (Service Manager, Occupational Therapy and Visual Impairment, Wirral Council).</p> <p>WUHT officers. Key Social Services officers. Members of local charities who represent older people. Strategic Health Authority. Possible visits to the discharge lounge and rehabilitation wards.</p>	<p>10.4 What specific areas do we want them to cover when they give evidence?</p> <p>10.4.1 Current arrangements</p> <p>10.4.2 Areas for improvement</p> <p>10.4.3 What is the relationship between those people who suffer from falls and the readmission rate?</p> <p>10.4.4 What is the relationship between 'End of Life' care for people with cancer and the re-admission rate?</p>
<p>11. What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).</p> <p>11.1 Contact letter / Questionnaire (as described above) 11.2 Follow-up focus groups or interviews of patients, family & friends either by telephone or face-to-face 11.3 Desk-top analysis 11.4 Interviews of staff</p>	
<p>12. In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).</p> <p>12.1 Former patients, family & friends, especially older people (as described above). 12.2 Press release / use of the free papers - requesting comments from the public. 12.3 Focus groups organised with relevant organisations such as Older People's parliament and Age Concern</p>	

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Wirral Hospital Discharge Review Report

December 2008

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Discharge Review

Report

Issue and Revision Record

Rev	Date	Originator	Checker	Approver	Description
3	11/12/08	Lindsey Dodd	Nick Godbehere	Duncan Swan	Hospital Discharge Review Report

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Summary

Mott MacDonald conducted 3 focus groups with people who had recently (June and September 2008) been through the hospital discharge procedure at one of Wirral's hospitals.

The main purpose of the study was to understand patients' experiences of the hospital discharge process, identify their opinions of the process and to gain their views of any improvements that could be made to the process.

Overall, experiences of the discharge process were mixed, with many inconsistencies apparent between hospitals and within patient groups.

The main concern was this lack of consistency in the discharge process and the apparent lack of a structured repeatable process and a lack of communication about the process. Often patients were left 'in the dark' as to whether they had been discharged and how long the process would take.

Other issues that were felt to require improvement include:

- A follow up check in the community immediately following discharge
- A check that there is someone at home to help care for the patient you and your home is suitable for your return
- Good communication with the GP regarding the medication the patient is on and their post discharge condition
- Quicker access to medication during discharge
- A specific discharge time (a plan of the discharge process)
- Access to a sign language interpreter so that deaf people understand what is happening
- Continuity of care
- Taking account of carers and also patients' own caring responsibilities

1 Conclusions and Recommendations

The groups were all well attended and patients were able to give valuable and in depth feedback. This was clearly a subject of real interest with participants being keen to express their views on their hospital admission in general as well as their experiences of the discharge process.

It was clear that, for these elderly patients, being admitted to hospital can be a frightening time for patients and a feeling of vulnerability can continue through to and following their discharge. It is therefore vital that the discharge process goes some way to allaying this sense of vulnerability.

As part of this reassurance process patients need structure at the point of discharge and need to know what they should expect to happen and when.

However, one of the principal findings to emerge from the project is the lack of knowledge among patients of any discharge procedure and the lack of consistency in the application of the discharge process. This meant that the experiences of patients varied greatly and the experiences of those who followed an identifiable procedure had more positive experiences than those patients who perceived the process as being random.

Ensuring that proper discharge protocols are in place and that there is consistency in their application is an obvious area for improvement. In addition to this, these protocols needs to communicated effectively to patients, with patients being informed of any changes to the process.

Another factor driving feelings of patient vulnerability was the perceived attitude of hospital staff at the point of discharge. Many patients felt that they ceased to be important at the point of discharge and that they were made to feel surplus to requirements. While it is understandable that hospital staff will concentrate their efforts on incoming patients, greater awareness of the feelings of discharged patients could encourage hospital staff to behave in a more inclusive manner.

In addition to the above, specific areas of improvement that were suggested are as follows:

Transportation

These elderly patients were often concerned with transport arrangements and more help to ensure that adequate transport has been arranged would relieve anxiety.

Many patients complained that wheelchair facilities were not on offer when leaving the hospital and that this typified the perceived attitude among staff that now the patient was discharged they were no longer important.

Length of time it takes to be discharged

There is often a delay between the point that patients are told that they can be discharged to the point that a doctor actually discharges them. Greater communication about the length of time that it takes would alleviate this; as would the possibility that members of staff other than a doctor could formally discharge the patient (e.g. a senior nurse)

Check of adequate care when home

While most patients were asked if they had care available at home, some of those who did need assistance support were not provided any support.

Adequate Communication throughout the discharge process

Lack of communication and information about the discharge process was a key criticism of the process. Keeping patients informed about procedures and timescales would increase satisfaction with the process.

Medication

Many patients complained about the length of time it took to receive their medication – again, adequate communication could alleviate many of these concerns.

Facilities while waiting for discharge

Many patients were not aware of the discharge lounge – greater use of this would help the discharge process as it would allow patients a comfortable place to wait and, by giving them a bespoke area, make them feel that they are not in the way of hospital staff.

Involvement of carers

There was a feeling that carers were not as involved in the process as they should have been and that there was a lack of communication with the patient's carer.

Information and support post discharge: Specialist, GPs, information/care plan

Overwhelmingly, in all groups, the subject of suitable and accessible aftercare was mentioned as a key issue and a key concern for participants. They advocated greater levels of information and advice for themselves and their carers, a contact number or helpline to call with concerns and support from the community when 'handed back into their care'.

Provision of Signer for deaf patients

It was clear from the experiences of the deaf patient included in the survey that provisions for deaf patients were inadequate. The ability to communicate about health issues was seen as understandably vital for deaf patients.

2 Introduction

2.1 Background & Objectives

Wirral PCT and the Social Care, Health & Social Inclusion Scrutiny Committee are currently undertaking a review on the Wirral hospitals' discharge process. As part of this review, Mott MacDonald MIS was commissioned to carry out an exploratory study into patients' perceptions of the process from their experiences of admission into one of Wirral's hospitals.

The main purpose of the study was to understand patients' experiences of the hospital discharge process, identify their opinions of the process and to gain their views of any improvements that could be made to the process.

Topics covered in each of the groups included:

- Patients' recent stay in hospital;
- Experiences of the hospital discharge process;
- Opinions of the hospital discharge process including staff, understanding of the process, timeliness and facilities, access to medication, transportation, support at home and the suitability of the home environment after discharge;
- Improvements to the hospital discharge process

2.2 Methodology

Three focus groups were carried out to gather qualitative data on patients' perceptions of the hospital discharge process. The venues were local Council and voluntary sector premises in Wirral – Heswall Hall, Heswall; The Lauries Centre, Birkenhead; and Liscard Community Facilities Complex in Wallasey.

Participants who had been admitted to a Wirral Hospital earlier in the year, and discharged in June or September 2008, were sent a letter explaining the purpose of the research study and asking if they would like to be involved. A reply card was included for return if they wanted to be involved in a focus group. Those who returned reply cards were contacted by telephone and sent written confirmation of the group they were to attend.

2.3 Participant Information

There were between 10 and 12 participants recruited for each focus group. The numbers of those who attended varied between groups and are shown in table 2.1 in the Appendix. Each participant was provided with a £15 cash incentive and reimbursed for their travel expenses where required.

2.4 Topic Guide

The topic guide (Appendix A) was designed by Lindsey Dodd from Mott MacDonald, in conjunction with Wirral PCT and the Social Care, Health & Social Inclusion Scrutiny committee. The groups were moderated by Lindsey Dodd and Sarah Swan of Mott MacDonald. All focus groups used a skilled facilitator to steer the conversation and ensure all topics were covered, without introducing bias and make sure that everybody had their say.

2.5 Analysis of Transcripts

Each of the focus groups was recorded in order to preserve a verbatim record of responses that could be collated. All recordings were treated as confidential including names and addresses of participants. No comments were attributed to individual participants.

The analysis procedure involved a form of content analysis involving a thorough scanning of the detailed transcripts, drawing out the thoughts, experiences and reasoning of the participants to understand the key themes and arguments of each discussion.

3 Main findings

3.1 Experiences in Hospital

Participants were asked to recall their most recent hospital admission. They were not asked the reason for their admission, but about their hospital stay in general. Participants had all been admitted to hospital in the last year and had stayed in hospital for between 1 and 17 nights. Views were mixed with some participants having had positive experiences and others having some concerns about their stay in hospital.

3.1.1 Positive Experiences

Some participants had had positive experiences in hospital. These participants commended the care they received and any issues raised were seen as relatively minor, such as ward closures and having to duplicate lost forms:

“I went into Arrowe Park Hospital in the Urology Ward in June for an operation on my left kidney and the only thing that started to go wrong was the ward I was supposed to go to was closed for refurbishment and some staff didn’t quite know where the other ward was. Anyway we found it eventually and I was more than happy the way I was treated in hospital.” (Heswall Group)

“I was in Clatterbridge for a knee replacement and the only thing on admission was that they’d lost my original forms for post op and my operation, so I had to sign all the forms, that was the only thing. Somehow they’d got lost. I had to sign all again but the general care was... I can’t fault, I have to admit.” (Heswall Group)

Participants made the following positive comments about their stay in Arrowe Park Hospital:

“It was quite straightforward. I found everything was fine.” (Heswall Group)

“In Arrowe Park yeah and I’ve got no complaints.” (Heswall Group)

“When I came out of the theatre, I was five to six days in the High Dependency Unit...so the care I got in there was absolutely fantastic, probably because the nurses who volunteer for that sort of work are specialist people who want to be involved in that circle. I cannot complain. Every time I put my hand up for anything, no matter what time of day or night it was, somebody came and somebody sorted me out really and when you’re in the High Dependency Unit you do need that sort of treatment and I certainly got it.” (Heswall Group)

“Yes I was admitted in July and I went in from the out of hours and they were absolutely wonderful.” (Birkenhead group)

“I went in and I can’t really remember the date and it was say about three months ago for a biopsy on my kidneys. Fantastic treatment no problem at all.” (Birkenhead group)

However, experience had also taught some that it was rather a ‘luck of the draw’ situation, whereby some experiences at Arrowe Park would be positive and some negative:

“Arrowe Park has been everything from the most horrendous place in the world to the most wonderful place in the world.” (Wallasey Group)

“One ward was heaven and the other was hell.” (Heswall Group)

Furthermore, it seemed that Clatterbridge Hospital, in particular, received more praise than any other Wirral hospital. Indeed, there was a perception in all of the groups that better care is provided at Clatterbridge Hospital, compared to Arrowe Park. This superiority was related to the demeanour of staff, the cleanliness of the hospital and the length of time taken to receive medication on discharge:

“The care from the consultant, down to everybody that looks after me when I go, the neurology nurses, they are all wonderful.” (Birkenhead group)

“Clatterbridge is fantastic. Totally different hospital. I had a hip replacement there, it's fantastic.” (Wallasey Group)

“Oh, I agree with you about Clatterbridge - I've been under Clatterbridge for 17 years. Renal. And I always see my consultant.” (Wallasey Group)

“I mean in general, Clatterbridge is fantastic, clean and bright and you can't fault that and I mean if you could eat, the food was really good.” (Heswall Group)

“I can't fault them and the theatre staff are just great, they really are. They take away nerves you've got and things like that.” (Heswall Group)

“The whole process is made so easy for you.” (Heswall Group)

“It's really comfortable.” (Heswall Group)

“I've been going to Clatterbridge since 1966. And I couldn't have been looked after better...And I can't fault what I've been through” (Wallasey Group)

Some attributed Arrowe Park's perceived inferiority to the fact that it is a teaching hospital and so the staff are still learning, so the service may not be as good as other hospitals:

“Yeah. It's a different hospital. But the difference is, you see - Arrowe Park is a teaching hospital. And, you see - the thing is - when you get senior house officers - they're getting taught how to do the job, you see.” (Wallasey Group)

“So sometimes there's got to be a bit of leniency there, for these people to be trained up.” (Wallasey Group)

3.1.2 Negative Experiences

There were also negative comments made by participants about their admission to, and stay in, hospital. There were complaints about bedside buzzers not working which, as a patient in a very unwell state, and being unable to alert nurses was a worrying situation. Furthermore, there was a complaint from one participant about the efficiency of the nursing staff in tending to patients in need:

“I felt that the actual nursing staff fell down a bit because you could ring a buzzer at night time and no one would come.” (Heswall Group)

"I was left - our whole section was left two and a half hours on our own. Like beached whales." (Wallasey Group)

"Well everything was fine, except for waking up and my buzzer not being plugged into the wall and of course I couldn't move to get it so and I really wasn't aware that anybody came to check on us in the night." (Heswall Group)

"There was a gentleman opposite me with MRSA, he was dying really and he was going to be sick. He was lying in his bed and he couldn't move and I got out of bed and went for a nurse. It was a male nurse and he came down and he put this thing on his chest and left him. So it ended up, I ended up with a pair of gloves on myself and gone over while he was sick and then I went and got the nurse and said this man's, this man needs attention. He needs care and when I said that four nurses appeared and he got the care but it took that." (Heswall Group)

Moreover, there were complaints from participants about mixed sex wards. All participants, being elderly, strongly disagreed with the concept of a mixed wards and some claimed to be appalled at untoward behaviour that was occurring at night between male and female patients on the same ward. This was felt to be very distressing for the other patients and a completely unnecessary and unacceptable way of treating vulnerable unwell people.

The majority of participants, typically, complained about the length of time they had to wait in A & E before they were seen and one participant was even seen by a nurse in a communal area where there was no privacy to discuss his condition.

Participants also objected to being moved from one ward to another. One participant was moved to and from four different wards, she had difficulty breathing and was woken up and moved twice during the night. Most participants agreed that it was important to stay in one place, with the same staff and once they arrive at a ward they would expect to stay there:

"We need your bed. I said how many times has this got to happen? You know, I'm not in the mood for moving about. I said I could hardly breathe so she said oh you should be settled soon. So anyway this happened four times. I said I'll be glad when I get to the door to go out. It was horrendous really. It really was." (Heswall Group)

"I was on four different wards - in twelve days, it was four different wards - so you don't see the same person at all" (Wallasey Group)

Another key concern mentioned by participants was the cleanliness of the hospitals. Some felt that their wards were clean, but others felt that cleanliness was an issue. The blame was laid squarely at the feet of those who made the decision to employ agency staff for cleaning rather than a specific cleaner per ward employed by the hospital. They argued that employing someone on this latter basis would be more likely to invoke a sense of pride and responsibility towards that ward and, therefore, a better standard of cleanliness:

"The other thing I was concerned about I was waiting in Outpatients some time ago. I watched some of the cleaning staff and the cleaning is a very important part of the hospital. We were talking about MRSA and everything else. I saw staff going around with their bare hands emptying bins and children playing with things in the bins and going out and I reported one of the staff... I just felt that the cleaning side of it ought to be more closely supervised, especially in Outpatients waiting areas and everything else." (Heswall Group)

“...and they used to have one mop for the toilets and one mop for the wards, now they don't. The same mop's used right the way through.” (Heswall Group)

“Straight out of the toilet and into the sink and things like that.” (Heswall Group)

Communication was also cited as an issue by a number of participants, in terms of patients not being informed about not eating prior to a procedure, reducing their medication prior to a procedure and procedures being cancelled and rescheduled up to four times:

“Like this lady said it was the communication and I think that is what is the matter.” (Birkenhead group)

“Well I went in Arrowe Park a year last July. That was before the, the operation being cancelled twice. Third time I was in the hospital already to go in the operation theatre, emergency came, go home so the fourth time I got in.” (Heswall Group)

Similarly, it was also reported that there is a general lack of information for patients, whether it is about their condition, when they will be discharged or what is going to happen next:

“Well I'd been asking what was happening and I wasn't getting any information.” (Heswall Group)

One participant who was profoundly deaf, had a very problematic experience in hospital. She was taken in by ambulance and her difficulties started from the moment she needed to call the ambulance. Due to her deafness she could not communicate with the ambulance dispatcher and even though she has a text phone, when you are seriously unwell it is not practical or easy to use a text phone. When she arrived in A and E there was no interpreter available and no one could use sign language and she could not communicate with anyone which left her feeling frightened and vulnerable:

“Can I just say when I started, oh, when I had chest pain I tried to mini com for an ambulance but the problem with mini coms you have got to wait for a response and then they ask you a question and then you have got to reply and they ask you another question and all this time I have got heart, chest pains and so it is not really better because we were waiting. Half an hour it took for the ambulance to come because of a delay in communication.” (Birkenhead group)

“The ...[paramedic] he was trying to gesture and we were communicating through gestures and it wasn't good and that was in the ambulance because me and my partner are both profoundly deaf and so it is very difficult. I still don't know what is wrong with me.” (Birkenhead group)

“I had a problem myself with my heart. I had palpitations and my partner couldn't phone so the opposite neighbour came and asked and they were just asking loads and loads of questions as we were phoning and it was somebody else who had to phone and it just seemed to take so long before they said, right, they would send an ambulance out. By the time I got to hospital I couldn't communicate, there was no interpreter in A&E. It would be better if there was an interpreter based in the hospital so that I wouldn't have to get to hospital and wait an hour for the interpreter arrived because I can't lip read. Everything that was going on I wasn't understanding and I didn't understand anything which made the experience a lot more emotional and people going backwards and forwards it was different people and some people were easy to understand and saying at Clatterbridge, they were asking me questions and I don't understand it and also the letters that I have sent out. I am not understanding any of this information it is very difficult for me. Both me and my partner

are deaf and so we can't phone or phone for an ambulance or anything and so I do have a lot of problems with communication in hospital. RNID do try and sort out hospital, an interpreter for me but sometimes particularly if it is during the day there isn't anybody there and so it is a big problem for me and particularly Clatterbridge. They don't understand what the problem is because I can't communicate with them." (Birkenhead group)

This participant went on to say that the same issue applies every time she is in hospital, because no one can communicate with her, the doctors still do not know what is wrong with her and she stills feels unwell and nothing can be done about it:

"No that is right. I have been to the hospital two or three times for the same appointments, ECG machines and all sorts but the doctor is at a loss to know what is the matter. I have forgotten the name of the doctor. He is a heart specialist anyway and the communication is non existent." (Birkenhead group)

"I have been waiting round for the doctors and they come and talk and I am like can you just explain what is going on and they say oh just wait it is ok and I have been worse and worse and I can't hear and I don't know what is going on and I know that they are all talking about me. It makes me quite angry to be honest and I feel quite angry and then they patronise me and they say oh calm down and you will be fine and I am waiting not knowing what is going on." (Birkenhead group)

She complained that she is never asked if an interpreter is required before an outpatient appointment and when she has to stay in hospital she does not have access to an interpreter. She complained that there is often no interpreters available in an emergency but she feels that some of the hospital staff should be trained in sign language so there is always access to an interpreter on every shift, should a deaf person come in.

The group all agreed that if this had been a foreign speaking patient an interpreter would have been employed and that patient would have been able to communicate about their condition through this interpreter. However, there was no such provision for the deaf participant. The participant explained that she has access to more information when she visits her doctor but there is still no interpreter provided:

"It can be the same there is no interpreter there but the doctor will type on the computer and he does spend a little bit more time and make notes for me." (Birkenhead group)

She suggested that an interpreter be based in the Lauries Centre who could be on call and go to the hospital when required. Other participants felt there should be an interpreter in the hospital at all times or at least a member of staff who can sign.

This was thought to be a problem in both Arrowe park and Clatterbridge hospitals:

"Both hospitals, Arrowe Park is say slightly worse. Clatterbridge is not bad but Arrowe Park is particularly from my experience at least." (Birkenhead group)

Overall, it was clear that very few participants had experienced a totally smooth stay in hospital. Some issues are clearly more difficult to circumvent than others. However, it is clear that the perception is that patient wellbeing is not always top of mind for hospital staff.

There were also a number of concerns regarding staff. Participants commented on both the lack of staff at night and the differing demeanour of the night staff and the day staff:

"Well I think this lady is right as well. It depends on the staff. I mean you can get the day staff are wonderful, you get the night staff who were ...Non existent." (Heswall Group)

"I noticed that nearly all the staff at night time were old age pensioners and that's how I'd classify." (Heswall Group)

Participants mentioned staff being disrespectful to other staff in front of patients and staff discussing their private lives in front of patients:

"They slagged her off in front of the other patients terribly, so much so that we all said that you can't talk about a member of staff like that and one was a qualified nurse and the other one was an HSA and they were appalling and they just sat back and she was run ragged because she didn't ask she just carried on doing it and she was actually lovely." (Heswall Group)

"Different things yes but I think the staff to discuss their private lives, a member of staff in front of patients is appalling behaviour." (Heswall Group)

It was felt that some nurses lacked compassion and did not assist with the basic aspects of care such as washing and helping patients to the toilet. Some reported staff actually having been rude to patients and lacking understanding and empathy for their condition:

"...and also, they expect the patient - I don't know about you, but patients who have had massive surgery - and I can speak of one in particular who was expected to get up and go and wash and do in the bathroom the next day. And he had had massive surgery." (Wallasey Group)

"And when you see people in the beds who have not even had a wash, not been given a bowl - or anything" (Wallasey Group)

"Some of the nurses were so discourteous as regards one looked in the ward and says have you all washed? You need a shower. The man had wet himself and smelt but I mean to me that's the sort of thing where you should go across and say ...Excuse me, you need a shower. Discreetly, one to one. We all heard that and it was disgraceful." (Heswall Group)

"Then you've got your lovely ones that care and said like your feet look sore, there were some lovely, lovely nurses but there were some who shouldn't have been nurses." (Heswall Group)

"The staff were very good but as we all say they have so much to do, they try to do their very best but you can't do it all and some pull their weight and others don't which is sad really." (Heswall Group)

"And some people are caring and others aren't." (Heswall Group)

"That's one of the things that you notice, there is (sic) some nurses ... They've just, they've got no feelings for you." (Heswall Group)

Indeed some participants were so concerned about the attitude of the staff that they suggested that a nurse's caring ability should be checked at appraisal:

"There should be one of those things on their...should be what's their feelings about care, are they are caring person and does it show in their work because some of those nurses it's just non existent and I feel they shouldn't be in the game at all." (Heswall Group)

Some participants did find the staff helpful, but there was a general consensus that that nurses used to be a lot better and due to the modern demands of computers and the time taken up with them, they have less time to actually care.

"Oh yeah, they generally try to be helpful, but they're only going on orders, aren't they - you know - they're reading notes that go missing" (Wallasey Group)

"I don't think nurses are the nurses that they used to be." (Wallasey Group)

"Oh it's understanding really, because I was an auxiliary nurse myself and you know, you do care for people but it isn't the same anymore, it really isn't." (Heswall Group)

"They don't seem to have the passion they used to have. It's a job, and they're here to do the job. I'll give you medication" (Wallasey Group)

"I'm going home at five o'clock." (Wallasey Group)

"They're on the computer" (Wallasey Group)

"You say - we need help here - oh, I've got to do this. Got to write up" (Wallasey Group)

"Well, you know - they're busy. And the computer - it takes over all" (Wallasey Group)

"Most people who are in charge of wards, like the sisters - they're ward managers now. So they don't even get involved in the ward. They just computerise everything that's going on - to cover costs" (Wallasey Group)

"And even the students - nurses - there to observe, really, a lot of the time. Whereas if they do the simple things like bed-making, and stuff like that - they get used to dealing with the patients without being able to do any harm. And, you know - I just think they miss out on all that. The training was so different. And I think it was much better. And I'm not biased - I've experienced both. But I do think the old type of training was much better. Like an apprenticeship." (Wallasey Group)

Participants also complained that they had seen doctors who had not washed their hands between patients.

"I also complained while I was in Ward 34 about two doctors. They again treated this man with MRSA and he had other problems. I mean that was one, he was a dangerous patient in my book because we're all vulnerable and these doctors went over into the files, straight after, didn't wash their hands. I called a nurse over and said look those doctors haven't washed their hands. I said I notice you've got your stuff by your side and you wash your hands so I says good on you but they haven't. He was in attendance with the doctors so he went over to the doctors and he said something and the next I see that they looked at me, like one was a consultant and the other was a doctor and that was ok. The next minute they started treating a man next to me who was a diabetic and had trouble with his feet and they hadn't washed their hands. Now when you're in bed, in a full bed, you're watching everything. You've got nothing else. You've no television so you see life as it is. So I got out then and went and saw the Ward Sister and said I want to complain about these two doctors. So she says right and she went and attacked the problem right away and an hour later she came back and she says thanks very much. I've reported that to the matron so that's it." (Heswall Group)

Furthermore, some felt that the doctors do not address the patient often but discuss the patient with the other doctors as though the patient is not there.

“Can I just say something about these consultants, when they come round, and I use this as a general opinion that I have of them, is that I don’t know whether they find they are above you to speak to you as a person but I found that in Arrowe Park there were certain consultants and registrars they come round and you know they all stand around your bed and they have a meeting and they will all be jabbering amongst themselves and some of them don’t speak perfect English and that is only an observation not a criticism and so you are having difficulty in understanding what they are saying to each other and also they don’t actually talk to you as the patient they are talking to each other and then they just go oh yes that is right and they walk away.” (Birkenhead group)

“One doctor he is a chest doctor and he talks about you to the other doctors but not to you personally and in fact I classed it as rudeness.” (Birkenhead group)

3.2 Experiences & Opinions of the Discharge Process

Participants were asked to talk about their experiences of the hospital discharge process and their opinions of the process overall.

Firstly, participants spontaneously discussed the discharge procedure in general, in relation to their experiences. They were mixed in their views of the discharge process and all their experiences differed. Although there appears to be a number of negative points made about the discharge process, it is important to note that the purpose of the discussion was stated to be a 'review' and this type of forum often leads to a critique of the service involved. Such negative experiences are balanced with positive accounts throughout this section.

3.2.1 Positive Experiences

One participant felt that overall, his experience of the discharge process was good, particularly because he was assisted in leaving the hospital by staff and a wheelchair:

"I was in hospital twice this year ... as regards the discharge, absolutely everything went the way it should. They got a wheelchair, they took me to the car park, took me to the car. I've got nothing but praise and when I was in that Ward 27 I really felt that it was the nearest thing to a private hospital I could be in it was that good, for nurses, for doctors, for information, the lot." (Heswall Group)

Similarly, another participant, who has to stay frequently in hospital, is always very pleased with her discharge experience. She explained that upon discharge, the hospital liaise with the care company she uses and the ambulance service and make sure that she has everything she needs. She noted that she feels secure that everything will be in place for her when she gets home:

"July this year, I was in for seven weeks. I suffer from black outs and I have epileptic fits because I were in and out of ...like a yoyo. You might as well have me on a bit of string and pop me there and back all the time but the ambulance always takes me and an ambulance always brings me home and anything I need, you know for home, the hospital provide it for you like bread and milk or stuff like that. I have a care worker of a morning and a care worker of a lunch time and a care worker at night because I am not allowed to use anything that is electrical in case I have a black out and I can scald myself. So I have never had any trouble and I have been in and out of there since it first opened." (Birkenhead group)

"Yes everything is arranged for me yes. The hospital phone up my care worker company I have and then they tell the hospital what day they will come because you have got to give them twenty four hours notice." (Birkenhead group)

3.2.2 Negative Experiences

There were, however, some negative experiences also reported. One participant in particular had a fairly negative experience of the hospital discharge process, due to the lack of support and aftercare. She found herself in a situation whereby she had an operation and was sent home the next day when she had no one at home to help her or look after her, she had no discharge letter, she had no information about what she needed to do at home to care for her wound, no information about what she should do if she needed assistance and no transport arranged for her to get home. Furthermore, she had been told that she would be

in hospital longer and had informed a relative as such and then when she was discharged early no one was aware she was home alone. She felt that the hospital could have taken responsibility to inform someone she was coming home early and upon realising she would be at home alone, provide some care or keep her in hospital:

“Well I had the operation in the afternoon and the next morning they sent me home, they knew I lived on my own, didn’t offer me any way of getting home on my own, didn’t tell me anything about the dressings they leave on you, you know, didn’t say look don’t shower or anything like that. Just basically go home. What was worse, they told my daughter on the Thursday when I had the operation that I’d be in until the weekend and so she came in on the Thursday night and I was still unconscious and then they sent me home on the Friday morning and they denied ever doing that and even friends had sent flowers and things in and they got lost because I’d been discharged.” (Heswall Group)

“They didn’t even give me a discharge letter which they should have done. They sent one by fax to the GP. They didn’t give me one and they did admit in the letter when they finally wrote back that they should have done that.” (Heswall Group)

3.2.3 Specific Aspects of the Discharge Process

Aside from these general issues participants were also asked to comment on some specific elements in the discharge process.

Staff

Participants complained that there was little or no continuity of care and they were seen by many different nurses. Generally, all participants saw different members of staff throughout their stay and discharge, dependent on staff shifts and what ward they were moved to:

“Different staff, different experiences.” (Birkenhead group)

“Well it depends who’s on that shift and which doctor has been round to see you. You couldn’t necessarily see - If you’ve got a primary care nurse that looks after you, and the day you’re being discharged - probably be her day off. So the person that’s discharging you doesn’t know anything about you.” (Wallasey Group)

“Different areas of a ward, can be a different set of people. And so you could have only been - maybe, if you move down the ward, from the critical case at the top end - move down - by the time you’ve got to your individual room for - and you’re out, then you’ve got different - they’ve got different nurses anyway.” (Wallasey Group)

“Oh yes. Because you start off in one place, and then you might get a bed in another place. But because they’re desperate for that bed, you might go to another part.” (Wallasey Group)

As well as being uncomfortable for elderly patients it was felt that this lack of continuity can impact upon discharge. For example, at the discharge stage the nurse may have limited knowledge of a patients condition, potentially leading to confusing messages in relation to medication:

“...and then when it comes to discharging you, the medication side - forgetting the pharmacy - we’ve dealt with that one. Well - What medication did you bring in? Did you bring that? Or - Does this belong to us? And things like that. You know, it’s not very good. Supposed to know exactly what’s going on.” (Wallasey Group)

“Oh, they take you off them. I thought you had something else - and you don't know where you're up to.” (Wallasey Group)

They also mentioned foreign staff who they could not understand. This concerned participants because when there are medical issues at stake it is paramount that both patient and the medical representative are understood, potentially impacting on the discharge process:

“And one thing I've noticed you know, you've got various people from all over the world haven't we, nursing, and sometimes you can't even understand them. It's so difficult and we had an old lady on our ward and she said I want to see an English nurse please.” (Heswall Group)

“They were very kind, the nurses but they didn't understand us, we didn't understand them.” (Heswall Group)

Understanding of the Process

Generally, participants in the Wallasey group felt that they did understand the discharge process – it being a matter of medical conditions reaching a specific point:

“Well you heard them say you can go home.” (Wallasey Group)

“Yeah, I think so. I would say so.” (Wallasey Group)

“If your blood pressure stays down, and I'm watching the monitor, yes - I think we'll let you go home later.” (Wallasey Group)

“Yeah. Well I would say mine - mine was sort of helpful - which, as I've told you, it was helpful to me. So mine was sympathetically done” (Wallasey Group)

“And they check that you understand.” (Wallasey Group)

One participant in the Heswall group, had a very positive, informed discharge experience. He felt very much as though all boxes had been ticked. He received advice whilst in hospital, advice on what to expect afterwards, an allocated member of staff and a discharge note with information about who else receives a copy.

“I've got the actual discharge summary, copy, four copies printed, one to the GP, one to Case Notes, one to the patient and one to the consultant.” (Heswall Group)

“They allocated me a Sister at the hospital, the ward managing Sister and I got advice following the procedure.” (Heswall Group)

“Now on each time I've been kept fully informed of all procedures. On entry and on discharge, including aftercare, and on each occasion my wife has been with me and that's been encouraged, and quite honestly I feel that I've been one of the very lucky ones. I mean I have got absolute praise for the three units, Clatterbridge, Arrowe Park and Wallasey.” (Heswall Group)

“I've had nothing but the best and there's written evidence there recently to show for it.” (Heswall Group)

Furthermore, a few participants in the Wallasey group also commented that they had received information upon discharge.

“There was two information leaflets” (Wallasey Group)

“Given an appointment card for your next visit.” (Wallasey Group)

“They gave some printed paperwork apropos - you know - the incision, and how to look after it. And go along to - in ten days' time to have the stitches taken out. It wasn't totally substantial, so there's nothing really to moan about.” (Wallasey Group)

However, it was worryingly clear that some participants in the Heswall group felt that there did not actually appear to be a proper discharge procedure. They complained that the whole process appeared random and ad hoc. Participants highlighted that they were not given information about when discharge will occur, who will action the discharge, what will happen at discharge and after they leave hospital. They also commented that some had been discharged by a nurse, some by a doctor and some by a nurse who had not even been caring for them before that point:

“So that is something I've got against it because no senior staff, because you never see a doctor afterwards at all, they just don't come near to check on patients because I presume that the practice nurse on the ward, the nurse in charge, really is doing discharges without seeing patients at all, just going on the physio's say so that you've got enough control you can go home.” (Heswall Group)

“It's very sort of informal, it's just you know, your husband's here, you can get dressed, so you get dressed on your own.” (Heswall Group)

“Nobody checks your locker to make sure everything's out.” (Heswall Group)

“Nobody asks would you like a shower before you leave so that you've got somebody there.” (Heswall Group)

A number of participants in all groups also commented on the lack of any written documentation at discharge, for example, no discharge note or useful information:

“They gave me the medication to go home with, they didn't give me a discharge note and they sent a physio appointment and I did get that but basically it was sort of quite weird that nobody else comes round or anything.” (Heswall Group)

“No, [it was] verbal. I haven't seen any paperwork.” (Wallasey Group)

“Never had anything like that.” (Wallasey Group)

Patients clearly felt a little abandoned during the process and requested a formal written procedure be given to all patients – how long the process will take, who makes the decision, when they will receive results and any outpatients appointments they will require:

“Now the only problem I found was that when they were discharging me I said when would I find out the results from this and they said well you will be going to see your specialist in about two months time.” (Birkenhead group)

It was felt strongly by participants that there should be provision for deaf people upon discharge, so that they fully understand what is wrong with them, what medicine they need to take and what they should do if they need further assistance. However, the deaf participant

again explained that she received no interpreter on discharge and did not understand what was happening and still does not understand what medication she is on and why:

“I didn’t have an interpreter on my discharge. They didn’t find an interpreter it was just me and my partner there. They didn’t check things like am I ok on my own, how was I getting home. No.” (Birkenhead group)

“And he [GP] has been trying to check my tablets are appropriate for me recently because I am on a lot of tablets at the moment. I don’t know what they are for? This hasn’t been explained. I know that some of them are for my heart. Well I guess some of them are for my heart but I am not exactly sure.” (Birkenhead group)

Another participant who suffers from occasional deafness agreed, saying that nurses should ask about special needs during the discharge process and check the patients understanding of everything because they may not be clear due to their disability:

“I am quite deaf...I am not deaf if I am in the right circumstances, like in here, but if somebody is standing behind me and asked me to do something then I have no idea what they have said, I don’t even know they have spoken necessarily and quite often if you do know they have spoken you make a guess on what they might have asked for so the consciousness of deafness is probably something that they should have on the admittance and discharge form really. Have you any deafness?” (Birkenhead group)

Overall, it was apparent that the success of the discharge process varied wildly from patient to patient. Many felt they were left in the dark about the process while a smaller number were clearly well informed.

Timeliness of Discharge Process

Participants complained about the length of time it takes for a doctor to officially discharge a patient. Many claimed that after they were told they can be discharged, leaving the patient and their partner or relative waiting in a state of readiness only for a considerable time to pass before any action:

“At the Clatterbridge it was very good. The only thing is when you say discharge they say oh we will discharge you in about an hour and that hour can be two hours, three hours but then that is down to getting hold of the right doctor.” (Birkenhead group)

“I’ll be expecting it to all be over, and it’s another three hours” (Wallasey Group)

Again an explanation of the process would assuage some of these concerns.

Participants were also unsure as to whether it had to be a doctor or whether a nurse could discharge patients. It was suggested that a clear ‘You can go home’ needs to be communicated and that it should be possible for a nurse to do this as it would mean that patients could be discharged more quickly:

“Oh yes I would say the only thing is that doctors, well they are so busy that I think with the quality of nurses that we have got these days I think that the nurses should actually be able to discharge a patient.” (Birkenhead group)

“Yes that would speed up the process.” (Birkenhead group)

“A senior nurse.” (Birkenhead group)

One participant had been discharged by a nurse and felt this was a far more efficient process:

“I was sitting around waiting... waiting for hours to be discharged and he said I will make an executive decision and discharge you and he did.” (Birkenhead group)

“Well I was waiting a couple of hours and then they said, they said that they couldn't get the doctor to discharge me and then this {name omitted - nurse} said to me I will make an executive decision on this and then he said you will have to come and send someone back tomorrow for your medication and the pharmacy are busy and we couldn't get it all down in time.” (Birkenhead group)

Ultimately participants were happy to wait to be discharged if they had an understanding of the process and that it could be a three hour process. Leaving patients uncertain and unclear increases the level of stress and worry.

Facilities whilst waiting for discharge

None of the Heswall or Birkenhead participants had been offered the opportunity to sit in a discharge lounge – few were aware of their existence - and some were made to feel ‘in the way’ while they waited as they were taking up a bed:

“The discharge process, that was very good and the consultant had to come and see me...but I was then hanging around and I got out of my bed because they were waiting for it...and you just feel as though you are in the way. Now had there been somewhere where I could have just gone to sit to wait.” (Birkenhead group)

“I have been in a situation where I did go and phone up for my husband to come and fetch me, and when I came back to get my stuff ready they were changing the bed anyway, because somebody was coming in it. So that was me out.” (Wallasey Group)

They suggested that there could be a common discharge lounge on the ground floor for people to wait following discharge, while they wait for relatives or medication:

“Down on the ground floor near for your husband to find you.” (Birkenhead group)

“The whole hospital could use that then and you could go and sit with your magazine.” (Birkenhead group)

“I was in the way and I felt that could have been sorted.” (Birkenhead group)

Participants in Wallasey had waited in the discharge lounge and were positive about the facilities, describing it as a comfortable area where they could easily pass some time:

“It's where the television is, and all the magazines” (Wallasey Group)

However, they complained that they were not kept informed whilst waiting and they had to continually ask where they were up to with their discharge.

Participants did not want to feel ‘in the way’ or as having an impact on the day-to-day running of the hospital. If the process automatically moved patients to a comfortable discharge lounge (with books and magazines) all would be pleased.

Accessing appropriate medication

A high number of participants reported having to endure long waits for their medication. In fact this was one of the biggest issues with the entire discharge process:

“Two or three hours for medication.” (Heswall Group)

“Mine was for the physio but when the physio said I could go well that’s it, I waited two hours then [for medication]”. (Heswall Group)

“Waiting for your medication. Yes, for two hours, over two hours.” (Heswall Group)

“I had to go back the next day.” (Birkenhead group)

“Three hours later I was still there and so I left and I had to come back for it.” (Birkenhead group)

However, all participants were pleased they were given the correct medication:

“And they also checked over what medicines I was on, the correct medicines.” (Heswall Group)

Despite all receiving the correct medication a number said they would like to see more clarification in relation to taking the medication and explaining what it is for. A number were concerned about people getting confused and take it incorrectly:

“Yes. They have to send a pharmacist to go through it with you. Whereas in the past they would just send the medication up, it was given to you, and you went home. But now, the pharmacist comes and goes through everything that you’re on. And even then, they fail to put something - which I did - you know - it wasn’t on the list - I didn’t know whether I was supposed to stop it, or - I had to ask my GP. They didn’t know whether I should stop it. And, you know - it was actually the aspirin. You know, and I’d been on it for a long time.” (Wallasey Group)

“And suddenly he put me on something else, and there was no mention of the aspirin. So I didn’t know whether it was a mistake, or whether...” (Wallasey Group)

Interestingly it was reported that there was a much shorter wait or no wait at all for medication at Clatterbridge hospital again reflecting inconsistencies in service.

Overall the main positive for participants was that they all received the correct medication. However, unexplained delays and limited support information were reported.

Transportation

Transportation is clearly an important issues, with many patients being incapacitated by operations and conditions. It was felt by all participants that there should be assistance for patients leaving the ward, by way, for example, of wheelchairs.

A number of participants had had operations affecting their mobility and some have elderly partners who cannot always assist them physically for the long walk to the car park. However, this was not always the case:

“Well I went in for a hip replacement, complete and I didn’t get my wheelchair on the way out.” (Heswall Group)

“I walked out and nobody offered me anything.” (Heswall Group)

“You would think they would provide a wheelchair regardless of what you’ve had done really.” (Heswall Group)

“It’s a basic need yeah. And the same thing I had a cholecystectomy on my gall bladder and like this lady I was discharged the next day and it was a terrible walk from the ward, the car park but nobody said ...” (Heswall Group)

Participants perceived the fact that they were not offered wheelchairs as a sign of the staff’s apparent disregard for patients once they have left their ward:

“You can be holding up the wall and leaning but nobody seems to care once you’ve left that ward, that’s it, you know.” (Heswall Group)

“Yeah it would seem as if once you got off the ward they’ve done a wonderful job.” (Heswall Group)

“They didn’t link up, they don’t come down and see that you’ve got transport home.” (Heswall Group)

One participant gave the example where her son had asked to borrow a wheelchair and instead of checking if she was alright and needed any assistance, the staff simply sat in the staff room as they struggled and shouted a reminder to bring the wheelchair back:

“When we left the staff were all sitting in the staff room and all they, somebody shouted don’t forget to bring the wheelchair back.” (Heswall Group)

“They were more concerned about the wheelchair, to take it back.” (Heswall Group)

Another participant, who had received assistance with this aspect, felt that there was inconsistency in the level of care received by patients, depending upon the staff involved. The group agreed that there should be a consistent approach to assisting patients leave the hospital and this should be part of the discharge process:

“I had the opposite experience. I mean I was only in overnight but I was taken to the car in a wheelchair.” (Heswall Group)

“It depends on staff.” (Heswall Group)

“I take the points made about the wheelchairs. I think that should be part of the service for people that have had an operation, that should be part of the service taking them to the cars, but personally I cannot complain about any of the treatments I’ve had either at Arrowe Park, Victoria or Clatterbridge.” (Heswall Group)

Most participants had a relative or partner able to collect them from hospital. However, only very few were actually asked if this was the case. Those who were asked were then told to contact this person to arrange collection. No one was offered the arrangement of transport and in only a handful of cases did the nurse actually contact the relative to arrange collection:

“Well they just asked me you know, was somebody picking me up and I said yes.” (Heswall Group)

“They do ask you.” (Heswall Group)

“My ward wouldn’t let you go unless you had someone to pick you up.” (Heswall Group)

“No it was a case of I had arranged it all because I have got my sons and just ring them up and say come and get me.” (Birkenhead group)

“Well they let me go and use a phone but I went into a little office to use the phone.” (Birkenhead group)

Again apparent inconsistencies exist suggesting that there is no clear discharge policy. Participants recognise that hospital staff are busy but often elderly patients can be confused or lacking in confidence or expertise in arranging their own transport.

Support at home following discharge

Only one participant had care already arranged at home and this had continued after her discharge and was all arranged by the hospital.

Generally participants were pleased that most had been asked if there was anyone at home to help look after them during their discharge:

“Yes they do ask if anyone is at home to look after you.” (Birkenhead group)

“They checked and they asked that I wasn’t going to be on my own that night because I was having general anaesthetic and this has happened to me before, they have said, when I was going home. They rang my partner and he came for me and picked me up and took me home. So I found it...I found at Arrowe was very good.” (Birkenhead group)

“When I was admitted they asked me did I have anybody at home and I said yes I did which was fair enough.” (Heswall Group)

However, one participant reported feeling disappointed that this aspect was not checked when she was able to go home. She was simply told that if the physio said she could go home, she could. However, she argued that it was not just her physical well-being that they should have checked but whether she was fully prepared and fit for discharge and that she had someone to help her at home and that she could actually get home. She had to make her own arrangements for collection and there was no wheelchair provided for her to get to the car park. When this was requested the nurses reportedly were most concerned about the wheelchair going missing rather than her inability to walk to the car park:

“It didn’t really matter to me too much because I did have somebody at home but the fact that I hadn’t eaten for five days and nobody came and I had to go home or anything like that it was just up to whether I was quite good with my knee and that so the physio was quite happy about it. When I came to go, someone came to pick me up, he had to ask for a wheelchair because it was quite a way from the ward to the car park so they said oh yes you can take one but don’t forget to bring it back, so in effect nobody came with us. Now I’m an ex nurse and as far as I’m concerned the staff are responsible for any patient until they leave the ward, the hospital, on that wheelchair.” (Heswall Group)

“Nobody said are you going to be able to manage to get to the car park and ...but it would have been quite exhausting, the walk.” (Heswall Group)

Furthermore, there were some participants, who needed assistance, who were sent home alone, but did not have any support at home. The nurses apparently were aware that they did not have anyone at home but did not provide any support or keep them in hospital:

“And I think as well - when you've had major surgery, I think it's important that they say - And I know - I've been on wards where people have been discharged, and they live on their own but they've - you know - their daughter will come and pick them up or something and they say - don't - make sure for the next 24 hours you've got somebody with you. But I know very well that their daughter's going home - she's going to feed her family of three, and that lady is going to be left on her own.” (Wallasey Group)

“But a lot of people go home and they don't have anybody with them.” (Wallasey Group)

Indeed, the deaf participant complained that she was not asked if she had support at home and she was sent home with her husband who is also profoundly deaf and who was not able to look after her properly as she could not attract his attention in an emergency. This participant was also disappointed that she was not given any information about community support after her admission:

“No didn't get any information was just sent home. I got a letter of discharge but that was it.” (Birkenhead group)

“Can I just say, I have that problem, I have difficulty washing myself because I have got arthritis and obviously I can't shout to my husband because he is profoundly deaf so if something happens I have to wait and wait until he comes up and then he helps me and it is doubly difficult because we are both deaf. He has to come actually into the bathroom to check that I am ok because I can't shout if anything happens. We haven't been offered any equipment and I have been refused equipment and I am not sure why. Same old story. I have asked them...and so we can communicate and so if I press a button it will vibrate and if he has it on his waist he will know something is wrong and come up but at the moment I have just got to wait. We wouldn't be able to work the chord because we are deaf.” (Birkenhead group)

One participant felt that hospitals are under pressure to discharge early and this results in people being sent home, often alone, who are vulnerable and then have no care from the hospital or the community.

Overall, for the majority checks were put in place regarding in-home care. However, there was concern that this was again inconsistent with patients generally unclear as to what they were entitled to request.

Information following Discharge

It was felt by participants that patients do not receive enough support post-discharge and the information can be rather general, rather than the condition, or even patient, specific:

“You need specialist advice.” (Wallasey Group)

“...and it's also quite general, isn't it. What you're given. Whereas you need something specifically direct to you and your problem.” (Wallasey Group)

Some participants felt it would be useful to have a simple fact sheet, detailing what may happen after the operation, who they can call if something goes wrong or if they need advice and when they should next see a professional at the hospital or in the community:

"I did have on the ward on my discharge it said if you have any problems in the next couple of days I could ring the ward and speak to somebody. I had occasion to phone the ward and I was told go to your doctor." (Heswall Group)

Some participants were given information on discharge from the hospital but this differed across the sample. A small number were given information about their next appointment, what medication to take and what to do if they needed urgent medical attention upon discharge:

"I got my discharge letter and it listed all those other people that got a copy of it, my GP and all that kind of thing." (Heswall Group)

"But then on the good side of it that's a letter telling me that I've got my appointment and where I had to go, this is advice on admission, this is supplementary advice on the medication they sent me before I went into hospital. That's giving me the allocated nurse and what is happening and the advice following it." (Heswall Group)

However, others received no information at all and no discharge note:

"No one ever explained anything but I knew, that's why I was saying to them give me a discharge letter, you don't have one, I said yes I do, no you don't, your GP will get one and that'll do sort of thing. I said no, I should have one with all the medication on." (Heswall Group)

The lack of information was a key concern for many. A majority in the sample left hospital with a lack of understanding about the next step in the treatment. In addition, only a small minority were actually aware of the discharge process itself. Previous experience has taught that often patients when confronted with medical staff are more likely to say they understand information presented verbally. In reality it is likely that they do not. Equally, many questions and concerns are only formulated 'after the event'. To receive key information in a written form enables easier digestion of conditions, treatments and consequences but also can serve to allay many fears about subjects not fully understood.

Support Post Discharge

It was felt strongly that there is a lack of support for these recently discharged patients. One participant reported that, when she had a colostomy bag fitted, she was told she would simply 'have to live with it' which conflicted with other information that she received which stated that she should receive counselling:

"(The nurse) said you'll have to live with it, just said you'll have to live with it. And now I've got my paperwork, and it said - extensive counselling will be given. Half an hour. And I thought extensive counselling? I've got to have somebody I can talk to about this. And believe you me, this is major stuff, this. I'm a pretty stalwart person, but this is major stuff. And luckily - And I rang them up and I said can you give me somebody to talk to? And they gave me a wonderful woman in Liverpool. And she had me genned up before I went in. Hence your - I admire that. She had me genned up. And I was ahead of the game when I went in. But it was only thanks to her." (Wallasey Group)

Another participant was very ill after discharge and despite being told to call the ward 'any time' there was nobody there to help her and she ended up back in hospital. This participant would have liked a 'helpline' in the first days after discharge, where staff know the patients problem and can offer advice and reassurance:

“And each time they have said to me - right, here's your discharge papers - they've told me who to go back to on the ward - discharged Ward 17 - and each of the teams that I - surgical teams I've been under - have said to me - just get in touch, any time, and we know your problems, we'll deal with them. No. There's nobody to get in touch with, and nobody wants to know. And you have to - at half past ten at night, with projective vomiting and excruciating pain, and shakes - you have to supposedly get in touch with your doctor, who will then get in touch with your specialist's secretary, who will then make an appointment for you. Or you go and ring up the ward, and there's nobody there that knows anything about you, and you'd better go to out of hours or A&E. You go to A&E, and you sit there for two hours, and you're falling asleep in the wheelchair with your sick bowl in front of you, and you've taken your own blankets - and you've fallen asleep on your husband's shoulder - and then a doctor tells you to go home and take a laxative and you'll be fine. So, two days' later you end up back in hospital again for a week.” (Wallasey Group)

“That's kind of an ongoing - And it's just a nightmare. You're trying to phone with one hand, and keep yourself intact with the other one. And it's - it's been my experience four times.” (Wallasey Group)

This thought was echoed by other participants who felt that a helpline after discharge would provide reassurance for patients and avoid readmissions:

“I think we need more aftercare for patients.” (Birkenhead Group)

“But I would have thought that on things like major surgery, which unfortunately I seem to always end up doing - major surgery - that there should be a group of people that 24/7 you can ring up on call. And they will sort you out.” (Wallasey Group)

“You don't know what's going to happen to you. You've got no idea what's going to happen to your body.” (Wallasey Group)

“Yeah. And I'm only asking for major surgeries, and I'm only asking for four days or five days afterwards. But it's a whole lot better than me ending up back in hospital for another couple of days.” (Wallasey Group)

“Your really worried, and really frightened - and that's what it comes down to - it's fear in the end. You're really frightened.” (Wallasey Group)

“The back-up is needed, when things do start falling apart. But you can't stay in hospital indefinitely, waiting for these things to happen. You know, and I don't anticipate them happening. And I don't - Personally, I would sooner it happened at half past ten in the morning when I could get to the doctor.” (Wallasey Group)

One patient who had severe health issues following discharge found he had to follow the same route as any emergency to seek treatment and then had to endure a long wait in A & E. It was felt that perhaps the needs of recently discharged patients could be prioritised so recent patients who have been discharged can be seen sooner if their problems are known:

“You have got to go through the same process as if you fell into a - when you were drunk and you fell down - in the street. There is nothing. There's no priority for you.” (Wallasey Group)

“Well when you've been cut open - you know - from top to bottom, and everything's been taken out and bits have been put back in - you know - And you're out in five, six days, and you're depending on people at home caring for you - And I'm pretty agile and pretty determined, so I'm up and going. But when the vomiting starts, and shock sets in, and things

like this - you don't know where you stand. And there is literally nobody to go to.” (Wallasey Group)

Support post-discharge was generally viewed negatively with many reporting little or no help. Discharge from hospital tends to result in the patient returning to the status of ‘new patient’ despite a recent detailed knowledge of their care and condition.

Support from Community Practitioners

Participants reported an apparent lack of communication between the hospital and the community nursing team/doctors surgery regarding aftercare. Many participants were shocked that after a stay in hospital, their recovery was not checked or facilitated by a community practitioner. They reported feeling confused, alone and unsure of how to treat wounds or gain advice if required:

“Well, that's it. You want reassurance. I think this is what we're talking about. Reassurance. And maybe then - and the long-term maybe help where it comes in. So that I think the local surgeries should do more, personally, than what they do.” (Wallasey Group)

“The only complaints I had was when I came out I still had stitches in and they failed to tell the District Nurse. I had to ring up my GP and say you know, I need somebody to come and take some stitches out and to be fair they came pretty quick.” (Heswall Group)

“I have no complaints whatsoever and I think that's why we were disappointed, my wife and I...the discharge was the opposite. I got all my tablets like people say and I got a copy of the bits and pieces stating what tablets I was on. I think it also said what they were for and everything associated with the tablets and everything else and my wife was a bit concerned because I was on about twenty-five, twenty-six tablets a day because I caught pneumonia whilst I was in as well and so you're on fairly strong antibiotics to get shot of that but when I got home she was then concerned and wondering if she was doing the right thing but there's no one to turn to for advice or help so for five or six, I came home on the Monday and by the Friday she was getting a bit worried, no nurse, no District Nurse or whatever we call them these days, no doctor, nobody had been near and yet on the text that they sent to everybody, somebody said they listed the names, one was listed for my GP. Now, after five days nobody came near so on the Friday my wife said can't go another weekend, I want somebody to advise me what we're doing is right so she rang up and was told 'we don't just send in a nurse like that.'” (Heswall Group)

Some reported that their GP was not even made aware of their stay in hospital or the aftercare required. Others commented that their GPs did not seem to have all the information about their treatment:

“Information. They don't know anything about your case. You have to explain everything. Even your doctor didn't know.” (Wallasey Group)

“My doctor didn't know what I'd had. And he tried to stand me off about six months ago, and said well you're damn lucky you haven't had cancer. And I said please will you look at my records for 2001 and find out that I had rectal cancer. And he said - when was that? I said nine eleven, 2001. Oh, you had a polyp removed. And I said yes, and what was wrong with it? And he said oh yeah - did have cancer, didn't you” (Wallasey Group)

“Well, you know the answer - change your doctor. I'm sorry. I wouldn't get that in my doctor's.” (Wallasey Group)

Furthermore, another participant, was appalled at her discharge experience as she was sent home, alone, and was not given any support in the community at all and was very unwell after her operation. She discovered that a letter had been sent to her doctor stating that she had been discharged with an 'uneventful recovery' but she totally disagreed with this and felt she needed aftercare.

She was disappointed that the communication between the hospital and the community appeared to have broken down. She was given some information about what medication to take but she was upset that a patient in need, with no family nearby, can be sent home in a taxi and left with no community representative checking on their welfare:

*"My letter said I had an uneventful recovery... and I had anything but an uneventful. I had a very painful time, very, very bad reaction to the procedure and I had several biopsies and I was monitored all in the night, all the next day, until about three o'clock and then they said I could go home but what I was bothered about was the lack of communication. My letter said I had an uneventful recovery and I sort of said it should be had up on the trade description, you know laughing, it was a nurse that discharged me but I wasn't well enough to get to my doctor's for some time and I then found that that was the same letter that my GP got. He was quite surprised to discover that it wasn't uneventful...Not a good communication to me."
(Birkenhead group)*

It was felt that, as community teams are available in their areas, they should be able to provide decent aftercare:

"But they've got community teams. They have district nurses, they have OTs, they have physios in the community. So, you know - the facilities are there. They might be very busy, but the facilities are there." (Wallasey Group)

"Do you know what I think? I think the surgeries - We've heard about different surgeries, what they have. I think that even that our own surgeries should have that sort of a facility. Where you know that you can go there, without having to say well when can I come? Oh well, next Tuesday - the appointment is. Whereas that sort of thing - if you'd like to say - well, call in - when people who have got problems can go in and have a discussion with the nurse, and if it's anything really - problems - she can move on from there." (Wallasey Group)

"Or give you advice. And if it was done in the local surgeries, then we wouldn't have far to go, and we know the surgeries." (Wallasey Group)

"I think probably that was the original idea for the walk-in centre." (Wallasey Group)

Communication, or the apparent lack of it, was the main cause for concern. A discharge 'pack' should include relevant contact details for those in the community who will take on care after discharge.

Suitability of home environment following discharge

For the most part, there were no major changes required to participants' homes after discharge from hospital. This aspect was discussed with most participants prior to discharge:

"Equipment-wise they do. I've had a hip replacement, but that wasn't what I've come - you know - on this one. And yes, they do sort you out then with equipment afterwards." (Wallasey Group)

"Oh yes. Yes. They do a - they do an assessment inside. You have to be able to do things" (Wallasey Group)

“Be self-sufficient.” (Wallasey Group)

“They assess you, and then they’ll say what you need and then come to your home to sort that out.” (Wallasey Group)

“Yeah, they deliver it before you get home. Because I didn’t go to my own home after the hip op. Because I was living on my own.” (Wallasey Group)

For two participants, there were certain adaptations required to their homes because their mobility was impaired. They were very pleased that all of the equipment was sorted out for her and it was ready when she got home:

“Yes, they sorted all that out for me.” (Heswall Group)

“Yes they did all that for me, the chair, the toilet, everything. Even measured my bed to see whether it wanted lifting, they were very, very good.” (Heswall Group)

“I had a new knee and they came out to, what this lady said, you know, toilet and your bed and your chair, you know, to make sure your chair’s high enough.” (Heswall Group)

One participant received part private/part funded domestic help and personal care and this continued after discharge as the hospital liaised with the care company. This participant was very pleased with this element of the discharge process.

There were some less positive stories. One participant had had major bowel surgery and felt that the accessibility to a toilet should have been checked before he was allowed home:

“With having a bowel thing, we had a downstairs loo put in for my mother, under the stairs. But I mean, the point is that if I had to come out after major surgery, and I’ve had to go up and down stairs to the loo – that should have been really checked, I would have thought. There have been some cases of people who were in the section with me that that would have been the case - So that caused me a bit of concern as well, these people going home on their own, and also the fact that I knew their loo was upstairs.” (Wallasey Group)

Another participant was admitted via A & E and they stated that nobody discussed the issue that they had left their home in chaos following their emergency admission:

“No, there was nobody.” (Wallasey Group)

Generally it appeared that most participants were positive about the help they received regarding their home environment. However, once again some inconsistencies meant a minority felt ‘let down’.

Caring responsibilities

Participants were asked if they thought their carers felt involved in the discharge process. It was agreed that carers would like to be more involved as they are not currently as included in the process as they would like:

“And as I said - for a carer - for my husband - he’s just completely left out of the loop altogether.” (Wallasey Group)

“Yes. You’re not really in the loop. You’re outside the loop. So it would help if you could” (Wallasey Group)

“Well you’re just not - not included.” (Wallasey Group)

"You're not really kept informed as the carer." (Wallasey Group)

"I think just to be accepted as a carer would go a long way. You know, if somebody said oh, are you the carer" (Wallasey Group)

"And they said oh - she's - you know - she's under anaesthetic, there's no point. So I thought - yes, but - you know - even if somebody's maybe out more or less cold, they still - there's still a contact there. For the carer." (Wallasey Group)

"I mean, I've been under anaesthetic and someone's come and held my hand and that, and I've been aware. I couldn't say anything, because my throat was - with the anaesthetic and that. But she knew somebody was there, and caring. And that's - I think that's important." (Wallasey Group)

Some would have liked to have more information about what happens afterwards and who to contact for help if needed. They felt that there are benefits to including a carer in the discharge process. The carer is a second 'filter' for information, knows the impacts on the condition and needs to know the impacts on their role as a carer upon discharge:

"Two heads are better than one, basically. Aren't they." (Wallasey Group)

"Because I mean if you've just had major surgery you're not taking everything in. And the carer can - not being under anaesthetic, or the remnants - can hear what the patient needs to hear" (Wallasey Group)

"And you can interpret it more." (Wallasey Group)

"It helps the healing process anyway, to anybody, if a carer's there and knows what they're doing." (Wallasey Group)

"See if you're going to carry the caring on after the treatment, you've got to be aware of what's going on so that when you do go back home you're doing the right thing" (Wallasey Group)

In addition, some of the sample were also carers as well as recent patients. None had been asked if they were a carer for someone else and most had to arrange for someone to take over their caring responsibilities while they were in hospital:

"I had a relative dying of cancer and he was in two days before I had gone in and I was in for three weeks and in that time I did tell them that I had a relative and I was next of kin and he needed to see me and I said when will I be out and they said we can't tell you." (Birkenhead group)

"Yes my daughter had to take that responsibility on and go and deal with it and he was dying fast." (Birkenhead group)

"No they didn't seem to be concerned about that." (Birkenhead group)

Overall, it was apparent that participants wanted their carer involved throughout the whole process. In addition there were requests for questions about patients caring roles to be asked.

Care plan

A large majority of participants were unaware of any care plan put into place. They all agreed that the concept was extremely useful. They thought that this should be a plan of what exactly was going to happen and who was responsible for each part of the process – in this case the process of discharge from hospital:

“No. Not at all. Never.” (Wallasey Group)

“No. I didn't even know I was getting a district nurse until she arrived two days' afterwards.” (Wallasey Group)

“I had a dietician. Yeah, because I couldn't eat properly. So they sent one round. I didn't know they were coming. They sent one round to my house to write out menus and things.” (Wallasey Group)

“They sent the colostomy nurse round, and I was just about to take my - doing the shopping in Birkenhead, and we literally tripped over - on the front doorstep. We knew nothing about it. She was with us for half an hour, and left. And I didn't - it went - woosh - didn't want to know, wasn't interested. Didn't need it. This time, they just came out of the blue again” (Wallasey Group)

“Some of the time they must be wasting their time, because they turn up and nobody knows they're coming and they may not even be there.” (Wallasey Group)

“They've come to an empty house.” (Wallasey Group)

Only one participant thought that there was a care plan in place but was not aware what this entailed and could not recall whether this had been discussed with him.

3.3 Improvements to the hospital discharge process

Participants were asked to list the main aspects of the discharge process that they felt could be improved. These issues are highlighted below.

A follow up in the community following discharge

There were widespread concerns from participants about the lack of support and advice following their discharge from hospital. Participants strongly felt that there should be a standard follow up by a medical professional from the community, even if only by phone, to all relevant people who have been in hospital:

“An automatic follow up by someone, either from your GP or from the hospital. A visit, a physical visit from someone within a week of discharge to make sure that the medication you’re on ...is correct.” (Heswall Group)

“And they should remove that little piece on the paper that says if you’ve got any problems phone the hospital, this ward. Because it’s non existent. It doesn’t exist.” (Heswall Group)

“I think it’s essential that when you do get home that there is an immediate follow up. You can go on taking medication for too long and I found that.” (Heswall Group)

“There should be an active follow up within a number of days in case there is any change of medication required.” (Heswall Group)

A check that there is someone at home to help care for you and your home is suitable for your return.

Participants thought that it should be checked that all patients have support at home following discharge, it should not be assumed.

Good communication with the GP regarding the medication the patient is on and their post admission condition.

Participants suggested improved liaison with the community following discharge so that GPs and community nurses are fully aware of the patients condition and can then follow up on it:

“I think sometimes they’re very slow in getting information to your GP.” (Wallasey Group)

A clearer understanding of what happens after discharge and who to contact for advice. Participants felt that they would benefit from clearer advice about what happens after discharge and what to do if something goes wrong:

“My wife was wondering did she need to bathe the wound because they took the clips out before I left and if so what to bathe it with so but until the doctor came which was a week later there was no one to ask so we were just left and the doctor said well I never received a copy of it so she didn’t know what to clean the wound with or when to clean it or if she was allowed to clean it at all so that part of the care plan for us was non existence.” (Heswall Group)

Quicker access to medication

Participants felt that the speed at which medication is available after discharge could be improved, to avoid long waits:

“Getting the pills to the ward on time before you leave.” (Heswall Group)

“Quicker access to medication.” (Heswall Group)

“I think that’s one of the problems in the hospital today. I noticed it’s going back a year or two or more, is they wait from Pharmacy to getting the pills. I think that’s something that could be addressed. If they know you’re going out they have the times when Pharmacy deliver to the wards but if they know a patient is about to be discharged there should be some procedure in place where the medication that’s going to that person can be delivered with the normal delivery to the ward in the morning say or whatever if the person’s discharged and then handed to them with the discharge advice etc rather than having to wait. I think that’s something that could be addressed.” (Heswall Group)

A specific discharge time

Participants felt that the discharge process could be better organised so that people are given a more specific discharge time, to avoid long waits with little information:

“A specific time when you know that the consultant who is going to discharge you because you can be told you’re going out tomorrow, I’ve been told I’m going out tomorrow and waited for practically the whole day before someone comes round to tell you. There’s nothing worse. You know you’re going home.” (Heswall Group)

“And your bed has been cleaned up and possibly even getting allocated to someone else but you still don’t know when you’re going home.” (Heswall Group)

“I think that if you are going to go home or be discharged shall we say and they say you can go home, they should do it there and then when they are by the side of your bed and not leave it and so you keep saying to the nurse can I go, can I go?” (Birkenhead group)

Access to a sign language interpreter so that deaf people understand what is happening.

Participants agreed that access to an interpreter for deaf or non English speaking patients should be a standard part of the discharge process so that patients have a full understanding of the process. A fully-trained interpreter should be available on all shift patterns.

Continuity of care

Continuity of care was a big issue for participants, seeing the same staff and consultants from admission to discharge:

“You see the consultant first time - and then after that, you never see them again.” (Wallasey Group)

Caring responsibilities

An acknowledgment of the role of the carer in the discharge of a patient and also the patient’s caring responsibilities where appropriate.

Other Issues

Other issues relating to the discharge process were also discussed. Participants were asked if they had filled in a questionnaire before leaving the hospital. Some had received and filled in such a questionnaire. They thought that this would be a useful feedback medium but there was some level of cynicism as to whether any comments were actually read and acted upon:

“If they read it.” (Heswall Group)

“Providing they follow it up, yep.” (Heswall Group)

“Only a tick-sheet, you know - didn't take long to fill in” (Wallasey Group)

Participants were keen to know that any comments would be dealt with. They requested a feedback route where what was being done to overcome any problems could be identified. There were many requests for a copy of this report.

Ultimately, aside from practical issues, it was clear that the discharge process was perceived to be ad hoc and lacking in a real actionable process. If a process actually exists then communicating this to this sample would be a useful step. Clearly setting out, in written form, how the process should be manifest, in terms of who makes the decision, how long it takes, help with transport, follow up care and communication processes with after care organisations, would be beneficial. Simply knowing where they are in the process and what to expect can alleviate many cases of stress and concern.

Appendix A Topic Guide

Wirral PCT Hospital Discharge Review – 250872

Topic Guide

Introduction

- Introduce self and Mott MacDonald, an independent market research agency who have been commissioned by Wirral PCT to conduct a piece of research.
- The focus groups are part of a review being undertaken by the Social Care, Health & Social Inclusion Scrutiny Committee. The committee are working in partnership with the PCT to carry out this process.
- Introduce subject: to gain your views on the hospital discharge process
- Introduce format of the group
- Explain MRS Code of Conduct and Data Protection, all anonymous and no attributions in reports.
- Explain audio recording and ask permission to record.
- Participant introductions.

1. Your recent stay in hospital

Objective: To enable the participants to recall their last hospital admission in order that they can reflect upon their experience later in the group.

- You have all recently needed to stay in hospital or you may care for somebody who has recently needed to stay in hospital. We would like to talk to you about your experiences of the discharge process – the process where you are transferred back to your home environment after a stay in hospital.

You do not have to talk about the reason for your stay in hospital but could you tell the group...

- When you/the person you care for were last admitted to hospital?
- How long did you/they stay in hospital?
- Which hospital were you/they staying at?
- When were you/they discharged?

2. Experiences of the hospital discharge process

Objective: To identify participants' experiences of the hospital discharge process, either as a patient, or a relative/carer of a patient.

- Tell me about your/their experiences of the discharge process, when you were coming to the end of your stay in hospital and were due to go home.
- Were they good or bad experiences? Why is that? Tell me about them.

3. Opinions of the hospital discharge process

Objective: To identify participants' opinions of the hospital discharge process, either as a patient, or a relative/carer of a patient.

Overall

- How did you/they feel about the discharge process? Did you feel that the discharge process worked well?
- Did you feel involved in the process? Why/not? How?
- Did you feel that you were consulted about your care/discharge? Why/not? How?
- Tell me about why you think that?

Staff

- Was your discharge dealt with by the same nurse who had been caring for you during your stay in hospital? If not how many different people were you dealing with?
- Did you feel there was adequate continuity of care in terms of the staff who looked after you? Tell me about why you think that?
- How would you describe the demeanour/attitude/ of the staff? Was this appropriate?
- How helpful were the staff?

Understanding of the process

- Did you feel you understood the discharge process?
- Did you feel you had enough information about what would happen when you were discharged from hospital?
- Where did you get this information? How was it presented to you? Was this how you would have liked it to be presented? Why/not?
- If verbally: How would you describe the tone of those who gave you the information? what makes you say that?

Timeliness of discharge process & facilities whilst waiting for discharge

- Did you have to wait to be discharged? If so, what was your experience like?
- How long did you have to wait? How do you feel about this length of time?
- Where did you wait? Did you go to the discharge lounge? Tell me about that.
- Were you kept informed during this wait? Who by? How often?
- Did you have to seek information yourself? How do you feel about that?

Accessing appropriate medication

- Were you given medication/access to medication upon discharge?
- Were you given the correct medication when you were discharged?
- Was the correct medication available at the time of discharge? Was any waiting time experienced? If so, how long?
- How did you feel about this aspect of your discharge? Tell me about why you think that?

Transportation required

- Did you require transport to take you home from hospital?
- Were you offered this transport?
- What did you think of this provision? What was the quality of this provision?
- Did you have to wait for the transport? How long? How do you feel about that?

Support at home following discharge (community nursing/social services etc)

- Did you receive help at home before you went into hospital? If so, was this help resumed when you went home?
- If not, were you asked if you needed help at home or was it recommended to you?
- What kind of help did you receive? How long did you receive help for? What did you think of the help you received?

Suitability of home environment after discharge

- Was your home properly prepared for your return?
- Did hospital staff check your home was ready for you (e.g. for people who have had a fall at home, is the house just as unsafe as it was beforehand?)
- If the patient was admitted as an emergency, the home (and life in general) may have been left in some disarray. Was support available to sort out any outstanding issues?
- Did you have any privately funded domestic help or personal care before admission? What has happened to that whilst they were in hospital? If you are in for a long stay, or

need intermediate care afterwards, you may have lost your private care. Or you may need extra for a while. Is hospital helping to identify and sort all these issues?

Consideration of your caring responsibilities, if a carer

- For those of you who are carers, what impact did the discharge process have on your caring ability?
- Was your caring responsibility taken into account at discharge? In what ways?
- Did you feel part of the process? Did you feel included?

Care plan

- Was there a care plan in place? Were you aware of your care plan and was it discussed with you? In what level of detail? Was this sufficient?
- How clearly was it explained to you? Did you feel confident in what the care plan set out? Did you feel confident that it was explained well enough and that you understood the plan?
- Was this a written care plan? Did you receive a copy?
- If yes, was it useful?
- If no, would this have been useful?

3. Improvements to the hospital discharge process

Objective: To identify whether they think any part of the process could be improved.

- Whether you have experienced the discharge process directly or indirectly, do you think anything about it could be improved? *Spontaneous, then prompt if necessary:*
 - Continuity of care staff
 - Hand over to community nursing team
 - Understanding of the process
 - Level of information received
 - Improved links with Social Care upon discharge from hospital
 - Accessing appropriate medication
 - Facilities whilst waiting for discharge
 - Transportation required
 - Suitability of home environment after discharge
 - Consideration of your caring responsibilities, if a carer
 - Absence of care plan
 - Support at home following discharge
 - Timeliness of discharge process

Other issues

- Did you get a questionnaire from the hospital prior to discharge? Did you complete it?
- Would a questionnaire have been useful? What makes you say that?

Sum up

- Are there any other comments you would like to make about the hospital discharge process?

Appendix B Moderator Notes on Discharge Process

Hospital discharge policy notes for moderator

The Wirral University Teaching Hospital and Primary Care Trust discharge teams have developed a policy, based on the Department of Health “Discharge from hospital: pathway process and practice guidance”, which aims to ensure the safe transfer and discharge of individuals to and from their usual care environment.

The Nurse / Midwife is responsible for ensuring that:

- All communication with the patient is recorded in the patient case notes
- The name of the responsible nurse should be clear to all those involved in the patient’s care and clearly documented in the patient’s case notes
- Co-ordinating patient assessment, using the Adult Common Assessment Framework and any specialist assessment
- Discussion with the patient regarding potential discharge/transfer dates takes place within 24 hours of admission and is recorded in the patient’s case notes
- Discussion with the patient’s relatives and carers a potential transfer/discharge date and destination as early as appropriate after admission and record in patient’s case notes
- Following a thorough assessment of the patient’s needs, ensure that timely referrals are made, results are received and any delays are followed up
- The Continuing Care checklist is completed for every patient once clinically stable (appendix 1)
- If Carers issues are identified that a referral is made to Social Services
- Discharge Action plan is initiated and completed (appendix 1)
- Referral to Intermediate Care Discharge team (ICDT) is made on the identification of patients who require an Intermediate care bed
- All patients who meet the discharge lounge criteria (appendix ?) are transferred to the discharge lounge by 10am (Monday – Friday)
- Mental capacity assessment is undertaken for patients presenting with cognitive impairment
- Discharge letters are given to the patient on discharge

The Integrated Community Discharge Team (ICDT) is responsible for:

assessing patients who may require an Intermediate care bed
ensuring that referrals to the District nursing service are sent to the correct locality
Fast tracking discharge arrangements for dying patients
Ensuring that pressure relieving equipment is identified and ordered in time for the discharge date
Validating the decision support tool assessment and making recommendations

Process for Discharge

The process for discharge begins on admission with the commencement of the discharge action plan
When identified fit for discharge the Discharge Action plan is completed.
Between 8am and 8pm Monday – Friday - All patients are transferred to the discharge lounge at 10 am (except Bank Holidays).

Process for Discharging Dying Patients

The Dying patient will be referred to the Integrated Community Discharge Team for fast tracking discharge arrangements.

Process for Discharging Homeless Patients

The Trust's formal admission procedures should be adhered to, ensuring homeless people are identified on admission and their pending discharge is notified to the relevant primary healthcare services and to homelessness services.

Process for Discharging Patients whose First Language is Not English

The Trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. It is not appropriate to use children to interpret for family members who do not speak English or who have a sensory impairment

For assistance with translators / interpreters, staff must contact the Patient & Public Involvement Manager on extension 8437 during office hours or the Hospital Co-ordinator out of office hours.

Patients with a Sensory Impairment

Wards and Departments all have access to communication aids, for example hearing aid loops, communication boards, etc. For guidance, contact the Trust Disability Advisor on extension 2869.

Process for Planned Discharge Out of Hours

The process for discharge out of hours (Bank holidays, weekends & after 8pm) is the same as usual except that:

If a district nurse / midwife is required a referral should be faxed to the GP Out of Hours service

Ensure the relative / carer is informed and is aware of the discharge time

Transport will be provided if required

Documentation Provided on Discharge

Patients will have the following documentation provided on discharge:

- A discharge letter
- Clinic appointment if required
- Prescription chart if required
- Relevant Information leaflet
- Transfer documentation for Residential / Nursing Home discharge
- Adult Community Assessment Framework documentation for an Intermediate care bed

APPENDIX 3: MEETINGS HELD DURING THE EVIDENCE-GATHERING STAGE OF THE REVIEW

Meetings were held with the following individuals during the evidence gathering stage of the review.

1 Wirral University Teaching Hospital

Pat Elliott, Deputy Divisional General Manager, Medical Division
Janine Wharton, Manager, during visit to Discharge Lounge (August 2008)
Mandy Chapman, Divisional Lead Nurse during visit to Rehabilitation ward, Arrowe Park Hospital
Melanie Maxwell, Director of Clinical Effectiveness
Heather Gassab, Manager, during visit to Discharge Lounge (January 2009)

2 Wirral NHS (PCT)

Tina Long, Director of Strategic Partnerships
Heather Rimmer, Integrated Commissioner, PCT / Department of Adult Social Services

3 Wirral Council, Department of Adult Social Services

Rick O'Brien, Head of Service, Access and Assessment
Dave Carroll, Service Manager
Jeanette Hughes, Manager, Care Management Team based at Arrowe Park Hospital

4 Voluntary Sector

Susan Cassapi, Manager and Advocate, WIRED (Wirral Information Resource for Equality and Disability)
Sue Newnes, Manager, Alzheimer's Society – Wirral Branch
Sharon Gould, Volunteer, Citizen's Advice Bureau, Arrowe Park Office
Annette Roberts, Chief Executive, VCAW (Voluntary Community Action Wirral)



Patron: Lady Grace Sheppard
Patron for Ethnic Minority Groups: Lady Irene Chan

Wirral Older People's Parliament

Hospital Discharge Survey July-September 2008.

Initial Report

About 700 copies of our questionnaire were distributed during the late summer, and exactly 200 completed questionnaires were received by the end of September. We thank Parliament members and associates, plus professionals within the NHS and Adult Social Services who helped by giving out questionnaires. We thank the 200 people who took the time and trouble to fill in the document. We also thank the Wirral PCT who agreed to fund the Freepost service, and Livi Parkins at Age Concern Wirral, who transferred the data onto a spreadsheet.

Responses came from across Wirral, with a significant proportion from the Pensby area

There were more women than men, and the biggest age group was people in their 70s, although 60s and 80s were nearly as well represented. There were seven respondents in their 90s. Almost half lived in a house with stairs, and almost half lived alone. For half the group, this was their only hospitalisation in the past year, but over fifty had been in once or twice before in the year, and one respondent seven times. Well over half were in Arrowe Park, twenty six in Clatterbridge and about twenty in various other hospitals around Merseyside and Cheshire. Only twenty two reported being offered a choice of hospital, although almost half of the 200 had been admitted as an emergency, and are unlikely to have had a choice. Those who had a choice said that they chose for convenience(10), doctor's recommendation or medical reasons(5) and shorter waiting list (3) For thirty eight this was a readmission for a previously treated condition.

We asked how many nights they had stayed. Twenty five had Day Treatment. The rest ranged from 1 to 90 nights. About one third were home within the week. About two thirds had more than one ward during their stay – though I realise that A&E admissions may have found it difficult to be sure what constituted a ward. However, twenty five stated that they stayed in three wards , and one person claimed six! Two of the people told us that they had been readmitted within three days in an emergency.

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We tried to find out how patients recalled any assessment they received on the ward in preparation for discharge. Twenty five thought that they (or a family member) had completed a self assessment document. Sixteen thought that they had done one at some other time. About one third were clear that a member of the hospital staff or a social worker had discussed how they might cope after discharge. About half thought that they had been given enough information to cope after discharge. One quarter were clear that they had not, and many of the individual comments relate to feelings of fear and anxiety about what to do once they were away from the ward.

We were surprised that almost half of the respondents claim to have had a day or less notice of time of discharge. Twenty four of them said that they had one hour or less warning, and there were some written comments about how difficult this can be. Almost all were returning to their own home. Five stayed for a while with family or friends; six had intermediate care and one moved into a care home. Exactly half reported no delays in getting their medicines for discharge, but forty two had unacceptable delays. Sixty four say that they went to the discharge lounge, but under half of this number stayed there for over an hour. Ten suggested that their stay there was far too long ("most of the day" "ages" "too long" "eight hours" etc) Over half were taken home by family or friends. Three used volunteer drivers and three public transport. Thirty four went with the Ambulance Service. An alarming number of our respondents mentioned difficulties that their driver had had in parking near the main entrance for pick up, and the biggest single suggestion on the questionnaires is that there should be a short stay pick up bay at the main entrance (or some other hospital door).

We looked at preparations which might have been made by others to get their home ready for discharge. Forty had not had anyone to do this, and there were several distressing comments about the problems. These ranged from someone having four days worth of diarrhoea-stained bedding from pre-admission to deal with, to someone contacting her son in Scotland to order shopping via Tesco Direct. Someone else persuaded the District Nurse to shop for her, since she didn't have anything in the house. Over a quarter said that no one checked that they were going to be able to get around the house and manage the basics. This is an area needing urgent action for the significant minority who live alone without anyone to prepare the house for them.

There were, however, far more adverse comments about medical needs after hospital. Many of them clearly relate to anxiety and lack of knowledge. When one is

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in hospital, most people feel that help is at hand if something feels wrong. Many of the group living alone, or living with their spouse obviously felt very “alone” and “vulnerable” Several felt that they should have had nurse visits to change dressings or that their GP should have been notified on the day of discharge and checked on them. Forty six reported having visits of a health professional arranged before discharge . Several others thought that they had been told to expect OT or physio follow-up which did not materialise. One respondent reported a week at home before the OT aids were delivered.

Only sixteen reported a home care support package arranged by the local authority, and a further twenty three told us that they arranged extra help privately. Our question aimed at exploring the possible offer of an individual budget did not get much understanding or response. One person said that the care assistants from a local authority funded agency were incompetent, and were cancelled. There were several remarks of this type “ I wasn’t well enough to look after myself. Knowing somebody would come in to do some little jobs for me while I was recovering would have been nice”

Nearly half felt that overall their discharge had been well planned; but thirty two said it had not, and this number is concerning. Eight people had not felt ready to go home, but, on the other hand there were a few who said that they had wanted to leave before they actually did.

Although the biggest single suggestion was a pick up point near the door to take patients home, there was a collection of comments which add up to a major concern, which we are very anxious to see addressed. They all fall into the category of lack of information and poor communication between agencies and the patient. This is typical:- “I would have liked more information as to my estimated time of stay, when I could expect my discharge, and what was available for me as after care as I live alone” “It would have been nice to have advice about care and help at home.” “The discharge was chaotic. The overall impression was one of I was deemed to be a liability and just in the way and to be rid of asap. Would have liked someone to sit and go through with me what my most immediate needs are and how can they be best met, and if they can’t, how can we proceed” “I went in as an emergency. It would have been helpful to speak with the consultant regarding future prognosis. He never spoke to me at all. I would have liked to speak to staff about possible establishments if my family can’t help. I needed information about the possible effects of medication

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and what to look out for. I would have liked the telephone numbers for emergency doctors, and more rapid transfer of information to my doctor.”

To counterbalance the concerns, we must stress that about half of our sample were very happy with their treatment and discharge. A follow up report will look in more detail at where the difficulties lie, and how the patients who were treated outside the Wirral fared on discharge. Our immediate recommendations are:-

1. Make it easier for discharged patients to be picked up at an entrance to the building.
2. There are still some long delays for discharge medication. How can this be speeded up?
3. Identify patients who have had no-one to prepare their home for discharge. (Consider the new “Home from Hospital” service being set up by VCAW.) In general, patients who live alone are extremely anxious about possible problems.
4. Look at ways in which all teams (hospital and community) can communicate better between themselves and with the patient. The high levels of anxiety, often due to lack of information, experienced by discharged patients were very evident in the comments on the questionnaires.

To quote one of our respondents “Explain procedures and what is going to happen. Waiting for things to happen stresses a patient. It’s like waiting for a bus that never comes”

Sandra Wall
Health and Social Care Committee of Wirral Older Peoples Parliament

APPENDIX 5: PROPOSED ‘PERSONAL / HOME CIRCUMSTANCES CHECK LIST’ (AS ORIGINALLY PROPOSED BY WIRRAL OLDER PEOPLE’S PARLIAMENT)

These questions are not about the medical and nursing care and treatments you might need. They are about the practical things which might not be easy when you have been ill.

- | | | |
|---|-----|----|
| a. Do you normally have other people living at home with you? | Yes | No |
| b. Do you care for anyone else at home ? | Yes | No |
| c. How are they being cared for at the moment? | Yes | No |
| d. Will your home be clean and tidy for you when you go home? | Yes | No |
| e. Will there be someone to do your laundry while you are in hospital? | Yes | No |
| f. Will there be someone to get shopping in for your return home? | Yes | No |
| g. Will someone have dealt with your mail while you are In hospital? | Yes | No |
| h. Will there be someone to take you home when you go? | Yes | No |
| i. Will someone have dealt with any bills for you? | Yes | No |
| j. Will someone have looked after any pets you have? | Yes | No |
| k. Have you got a bit of money for your stay in hospital? | Yes | No |
| l. Do you think you will be able to cope at first when You get home? | Yes | No |
| m. Have you got family or friends who will be able to help if necessary when you get home? | Yes | No |
| n. If you think you will need extra paid care for a while when you get home, can you afford to pay? | Yes | No |

- | | | |
|---|-----|----|
| o. Will you be able to get round the house to the bathroom, kitchen, phone etc? | Yes | No |
| p. Will you have a door key for your return home? | Yes | No |
| q. Will someone be able to bring in clothes for your return home? | Yes | No |
| r. Is there any medication at home that you are taking regularly? | Yes | No |
| s. Have you got any worries we have not mentioned about your return home? Please let us know what they are. | | |

Would you like to give us the name and phone number of the main person who will be helping you when you go home?

WIRRAL COUNCIL

CABINET

25 JUNE 2009

REPORT OF THE DIRECTOR OF FINANCE

CAPITAL OUT-TURN AND DETERMINATIONS 2008/09

1. EXECUTIVE SUMMARY

1.1 This report informs Cabinet of the capital out-turn for 2008/09 and the resources used to fund the programme. Under Part IV of the Local Government and Housing Act 1989, the Authority is required to make a number of formal Determinations in respect of its capital expenditure and financing and this report includes those for the 2008/09 financial year.

2. CAPITAL PROGRAMME 2008/09

2.1 The Capital Programme 2008/11 was approved by Council on 17 December 2007 and confirmed by Council, as part of the budget for 2008/09, on 3 March 2008. Other than the impact of decisions by Council / Cabinet the revisions relate to slippage resulting in both the spend and the resources being similarly deferred to later years.

2.2. On 22 May 2008 a report detailing the Schools Capital Funding 2008/09 was provided by the Director of Children & Young People. The same meeting also agreed to provide financial support for the works to the Bidston Viaduct. This major initiative, subject to a final decision by the Department for Transport, will require a Council contribution of £2.9 million between 2009 and 2012.

2.3. On 26 June 2008 the Capital Out-turn and Determinations report was submitted as part of the year-end accounts for the 2007/08 financial year and detailed the slippage into the 2008/09 financial year.

2.4. On 25 September 2008 the budgets for the Department of Law, Human Resources and Asset Management were established including the transfer of those elements within the capital programme.

2.5. On 16 October 2008 as part of the Transformation of Adult Social Care it was agreed that the project, and funding, for Poulton House be cancelled. To the same meeting it was reported that following the Audit of the Statement of Accounts for 2007/08 the amount included for the capitalisation of highways maintenance in 2008/09 was reduced by £2 million.

2.6. On 10 December 2008 the Capital Programme 2009/12, including the new submissions, was approved and agreed by Council on 15 December 2008. As part of the Estimates 2009/10 to Cabinet on 23 February 2009 the programme was updated to incorporate the agreed grant allocations and new approvals.

3. CAPITAL OUT-TURN

3.1 The capital spend for the year on the accruals basis amounted to £69.5 million. This compared to the base programme of £77.8 million and the latest revised programme of £75.4 million. This is summarised in the following table:-

Spend	Original Approval £000	Forecast March £000	Final Out-turn £000
Adult Social Services	2,952	3,128	493
Children & Young People	32,221	21,336	20,282
Corporate Services	410	1,160	800
Law, HR and Asset Mgt	1,860	2,111	1,764
Regeneration	29,079	37,276	36,574
Technical Services	11,318	10,433	9,606
Total spend	77,840	75,444	69,519

3.2 Adult Social Services

3.2.1 The Director reported regularly to Cabinet on the progress on Transforming Adult Social Care which includes a review of intermediate care. This review resulted in the scheme for Poulton House being deleted from the programme. Consultation is underway that will set the agenda for places like Girtrell Court and impact upon decisions regarding adult accommodation provision. The future works remain subject to review and the £2 million programme and associated resource have been re-allocated to 2009/10.

3.2.2 There was an award of IT Infrastructure Grant for the three years 2008/09 to 2010/11 to support effective information sharing between health and social services. The Mental Health and Single Care grants for the same period were received and the 2008/09 grants of £0.4 million are to be spent in 2009/10.

3.3 Children & Young People

3.3.1 A report on the Schools Capital Funding for 2008/09 was presented to Cabinet on 22 May 2008 which provided details of all aspects of the programme and the plans for the year. On 26 May 2009 Cabinet considered the 2009/10 report which also included a review of the 2008/09 financial year.

3.3.2 The Building Schools for the Future (BSF) – One Pathfinder project for Woodchurch High School is progressing in accordance with the timescales agreed with the Department for Children, Schools and Families. A start on site was made during March 2009 and the spend in the year exceeded the initial projections.

3.3.3. Under the national scheme to develop Children's Centres Phase 1 and Phase 2 all 19 centres have now been opened with work continuing on the smaller scale schemes in Phase 3.

- 3.3.4. A major element of the programme is the Formula Capital allocated to schools. The implementation of individual projects is managed jointly by the school and the Council comprising a large number of essentially smaller value schemes. The timing of the schemes is largely down to the schools and so the level of spend can vary from the initial projections and schemes with resources re-profiled into 2009/10.
- 3.3.5 The Targeted Capital programme to build teaching accommodation at West Kirby Grammar and Wirral Boys Grammar saw both schemers successfully completed this financial year.
- 3.3.6 With the re-phasing of the Computers for Pupils Initiative to cover two financial years and the Early Years Quality and Access Initiative and Home Access Targeted Groups schemes deferred to 2009/10 the grant funding has also been re-allocated to 2009/10.

3.4 Corporate Services

- 3.4.1 The Think Big Investment Fund has helped support businesses, and given the changing economic environment Cabinet on 23 April 2009 agreed to amend the operation of the Fund. £0.2 million of agreed support has been re-profiled to 2009/10.
- 3.4.2 The IT software management scheme was an Invest-To-Save scheme that was successfully completed during the year. The savings are being achieved with the full £170,000 deliverable from 2010/11.

3.5 Law, Human Resources and Asset Management

- 3.5.1 The most significant area is Property Maintenance with the programme building upon the Condition and Health & Safety surveys in order to prioritise the works each year. As part of the completion of the accounts an assessment was made as to the capital nature of the schemes.
- 3.5.2 The programme included the progression of the Strategic Asset Review. Given subsequent developments the works to the buildings identified including One Stop Shops has seen the £0.5 million overall programme plus resourcing deferred until 2009/10.
- 3.5.3 The new Archive and Record Management facility was successfully opened and has received national recognition from The National Archive (TNA) which regulates the service. TNA inspected the facility in July 2008 and granted a licence for it to open to the public. A decision by TNA on whether Wirral becomes one of 30 accredited sites for the place of deposit for Public Records would further enhance the facility.

3.6 Regeneration

- 3.6.1 The year saw the Oval Sports Centre successfully re-open after a substantial programme of works. There has been a claim submitted by the contractor for increased costs which may result in a report to a future Cabinet. This main scheme was complemented by the additional provision of 5-a-side football facilities with this Invest-To-Save scheme generating increased revenue income. A similar initiative at the Wirral Tennis Centre also produced the expected benefits from increased income.
- 3.6.2 The redevelopment of New Brighton includes the creation of the new Floral Pavilion. This was officially opened in December 2008. The contractor and their partners were recognised by a Best Practice Award at the Northwest Regional Construction Awards in May 2009, with the project seen as helping to change the image of New Brighton and kickstart regeneration.
- 3.6.3 Whilst commitments are made in respect of Disabled Facilities Grants the timing of the works and therefore the incurring of spend is largely determined by the grant applicants. As a consequence commitments and associated funding were deferred to 2008/09. The planned works at Landican Cemetery have been re-programmed so that the works will be largely undertaken during 2009/10.
- 3.6.4 The Special Initiatives element of the programme includes schemes and related funding in respect of Objective One and the Single Regeneration Budget. Schemes such as New Brighton Promenade and the business park developments at Bromborough are included within the Merseyside-wide programme of schemes. The programme totalling £10 million is due to be completed in 2010 with £2 million of investment taking place in 2009/10.
- 3.6.5 The Housing Market Renewal Initiative (NewHeartlands) continues to progress although the impact of the worldwide and national financial situation is affecting developers. The size and nature of the programme (£14 million in 2008/09) requires the programme and funding to be flexible with the re-phasing of expenditure and resources kept under review to maintain continuity of progress.

3.7 Technical Services

- 3.7.1 The Highways Structural Maintenance Programme 2008/09 was approved by Cabinet in March 2008 and updated in June 2008 when the plans for Road Safety schemes were also agreed.
- 3.7.2 Cabinet, as reported previously, agreed to a reduction in the amount of highways maintenance to be capitalised. For 2008/09 the sum deemed as capital was £1.5 million primarily for carriageway works.

- 3.7.3 Following the award of increased Coast Protection grant funding to reflect that particular element of the scheme the contract for works to the West Kirby Marine Lake commenced. The need to replace the initial contractor should still see the scheme completed within existing allocations during summer 2009 with an element of the programme, and funding, re-profiled to 2009/10.
- 3.7.4 Operational slippage occurred in respect of the next phase of the energy efficiency programme and the waste infrastructure projects with £0.3 million of these schemes re-programmed into 2009/10.

4. CAPITAL FINANCING

- 4.1.1 When setting the annual programme account is taken of potential slippage and an element of 'over-programming' is built into the programme. At the end of the year the following resources were used to finance the expenditure and formal approval of the actual resources used is required:-

Resources	Original Approval £000	Forecast March £000	Final Out-turn £000
Borrowing	31,092	24,796	17,777
Grant – HMRI	9,800	8,900	8,961
Grant – Education	20,899	15,060	12,319
Grant – Other	11,636	22,225	24,126
Revenue / Reserves	413	463	2,336
Capital Receipts	4,000	4,000	4,000
Total resources	77,840	75,444	69,519

- 4.1.2 Within the programme schemes funded by borrowing, grant or reserves which were delayed, deferred or slipped into 2009/10 similarly saw the resources carried forward. The opportunities offered by the receipt of additional grants, particularly for housing initiatives and cultural services schemes, and the benefits from cash flow management meant the requirement to use capital receipts was reduced from the earlier expectations.

4.2 Use of Borrowing

- 4.2.1 The Local Government Act 2003 introduced a new system of capital finance effective from 1 April 2004 that replaced the previous system of borrowing determined by the issue of Credit Approvals, with a system governed by local affordability and prudence.
- 4.2.2. During 2008/09 the borrowing strategy was amended so as not to undertake any long-term borrowing to meet the cost of the capital spend, and as investments matured the money was used to temporarily fund the capital spend. This was a short-term response to complex and unique market conditions that would not normally be cost-effective but was beneficial in 2008/09. The amount referred to in the table above represents the underlying need to borrow which can be different from the amount actually borrowed.

4.3 Use of Grants

4.3.1 In financing the 2008/09 capital expenditure the Authority applied £45.406 million which has been, or is expected to be, reimbursed by other parties through grants such as those for schools within Children & Young People and for NewHeartlands Housing Market Renewal, the Floral Pavilion, and special initiatives within Regeneration.

4.4 Expenditure Financed From Reserves and Revenue Accounts

4.4.1 The Authority applied £2,336,000 of reserves and revenue to finance the 2008/09 capital expenditure with this primarily from Children & Young People including schools.

4.5 Use of Usable Capital Receipts

4.5.1 The generation of capital receipts through the sale of assets is used to fund the programme and this income offers flexibility in the timing of its use. In financing its 2008/09 capital expenditure the Authority applied £4 million of its usable capital receipts.

4.6 Minimum Revenue Provision (MRP)

4.6.1 In 2008/09 the Authority made payments from the General Fund revenue account of £8.3 million as provision for the repayment of external debt.

4.6.2 The Local Authorities (Capital Financing and Accounting) Regulations 2008 amended the rules governing debt redemption and the Minimum Revenue Provision (MRP). In terms of the MRP policy Cabinet on 16 April 2008 agreed that for 2008/09 the Council will make a repayment of not less than 4% of the Capital Financing Requirement (the requirement to borrow). The sum provided in 2008/09 meets this policy.

5. STAFFING IMPLICATIONS

5.1 There are no specific implications arising out of this report.

6. LOCAL MEMBER SUPPORT IMPLICATIONS

6.1 There are no specific implications arising out of this report.

7. LOCAL AGENDA 21 STATEMENT

7.1 There are no specific implications arising out of this report.

8. PLANNING IMPLICATIONS

8.1 There are no specific implications arising out of this report.

9. **COMMUNITY SAFETY IMPLICATIONS**

9.1 There are no specific implications arising out of this report.

10. **HUMAN RIGHTS IMPLICATIONS**

10.1 There are no specific implications arising out of this report.

11. **BACKGROUND PAPERS**

11.1. Local Government Act 2003 and subsequent amendments.

11.2. Local Government (Capital Finance and Accounting) Regulations 2008.

12. **RECOMMENDATIONS**

12.1. That the actions regarding the progress in delivering the programme and the slippage from 2008/09 to 2009/10 be agreed.

12.2 That the capital out-turn and financing for 2008/09 be agreed.

12.3. That the formal Capital Determinations be agreed.

IAN COLEMAN
DIRECTOR OF FINANCE

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WIRRAL COUNCIL

CABINET

25 JUNE 2009

REPORT OF THE DIRECTOR OF FINANCE

COLLECTION SUMMARY – 2008-09

1. EXECUTIVE SUMMARY

1.1. This report details the collection of Council Tax, Business Rates, Sundry Debtors and Housing Act Advances. It highlights key collection indicators and trends with regard to irrecoverable sums and requests approval to write off debts in excess of delegation.

2. COUNCIL TAX

2.1. Council Tax Collection

2.1.1. The following statement summarises collection of Council Tax.

	£	£
Arrears Brought Forward at 1 April 2008		11,933,455
Total Charge		<u>167,372,706</u>
		179,306,161
Less Credits Brought Forward at 1 April 2008		<u>789,698</u>
		178,516,463
Less Allowances:		
Exemptions	5,217,368	
Disabled Persons Relief	136,027	
Discounts	21,265,009	
Benefits	26,482,164	
Write-offs	<u>445,702</u>	53,546,270
		124,970,193
Add Refunds Made		1,407,807
Add Costs		<u>448,000</u>
		126,826,000
Less Cash Received		<u>113,985,000</u>
Arrears Carried Forward at 31 March 2009		<u>12,841,000</u>
Number of properties at 31 March 2009		145,421
Number of Benefit Recipients at 31 March 2009		39,150

2.1.2. During 2008-2009 a total of 60,971 reminder notices were issued and 19,811 court cases were heard leading to 15,336 Liability Orders and 1,607 Attachment of Earnings Orders. Deductions from Job Seekers Allowance/Income Support in 3,351 cases were commenced and 9,297 cases were referred to Bailiffs.

2.1.3. Despite the economic downturn in 2008/09 Council Tax collection continued to improve slightly with an increase from 96.6% in 2007/08 to 96.7% in 2008/09. It is not expected that there will be a significant increase in collection for 2009/10 and I anticipate collection levels to be maintained or slightly decreased.

2.2. Council Tax Irrecoverables

2.2.1. There is no specific power to write off Council Tax debts, which are covered by the general power of administering the financial affairs of the Authority. Examples of suitable cases for write off are: deceased persons with no estate, persons not traced, Insolvency and minimal sums. All other debts are actively pursued.

2.2.2. The write-off provision for 2008/09 was £3.8m. Trace and recovery work is on going for Council Tax arrears. In 2008/09 £705,592 has been written off and is categorised as follows:

	£
Deceased	3,967
Insolvency	95,060
Miscellaneous	-165,234
1996-1997	259,890
2002-2003	<u>511,909</u>
	<u>705,592</u>

Miscellaneous write-offs include small debits/credits which are uneconomic to pursue, committal sums remitted, recovery costs cancelled, and debts that are statute barred.

2.2.3. The 2002/03 accounts have been analysed for collection purposes. This resulted in £511,909 of the debt being written off as unable to be traced. The remaining £399,852 will continue to be collected.

2.2.4. A balance at 1 April 2008 of £868,574, covers the period from 1 April 1996 to 31 March 2000. £57,245 was collected against residual debts. The cash receipts were reduced by £70,363. This was refunded to taxpayers due to successful Council Tax banding appeals. These have increased greatly due to continuing press and television publicity. Many of the appeals resulted in repayments as far back as April 1993.

2.2.5. I have, under delegated powers, written off the balance of the 1996/97 debt during 2008/09. The debt is 12 years old and this practice is in line with that used for General Rates and Poll Tax debts of that age. £259,890 was written off. The final collection performance for 1996-97 Council Tax was 99.22%.

2.3. Council Tax Statistics

2.3.1. Number of Dwellings

1 April 2008	144,638
1 April 2009	145,421

Number of Dwellings as an Equivalent of Band 'D'

1 April 2008	105,593
1 April 2009	105,863

2.3.2. Year on Year Volume Comparisons

	31.03.07	31.03.08	31.03.09
Direct Debit Payers	85,100	86,500	85,995
Discount Recipients	56,383	*64,134	#70,130
Exempt Persons	3,397	3,530	3,835
No. of Amended/Copy Accounts	190,456	129,477	125,092
No. of Returned Direct Debit Payments	11,116	13,478	10,411
Payments: Direct Debits	796,001	838,589	861,591
Cash/Cheque	190,025	69,694	124,395
Salaries/Wages	37,987	35,582	20,492
Debit/Credit Card			
Internet	n/a	11,096	12,209
Phone	n/a	12,546	14,201
Other (incl Counter)	n/a	20,026	19,505
Refunds	6,790	6,126	5,972

* includes 6,528 Pensioner Discounts (1%)

includes 7,193 Pensioner Discounts (2%)

3. BUSINESS RATES (NATIONAL NON DOMESTIC RATES)

3.1. Collection

3.1.1. The following statement summarises 2008/09 collection.

	£	£
Opening Debit		72,572,986
Plus Balance Brought Forward		2,032,689
Plus Costs		<u>41,983</u>
		74,647,658

<u>Allowances</u>		
Assessment changes in year	-3,002,970	
Empty relief exemptions	-1,147,552	
Empty relief	177,700	
Small Business rate relief	-2,013,786	
Charitable Organisations	-3,115,590	
Transitional Relief	-203,813	
Part Occupation Property Relief	-163,502	
Write-Offs	-15,999	
Hardship	0	
		<u>-9,485,512</u>
		65,162,146
Refunds made		<u>4,637,693</u>
		69,799,839
Less Cash Received		-61,364,747
Less net Interest		<u>-192,674</u>
		8,242,418
Balances Carried Forward		8,242,418
Rateable Value 1 April 2008		156,791,226
Number of Properties 1 April 2008		8,098

3.1.2. The Business Rates system is based on a nationally set charge collected locally. In 2008/09 Wirral paid £61.9m into the National Pool. The Government re-distributes the Pool to all Authorities based on population, and in 2008-09 Wirral received £129.4m.

3.2. Irrecoverables

3.2.1. Within the collection target is an allowance for irrecoverables or losses on collection. This is calculated as a percentage of anticipated yield and was £558,522 in 2008/09 as compared to £530,172 in 2007/08.

3.2.2. The Government sets these allowances for Authorities. Write-offs above these levels may need to be audited and, if accepted, collection levels are amended. The write off levels were not exceeded during 2007/08 so no specific action is required. A change in business rates systems resulted in far fewer write offs being processed during 2008/09. It is expected that there will a resultant increase in those processed during 2009/10.

3.2.3. A breakdown of 2008/09 write-offs is given below:-

	Amount £
Absconded/Irrecoverable	30,721
Insolvency	(14,855)
Miscellaneous. (Inc. Deceased)	<u>133</u>
TOTAL	<u>15,999</u>

3.3. Statistics

Property	2008/09	2007/08
Number of Properties on Valuation List	8,098	8,062
Rateable Value	£156,791,226	£156,102,380
New and Altered Property Notifications	452	516
 Recovery Action		
Summonses	1,081	1,245
Liability Orders	667	997
Chargepayers on Direct Debit	3,066	3,098

4. SUNDRY DEBTOR ACCOUNTS

4.1.1 The collection statement for 2008/09 is shown with the 2007/08 comparison.

	2008/09 £	2007/08 £
Balance Brought Forward at 1 April	21,974,186	16,245,588
Net Amount of Invoices	<u>80,412,203</u>	<u>69,704,852</u>
	102,386,389	85,950,440
Less Write-Offs	<u>148,006</u>	<u>0</u>
	102,238,383	85,950,440
Payments Received	<u>74,587,783</u>	<u>63,976,254</u>
Balance Carried Forward at 31 March	27,650,600	21,974,186

4.1.2. The number of invoices and their value raised over the last five years are as follows:

	Number of Invoices	£m
2004/05	38,792	41.3
2005/06	32,080	45.9
2006/07	32,720	44.0
2007/08	39,480	69.7
2008/09	38,156	76.3

4.2. Irrecoverables

4.2.1 Provision for irrecoverable debts has been made and debts identified as irrecoverable are being written off. The amounts written off under delegated powers in operation for 2008/09 (under £1,000) are summarised below:

	Number	£
Absconded and No Trace	41	7,120
Irrecoverable	167	31,445
Miscellaneous	76	17,552
Insolvency	20	5,842
Deceased debtors and small value	<u>152</u>	<u>13,782</u>
	456	75,741

4.2.2 Sums over the limit of delegation are shown later in the report and require Cabinet approval. These items are within the following categories and are detailed in Appendix 1.

	Number	£
Absconded and No Trace	2	7,250
Irrecoverable	2	11,966
Miscellaneous	2	26,542
Deceased	<u>2</u>	<u>26,507</u>
	8	72,265

4.2.3 Details have previously been requested for debts of over £5,000 which have been submitted for write off and these are detailed below.

Case 1 Department of Adult Social Services

Invoice dated February 1999 amounting to £7,456.22 in respect of accommodation charges. The debt is now over 10 years old and it has been advised that debt is now statute barred.

Case 2 Department of Law, HR and Asset Management

Invoice dated July 2001 amounting to £9,053.54 in respect of a contribution towards a renovation grant. The debtors' marriage broke up with both parties vacating the property and subsequently the debt proved irrecoverable.

Case 3 Department of Law, HR and Asset Management

Invoice dated January 2003 amounting to £19,086.00 in respect of a grant for the purchase of a property. When recovery action was attempted, there was insufficient documentary evidence to prove the charge and consequently the debt could not be recovered in Court

7. FINANCIAL AND STAFFING IMPLICATIONS

7.1. There are no financial and staffing implications beyond the statements of accounts contained in this report.

8. LOCAL MEMBER SUPPORT IMPLICATIONS

8.1. There are no specific implications arising out of this report.

9. LOCAL AGENDA 21 STATEMENT

9.1. There are no specific implications arising out of this report.

10. PLANNING IMPLICATIONS

10.1. There are no specific implications arising out of this report.

11. EQUAL OPPORTUNITIES IMPLICATIONS

11.1. There are no specific implications arising out of this report.

12. COMMUNITY SAFETY IMPLICATIONS

12.1. There are no specific implications arising out of this report.

13. HUMAN RIGHTS IMPLICATIONS

13.1. There are no specific implications arising out of this report.

14. RECOMMENDATIONS

14.1. That the collection summary for 2008-09 be agreed.

14.2. That the irrecoverable sums totalling £72,265.31 be approved for write off.

IAN COLEMAN
DIRECTOR OF FINANCE

APPENDIX 1

IRRECOVERABLE SUNDRY DEBTORS PROPOSED FOR WRITE OFF

<u>Date</u>	<u>Name</u>	<u>Account Detail</u>	<u>Reason</u>	<u>Amount</u>
<u>Children & Young People</u>				
26-Apr-99	JPB	Student Award	WRITE OFF NO TRACE	£2,388.88
24-Feb-03	CEN	Student Award	WRITE OFF NO TRACE	£4,861.27
				<u>£7,250.15</u>
<u>Law, HR and Asset Management</u>				
26-Jul-01	MTF	Renovation Grant	WRITE OFF IRRECOVERABLE	£9,053.54
30-Jan-03	MD	Purchase Grant	WRITE OFF INSUFFICIENT PROOF	£19,086.00
				<u>£28,139.54</u>
<u>Adult Social Services</u>				
03-Feb-99	HT	Accommodation Charge	WRITE OFF STATUTE BARRED	£7,456.22
05-Jul-00	MB	Accommodation Charge	WRITE OFF DECEASED	£25,036.35
29-Aug-01	RR	Accommodation Charge	WRITE OFF DECEASED	£1,470.37
30-Jan-03	OL	Overpaid Charges	WRITE OFF IRRECOVERABLE	£2,912.68
				<u>£36,875.62</u>
TOTAL				<u>£72,265.31</u>

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WIRRAL COUNCIL

CABINET

25 JUNE 2009

REPORT OF THE DIRECTOR OF FINANCE

TREASURY MANAGEMENT ANNUAL REPORT 2008/09

1. EXECUTIVE SUMMARY

- 1.1 This report presents an overview of Treasury Management activity in 2008/09 and confirms compliance with treasury limits and prudential indicators. It has been prepared in accordance with the CIPFA Treasury Management Code and the Prudential Code.

2. BACKGROUND

- 2.1 Treasury Management in Local Government is governed by the CIPFA Code of Practice on Treasury Management in the Public Services and in this context is the “management of Council cash flows, banking and capital market transactions; the effective control of the risks associated with those activities and the pursuit of optimum performance consistent with those risks”. This Council has adopted the Code and complies with its requirements.
- 2.2 Cabinet approves the treasury strategy report at the start of each financial year which identifies how it is proposed to finance capital expenditure, borrow and invest in the light of capital spending requirements, the interest rate forecasts and the expected economic conditions. At the end of the financial year Cabinet receives this annual report which details the performance against the strategy. The Finance and Best Value Overview and Scrutiny Committee (now the Council Excellence Overview and Scrutiny Committee) receive quarterly monitoring reports.
- 2.3 The Prudential Capital Finance System came into force on 1 April 2004. The Council determines at a local level its capital expenditure and can borrow or use alternative financing methods to finance capital spending provided that capital plans are demonstrably affordable, prudent and sustainable, and options appraisal supports asset management planning. The Prudential Code for Capital Finance in Local Authorities requires indicators to be set – some of which are limits – for a minimum of three forthcoming financial years.
- 2.4 The Department for Communities and Local Government (DCLG) Guidance on Local Government Investments in England came into effect on 1 April 2004. The emphasis of the guidance is on security and liquidity of invested money. The Council is required to establish an annual investment strategy and to determine ‘specified’ and ‘non specified’ investments for use during the year.

- 2.5 In March 2009 the CIPFA Treasury Management Panel issued an interim bulletin “Treasury Management in Local Authorities – Post Icelandic Collapse”. CIPFA intends to revise both the Treasury Management Code and Guidance Notes in the light of local authorities’ exposures to the failed Icelandic banks. Formal guidance will follow after consultation on and publication of the revised Treasury Management Code.

3. ECONOMIC OUTLOOK FOR 2008/09

- 3.1 At the time of determining the 2008/09 Treasury Strategy in February 2008, the outlook for the economy and interest rates was as follows:-
- 3.2 Inflation and the outlook for inflation gave cause for concern with the price of oil having reached \$100/barrel. Elevated food prices, fuel and transportation costs were expected to put upward pressure on Consumer Price Inflation (CPI). The effects of the credit crunch and the ensuing market turmoil experienced in the second half of 2007 were however expected to weaken UK business activity and growth. Tighter credit terms and availability was expected to weigh negatively on the UK housing market and on consumer spending.
- 3.3 The Bank of England had cut rates to 5.25% in January 2008. Further cuts were expected taking the Bank Rate to 4.75% in 2008 as stresses in financial markets and a deteriorating economic outlook increased the risks to growth.
- 3.4 The elevated short-dated Libor and Libid (inter bank lending) rates witnessed in the last quarter of 2007 were expected to revert to more normal levels and reflect the outlook for the direction of interest rates. Gilt yields were expected to fall as the economy slowed. The risk to lower yields was that an increased gilt supply would be required to address the Government funding shortfall.

4. THE ECONOMY AND EVENTS IN 2008/09

- 4.1 Inflation rose higher than anticipated; CPI for May breached the Monetary Policy Committee 3% outer boundary; CPI for August reached a high of 4.7%. The price of oil reached nearly \$145/barrel and food and commodity prices remained elevated. Higher levels of inflation did not however result in higher wage settlements as the spectre of slowing growth and deflation trumped concerns over inflation.
- 4.2 Economic conditions in the UK, Eurozone and US economies deteriorated rapidly into the worst post-war recession. In the UK, the HBOS measure of house prices slumped by 17.5% in 2008/09. The dearth of availability of secured and unsecured finance posed a significant risk to consumer and corporate spending. Unemployment rose to 6.7%. The tightening in credit conditions and the economic malaise became entrenched; this rapidly impacted on growth which fell nearly 3.8% over the 12-month period. The UK looked like it was heading for a long and deep recession.

- 4.3 2008 saw the worst upheaval in credit and financial markets for some decades. The stresses in the financial markets threatened to quickly turn the liquidity crisis into a solvency crisis. In August and September 2008 several banking and financial stocks fell victim to intense negative investor sentiment and even the prices of high-grade credit took on the characteristics of distressed debt.
- 4.4 The financial crisis reached boiling point following the collapse of Lehman Brothers in September 2008. It ultimately prompted governments and central banks to act unilaterally to shore up their financial systems. These included bank bailouts and direct capital injections into banks and financial institutions. Lloyds TSB agreed to acquire HBOS; Cheshire and Derbyshire building societies individually approached Nationwide BS to be acquired by the latter. The Government injected significant capital into Royal Bank of Scotland Group (it now owns over 70%) and the Lloyds Banking Group. Financial bailouts and support for banks were replicated in much of Europe and in the US, with increasing pressure from the regulatory authorities for banks to raise their capital ratios to survive the worst of the economic downturn.
- 4.5 Policy rates in the UK and US were rapidly cut to near zero. In the UK the Bank of England cut rates from 5% in April 2008 to 0.5% by March 2009. As interest rates had reached terminal levels but were not having much effect in reflate the economy, the Bank of England initiated its Quantitative Easing (QE) programme in March 2009 under which the Bank would buy back an initial £75bn of gilts over a 3-month period with the purpose of lowering gilt yields and ultimately borrowing costs for the UK corporate sector.
- 4.6 Government projections for growth in the November 2008 Pre Budget Report were overly optimistic; it was soon apparent that the shortfall in public finances would have to be made good through hefty gilt issuance, estimated in January 2009 to rise to £175 bn in 2009/10.
- 4.7 It was not surprising that money market rates and gilts yields exhibited extreme volatility during the financial year. Money market rates spiked as the banking crisis intensified and confidence crumbled. 3-month Libor, a proxy for the direction of policy rates, climbed to a high of 6.4% in October; this despite markets' forecast that the Bank Rate was set to fall below 3%. Short-term money market rates remained elevated despite the large cuts in the Bank Rate and only began to move down towards the Bank Rate in early 2009 when, following efforts to recapitalise banks, some stability seemed to have returned to the banking and financial sector.
- 4.8 Short-dated gilt yields benefited most from negative sentiment. The 5-year gilt yield dropped by nearly 3.2% from its high of 5.3% in June 2008 to a low of 2.1% in March 2009. 10-year yields fell from 4.85% in October to a low of 2.95% in March 2009. Longer dated yields (30-50 year maturities) exhibited relatively less volatility; ranging between 3.60% and 4.70%.
- 4.9 A summary of the volatile changes that have occurred in the UK money market rates, gilt yields and PWLB rates is included as Appendix A.

5. BORROWING: STRATEGY AND OUTTURN

	Balance at 01/4/2008 £000	%	Maturing loans £000	New Borrowing £000	Balance at 31/3/2009 £000	%
<u>Long-term Borrowing</u>						
Fixed rate loans - PWLB	113,803	40	3,274	0	110,529	37
Fixed rate loans – Market	163,600	57	0	0	173,600	59
Variable rate loans - PWLB	0	0	0	0	0	0
Variable rate loans – Market	10,000	3	0	0	0	0
<u>Other Public Bodies</u>	337	0	54	0	283	0
<u>Temporary Borrowing</u>	0	0	0	11,800	11,800	4
TOTAL EXTERNAL DEBT	287,740		3,328	11,800	296,212	

5.1 On 15 March 2009 three PWLB loans matured and were repaid:-

Lender	Principal £	Rate %
PWLB	117,647	10.250
PWLB	156,862	10.500
PWLB	3,000,000	10.125

5.2 The average rate of interest payable on the debt portfolio remains at 5.9%. The effect of repaying the above high interest loans was counterbalanced by two market loans that had preordained, stepped, increase in interest rate built into their contract which took effect in 2008/09. The average remaining life of the debt within the portfolio is 18 years.

5.3 During the year the borrowing strategy was amended so as not to undertake long term borrowing to meet the cost of capital expenditure. Instead, as the rate of return from investments diminished and the perceived risk of investments increased, it was more appropriate to reduce the level of investment. As investments matured this money was used to temporarily fund capital expenditure. This reduced the need for new long term borrowing and alleviated the risk in finding a safe counterparty to invest with.

- 5.4 Investments comprise money set aside for a specific, future, reason. There were times when the Council undertook temporary borrowing to meet cash-flow pressures. £11.8m of short term temporary borrowing currently costs 0.5% which is significantly less than long term borrowing.
- 5.5 This strategy has been adopted in the short term in response to complex and unique market conditions as it is not a strategy that would normally be cost effective but is beneficial at this time. The Treasury Management Team continues to monitor the situation to ensure that as the economic conditions change the strategy is adjusted accordingly.
- 5.6 As reported throughout 2008/09 the management of the cash-flow reduced the need for temporary borrowing, which realised a budget saving of £0.5m for 2009/10. With savings on interest payments the overall savings in 2008/09 were £1.2m against budgeted interest payments.

6. DEBT RESCHEDULING ACTIVITY

- 6.1 The main objective of debt rescheduling is to reduce the overall exposure to the risk of interest rate movements, to lower the long-term interest charges paid on debt, to smooth the maturity profile without compromising the overall longer-term stability, or to alter its volatility profile (i.e. exposure to variable rate debt).
- 6.2 The PWLB introduced a separate, lower set of repayment rates on 1 November 2007 to calculate the premium paid or the discount received on premature redemption of loans. These lower repayment rates have resulted in reducing, but not eliminating, PWLB rescheduling opportunities. The lower rates have increased the costs associated with the premium payable or diminished the discount receivable, thus reducing the cost savings achievable.
- 6.3 Debt rescheduling has become more challenging and places greater emphasis on the timing and type of new borrowing. No debt rescheduling took place in 2008/09. The portfolio continues to be reviewed by the Treasury Management Team and the consultants, Arlingclose, for debt rescheduling opportunities.

7. ANNUAL INVESTMENT STRATEGY AND OUTTURN

- 7.1 The Council held average cash balances of £95m during the year. These represent working cash balances (including schools), capital receipts and reserves held for specific purposes, such as the Insurance Fund.
- 7.2 The, DCLG Guidance on Local Government Investments in England gives priority to security and liquidity and the aim is to achieve a yield commensurate with these principles. Having assessed the risks associated with the various potential investment instruments, the Council determined the 'specified' and 'non-specified' investments it would use during the year (Appendix B). These decisions were taken to suit Council circumstances, return aspirations and risk tolerances.

	Balance at 01/4/2008 £000	%	Balance at 31/3/2009 £000	%
INVESTMENTS				
Current Assets (Short Term)				
Loans and Receivables - Specified	60,500	80	49,550	58
Available for sale financial assets - Specified	14,830	20	24,231	29
Available for sale financial assets – Non- Specified	578	0	466	0
Long-term investments				
Loans and Receivables – Non Specified	0	0	10,000	12
Available for sale financial assets – Non Specified	1,031	0	919	1
TOTAL INVESTMENTS	76,939		85,166	

- 7.3 The existing investments are a combination of long-dated investments (i.e. with maturities in excess of one year) and short-term investments reflecting previous strategies and decisions. The mix of long- and short-term investments enables the Council to maintain an appropriate level of liquidity and enables it to mitigate re-investment risk (the risk that a large proportion of maturing investments is reinvested when interest rates are at a cyclical low). Appendix C analyses investments by the country, credit risk rating and the period of investment.
- 7.4 The investment income for the year was £4.9m compared to a budget of £2.7m and the variance is principally due to a combination of the following:
- Average investment balances held during the year were £15m higher than originally budgeted mainly due to slippage in capital expenditure.
 - The prevailing money market rates of interest were initially higher than forecast primarily due to the financial crisis which benefited the new term deposits made during the year.
 - Continuing cash flow management by the Treasury Management Team.
- 7.5 The average return on investments for 2008/09 was 5.25%. This figure compares favourably with the average Bank of England base rate of 4.25% and the average 3 month interbank lending rate (LIBOR) of 4.65%.
- 7.6 Financial markets and financial institutions remained in a state of heightened risk as the impact of the financial crisis continued to adversely affect the global economy. Investment activities were restricted as a consequence in order to demonstrably address the prevailing higher risk backdrop. The Council applied higher minimum credit criteria (in the double-A category at the very least) for investments and to keep term deposit maturities to a maximum of 12 months. In doing so, this demonstrated adherence to the overriding principles of security and liquidity which are cornerstones of the investment policy. The Council accepted the diminution in investment return from investing with highly rated counterparties as an acceptable risk-reward trade-off.

- 7.7 During September and October 2008 when confidence in the markets was extremely fragile and counterparty risk at its most elevated, the Council responded by placing new and maturing investments with the Debt Management Agency Deposit Facility (guaranteed by HM Treasury) and with highly liquid AAA-rated Money Market Funds.
- 7.8 Thereafter the Council restricted new lending to UK institutions which could use the Government's 2008 Credit Guarantee Scheme (CGS*) and with long-term ratings in the 'double-A' category. The institutions meeting this criteria were Abbey National, Barclays Bank, Clydesdale Bank, HSBC Bank, Lloyds TSB Bank and Bank of Scotland (both part of the Lloyds Banking Group), Nationwide Building Society and Royal Bank of Scotland,
- *The CGS was announced in October 2008 to stabilise the UK banking system and provide solvency support for the "systemically critical" banking institutions in the UK. The Government's CGS is not an explicit guarantee for deposits but is the main platform to maintain the solvency of institutions critical to the UK financial stability.*
- 7.9 All investments made during the year complied with the agreed Treasury Management Strategy, Prudential Indicators, Treasury Management Practices and prescribed limits. Maturing investments were repaid to the Council in full and in a timely manner apart from the Investment with an Icelandic Institution.
- 7.10 In early October 2008 all three of Iceland's major banks (Glitnir, Kaupthing and Landsbanki) collapsed following their difficulties in re-financing their short-term debt coupled with a run on deposits. In the UK, the Financial Services Authority (FSA) put Kaupthing, Singer & Friedlander (the UK subsidiary of Kaupthing) and Heritable Bank (the UK subsidiary of Landsbanki) into administration. The Administrators are seeking to find purchasers for, and will continue to manage, the banks' businesses and loan books to maximize recovery for creditors.
- 7.11 This Council had deposits of £2m with Heritable Bank and Members have received regular updates regarding the circumstances and the current situation. In March 2009 an Audit Commission report confirmed that Wirral Council has acted, and continues to act, prudently and properly in all its investment activities.
- 7.12 The process of administration will determine the extent of any recoverable amount and also the timescale over which any such payments will be made. The Council is required under accounting rules to impair these financial assets in the Income and Expenditure Account. The Department for Communities and Local Government (DCLG) published draft Regulations in December 2008 aimed at deferring the impact of impairment until 2010/11. The Council will then have the opportunity to apply to the DCLG for a capitalisation direction in that year, although no guarantee can be given that a direction will be granted. The granting of a capitalisation direction allows the impairment cost to be spread over a number of years.

- 7.13 Based on present information, the Administrators projections indicate a base case return to creditor of between 70-80 pence in the £. The Administrators have estimated that the return to creditors improves where the book is run-off over a longer time period (i.e. 70p return through to end of 2010 and 80p return through to end of 2012). If conditions improve over this period of time the final recovery could be higher than the base case above and the Council remains confident that the money will be repaid in full.

8. MINIMUM REVENUE PROVISION (MRP)

- 8.1 There is now a statutory requirement to make a “prudent provision” for MRP (SI 2008 No.414). Statutory Guidance issued by the DCLG in March 2008 makes recommendations to local authorities on the interpretation of the term “prudent provision”. Local authorities are to have regard to this Guidance which provides four options:
- Option 1: Regulatory Method
 - Option 2: CFR Method
 - Option 3: Asset Life Method
 - Option 4: Depreciation Method
- 8.2 Options 1 and 2 can be used on all capital expenditure incurred before 1 April 2008 and on Supported Capital Expenditure on or after that date. Options 3 and 4 are considered prudent options for Unsupported Capital Expenditure on or after 1 April 2008 and can also be used for Supported Capital Expenditure whenever incurred.
- 8.3 The MRP policy for 2008/09 approved by Cabinet was that the Council will continue to adopt Option 1 for supported and unsupported borrowing and look to implement statutory changes in the future.
- 8.4 In 2008/09 £2.4m was set-aside to fund the revenue impact of changes in accounting for MRP. However, due to complexities in the capital programme and impending changes to accounting treatment this has been deferred until 2009/10 when the changes are required by statute. It is therefore recommended that the £2.4m allocated for 2008/09 be set aside within the MRP reserve.

9 COMPLIANCE WITH TREASURY LIMITS AND TREASURY-RELATED PRUDENTIAL CODE INDICATORS.

- 9.1 The Council implemented its Treasury Strategy within the limits and parameters set in its Treasury Policy Statement and Prudential Indicators against the prevailing market opportunities.

9.2 Cabinet at its meeting on 13 March 2008 approved the recommended Prudential Indicators for 2008/09 (see Appendix D):-

(a) **Authorised Limit for External Debt:** This is the maximum amount of external debt that can be outstanding at one time during the financial year. The limit, which is expressed gross of investments, is consistent with existing commitments, proposals for capital expenditure and financing and with its approved treasury policy and strategy and also provides headroom over and above for unusual cash movements. This limit was set at £445m for 2008/09.

(b) **Operational Boundary for External Debt:** This limit is set to reflect the best view of the most likely prudent (i.e. not worst case) levels of borrowing activity and is based on the Authorised Limit excluding the headroom for unusual cash movements. For 2008/09 the limit was set at £435m.

The levels of debt are measured on an ongoing basis during the year for compliance with the Authorised Limit and the Operational Boundary. The Council maintained its total external borrowing and other long-term liabilities within both limits; at its peak this figure was £306m.

(c) **Upper Limits for Interest Rate Exposure:**

These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates. The exposures are calculated on a net basis, i.e. fixed rate debt net of fixed rate investments. The upper limit for variable rate exposure allows for the use of variable rate debt to offset exposure to changes in short-term rates on the portfolio of investments.

	Estimated %	Actual %
Upper Limit for Fixed Rate exposure	100	96
Upper Limit for Variable Rate exposure	100	-22

The negative percentage for variable rate exposure demonstrates that there were more variable rate investments than variable rate debt in 2008/09.

(d) **Maturity Structure of Fixed Rate borrowing:**

This indicator is to limit large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates. It is calculated as the amount of projected borrowing that is fixed rate maturing in each period as a percentage of total projected borrowing that is fixed rate.

	Upper limit %	Lower limit %	Actual Borrowing 31/3/2009 £m	Percentage of total at 31/3/2009 %
under 12 months	100	0	14	4.9
12 months and within 24 months	100	0	15	5.3
24 months and within 5 years	100	0	56	19.7
5 years and within 10 years	100	0	34	12.0
10 years and above	100	0	165	58.1

The limits were set to ensure there were no restrictions on the length of borrowing the Council could undertake thereby providing maximum flexibility to capitalise on beneficial opportunities that may arise during a period of financial uncertainty. The actual maturity structure reflects a balanced maturity structure.

(e) Total principal sums invested for periods longer than 364 days:

This indicator is set in order to allow the Council to manage the risk inherent in investments longer than 364 days. For 2008/09 this limit was set at £11m. At their peak, these investments totalled £10m.

10. OTHER ITEMS

- 10.1 The achievements of the Treasury Management Team in 2008 were recognised by the Local Government Chronicle (LGC) with the Investment Officer of the Year being awarded to the responsible officer at Wirral.

11. FINANCIAL IMPLICATIONS

- 11.1 In the financial year 2008/09 the Council realised benefits through its treasury management activities of £1.2m in reduced interest payments on borrowings and £2.2m 'windfall receipts' from investment income.
- 11.2 It is recommended that the £2.4m allocation for Minimum Revenue Provision (MRP) contributions be set aside within the MRP reserve to be used when the accounting changes are implemented.
- 11.3. For 2009/10 the budget includes a saving for reduced interest payments of £0.5m. The 'windfall receipts' from investment income are unlikely to recur and the budget has been adjusted accordingly.

12. STAFFING IMPLICATIONS

- 12.1. There are none arising out of this report.

13. EQUAL OPPORTUNITIES IMPLICATIONS

- 13.1. There are none arising out of this report.

14. COMMUNITY SAFETY IMPLICATIONS

- 14.1. There are none arising out of this report.

15. LOCAL AGENDA 21 IMPLICATIONS

- 15.1. There are none arising out of this report.

16. PLANNING IMPLICATIONS

16.1. There are none arising out of this report.

17. ANTI-POVERTY IMPLICATIONS

17.1 There are none arising out of this report.

18. SOCIAL INCLUSION IMPLICATIONS

18.1. There are none arising out of this report.

19. LOCAL MEMBER SUPPORT IMPLICATIONS

19.1. There are none arising out of this report.

20. BACKGROUND PAPERS

20.1 Code of Practice for Treasury Management in Public Services – CIPFA 2002
Prudential Code for Capital Finance in Local Authorities – CIPFA 2003.
CIPFA Local Authority Accounting Panel (LAAP) Bulletins 78 / 79 / 81/ 82

21. RECOMMENDATIONS

21.1 That the Treasury Management Annual Report be agreed.

21.2. That the benefits from improved cash flow management which realised savings/additional income of £3.4m in 2008/09 be noted.

21.3 That the transfer of the 2008/09 allocation of MRP to reserves be agreed.

IAN COLEMAN
DIRECTOR OF FINANCE

FNCE/129/09

APPENDIX A

INTEREST RATE COMPARISONS 2008/09

PWLB Borrowing rates %

	1yr	4½-5 yrs	9½-10 yrs	19½-20 yrs	29½-30 yrs	39½-40 yrs	49½-50 yrs
Minimum	0.65	2.31	3.11	3.85	3.94	3.90	3.86
Average	3.17	3.97	4.44	4.71	4.56	4.49	4.43
Maximum	5.61	5.59	5.48	5.26	4.97	4.87	4.84
Spread	4.96	3.28	2.37	1.41	1.03	0.97	0.98

PWLB Repayment rates %

	1yr	4½-5 yrs	9½-10 yrs	19½-20 yrs	29½-30 yrs	39½-40 yrs	49½-50 yrs
Minimum	0.40	1.94	2.79	3.58	3.69	3.53	3.40
Average	2.92	3.64	4.16	4.45	4.30	4.11	3.98
Maximum	5.36	5.33	5.22	4.99	4.71	4.50	4.39
Spread	4.96	3.39	2.43	1.41	1.02	0.97	0.99

Gilt Yields %

	5 year	10 year	15 year	20 year	30 year	50 year
31/03/2008	3.89	4.35	4.59	4.57	4.38	4.21
30/06/2008	5.17	5.13	5.12	5.05	4.68	4.38
30/09/2008	4.19	4.44	4.71	4.68	4.50	4.40
31/12/2008	2.44	3.02	3.86	3.96	3.66	3.64
31/03/2009	2.35	3.16	3.89	4.03	4.16	4.32

Source : Bloomberg

Bank Rate, Money Market rates

Date	Bank Rate %	7-day LIBID %	1-month LIBID %	3-month LIBID %	6-month LIBID %	12-month LIBID %	2yr Swap Bid %	3-yr Swap Bid %	5-yr Swap Bid %
Minimum	0.50	0.350	0.700	1.450	1.620	1.820	1.948	2.266	2.822
Average	3.62	3.532	4.012	4.487	4.606	4.685	4.279	4.378	4.505
Maximum	5.25	5.500	6.100	6.250	6.250	6.500	6.504	6.497	6.270
Spread	4.75	5.150	5.400	4.800	4.630	4.680	4.556	4.231	3.448

Source : Bloomberg

Note : minimum, maximum and average rates/yields are those daily rates/yields during the year.

SPECIFIED / NON-SPECIFIED INVESTMENTS DETERMINED FOR USE BY COUNCIL

1. Specified Investments : (these will have a maximum maturity of 1 year)
 - Deposits in the DMO Debt Management Account Deposit Facility
 - Deposits with UK local authorities
 - Deposits with banks and building societies
 - * Certificates of deposit with banks and building societies
 - * Gilts : (bonds issued by the UK Government)
 - * Bonds issued by multilateral development banks
 - Money Market Funds, i.e. 'AAA' liquidity funds with a 60-day Weighted Average Maturity (WAM)
 - Other Money Market Funds – i.e. credit rated funds which meet the definition of a collective investment scheme as defined in SI 2004 No 534

2. Non-Specified Investments

	Maximum maturity	Max % or limit (£) of portfolio	Capital expenditure
<ul style="list-style-type: none"> ▪ Deposits with banks and building societies ▪ Certificates of deposit with banks and building societies 	<i>5 yrs</i>	<i>40%</i> in aggregate	No
Gilts and bonds <ul style="list-style-type: none"> ▪ Gilts ▪ Bonds issued by multilateral development banks ▪ Bonds issued by financial institutions guaranteed by the UK Government ▪ Sterling denominated bonds by non-UK sovereign governments 	<i>10 years</i>	<i>40%</i> in aggregate	No
Money Market Funds and Collective Investment Schemes (pooled funds which meet the definition of a collective investment scheme as defined in SI 2004 No 534 and SI 2007 No 573) but which are not credit rated	These funds do not have a defined maturity date	<i>50%</i>	No
-Government guaranteed bonds and debt instruments (e.g. floating rate notes) issued by corporate bodies -Non-guaranteed bonds and debt instruments (e.g. floating rate notes) issued by corporate bodies -Collective Investment Schemes (Pooled funds) which do not meet the definition of collective investment schemes in SI 2004 No 534 or SI 2007 No 573	<i>10 years</i> <i>10 years</i> These funds do not have a defined maturity date	<i>£10M</i>	Yes

APPENDIX C

ANALYSIS OF INVESTMENTS AS AT 31 MARCH 2009

Financial Institution / Instrument and Country	Credit Rating		Maturity of Investment					Balance Invested as at 31 March £000
	Long Term Rating	Short Term Rating	Instant Access	0-3 Months	3-6 Months	6-12 Months	Over 12 Months	
			£000	£000	£000	£000	£000	
LOANS AND RECEIVABLES								
Banks								
UK	AA-	F1+	2,750	1,200	14,100	13,700	6,000	37,750
UK-Heritable	unrated		-	-	-	-	2,000	2,000
Ireland	A-	F1	-	1,500	-	-	-	1,500
Total Investment with Banks			2,750	2,700	14,100	13,700	8,000	41,250
Building Societies								
UK	AA-	F1+	-	2,500	-	9,300	2,000	13,800
UK	A	F1	-	2,500	-	-	-	2,500
UK	A-	F1	-	-	-	-	2,000	2,000
Total Investment with Building Societies			-	5,000	-	9,300	4,000	18,300
TOTAL LOANS AND RECEIVABLES			2,750	7,700	14,100	23,000	12,000	59,550
AVAILABLE FOR SALE FINANCIAL ASSETS								
Gilts	AAA	F1+	-	-	-	181	919	1,100
Money Market Fund	AAA	F1+	24,050	-	-	-	-	24,050
Other Unit Trust	n/a	n/a	466	-	-	-	-	466
TOTAL AVAILABLE FOR SALE ASSETS			24,516	-	-	181	919	25,616

Investments in counterparties which fall outside the approved credit risk criteria, as stated in the Treasury Management Strategy Statement, do so because either the counterparty rating has fallen since the investment was made or the investment was made prior to the tighter credit risk criteria being approved.

COMPLIANCE WITH PRUDENTIAL INDICATORS 2008/09

1 Estimated and Actual Capital Expenditure

This indicator is set to ensure that the level of proposed investment in capital assets remains within sustainable limits and, in particular, to consider the impact on the Council Tax.

Prudential Indicator	2008/09	2008/09
	Estimated £m	Outturn £m
Capital Expenditure	82	70

2 Estimated and Actual Ratio of Financing Costs to Net Revenue Stream

This is an indicator of affordability and demonstrates the revenue implications of capital investment decisions by highlighting the proportion of the revenue budget required to meet the borrowing costs associated with capital spending. The financing costs include existing and proposed capital commitments.

Prudential Indicator	2008/09	2008/09
	Estimated %	Outturn %
Ratio of Financing Costs to Net Revenue Stream	6.61	4.87

3 Capital Financing Requirement

- 3.1 The Capital Financing Requirement (CFR) measures the underlying need to borrow for a capital purpose. In order to ensure that over the medium term net borrowing will only be for a capital purpose, the Council ensures that net external borrowing does not, except in the short term, exceed the CFR in the preceding year plus the estimates of any additional CFR for the current and next two financial years. This requirement was met in 2008/09.

Prudential Indicator	31/3/09	31/3/09	31/3/10	31/3/11
	Estimated £	Outturn £	Estimated £	Estimated £
Capital Financing Requirement	335.9	317.1	345.3	356.0

4 Affordable Borrowing Limit, Authorised Limit and Operational Boundary for External Debt

- 4.1 **Authorised Limit:** This is the maximum amount of external debt that can be outstanding at one time during the financial year. The limit, which is expressed gross of investments, is consistent with the existing commitments, proposals for capital expenditure and financing and with the approved treasury policy and strategy and also provides headroom over and above for unusual cash movements. This limit was set at £445m for 2008/09.
- 4.2 **Operational Boundary:** This limit is set to reflect the best view of the most likely prudent (i.e. not worst case) levels of borrowing activity and was set at £435m for the financial year.
- 4.3 The levels of debt are measured on an ongoing basis during the year for compliance with the Authorised Limit and the Operational Boundary. The Council maintained its total external borrowing and other long-term liabilities within both limits; at its peak this figure was £306m.

5 Incremental Impact of Capital Investment Decisions

- 5.1 This is an indicator of affordability that shows the impact of approved capital investment decisions on Council Tax when the budget for the year was set.

Prudential Indicator	2008/09 £
Incremental Impact of Capital Investment Decisions	
Increase in Band D Council tax	27.22

There is no variation to Council Tax once it has been set prior to the commencement of the financial year.

6 Upper Limits for Fixed Interest Rate Exposure and Variable Interest Rate Exposure

- 6.1 These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates. The exposures are calculated on a net basis, i.e. fixed rate debt net of fixed rate investments. The upper limit for variable rate exposure allows for the use of variable rate debt to offset exposure to changes in short-term rates on the portfolio of investments.

Prudential Indicator	2008/09	2008/09
	Estimated %	Actual Peak Exposure %
Upper Limit for Fixed Rate Exposure	100	96
Upper Limit for Variable Rate Exposure	100	-22

7 Maturity Structure of Fixed Rate borrowing

- 7.1 This indicator is to limit large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates and is designed to protect against excessive exposures to interest rate changes in any one period, in particular in the course of the next ten years.
- 7.2 It is calculated as the amount of projected borrowing that is fixed rate maturing in each period as a percentage of total projected borrowing that is fixed rate.

Maturity structure of fixed rate borrowing	Upper limit %	Lower limit %	Actual Borrowing as at 31/3/2009 £m	Percentage of total as at 31/3/2009 %
under 12 months	100	0	14	4.9
12 months and within 24 months	100	0	15	5.3
24 months and within 5 years	100	0	56	19.7
5 years and within 10 years	100	0	34	12.0
10 years and above	100	0	165	58.1

8 Total principal sums invested for periods longer than 364 days

- 8.1 This indicator is set in order to allow the Council to manage the risk inherent in investments longer than 364 days. For 2008/09 this limit was set at £11m. At their peak, these investments totalled £10m.

9 Adoption of the CIPFA Treasury Management Code

- 9.1 The Council confirms its adoption of the CIPFA Code of Practice for Treasury Management in Public Services.

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WIRRAL COUNCIL

CABINET

25 JUNE 2009

REPORT OF THE DIRECTOR OF FINANCE

INSURANCE FUND ANNUAL REPORT

1. EXECUTIVE SUMMARY

1.1 This report provides a review of the Risk and Insurance activity during 2008/09 and the plans for 2009/10. It also details the current status of the liability, fire and motor claims fund and the impact of measures taken to improve the management of risk.

2. BACKGROUND

2.1 Since 1988 the Authority has self-insured a significant proportion of its legal liability both to members of the public and to other organisations for injury or damage to property that it may cause in carrying out its business. It also self-insures damage to Council buildings and damage to, and third party liability for, Council vehicles.

2.2 Self-funding is part of the overall Risk Management Strategy as it provides a greater incentive to deal with risk more effectively given that any reduction in claims directly benefits the Authority. The level of self insurance is set with reference to both the availability of a stable long term Insurance Fund and with regard to the appetite for risk.

2.3 Claims are met from the Insurance Fund with the Fund being maintained through annual contributions from all departments.

3. REVIEW OF LIABILITIES

3.1 The sums required to meet the cost of Fire and Motor claims can be readily estimated. However, the position in relation to liability claims is considerably more complex. In recent years the Authority has commissioned an annual actuarial study to assess the amount needed to fund anticipated liabilities for previous policy years. Given the cost and the fact that claims volumes remain historically low and costs stable, and having researched the approach of peer authorities, it was considered that a formal study every other year with a self-evaluation in each intervening year would be a more appropriate approach. A formal study was therefore not commissioned for 2008/09.

- 3.2 The self-evaluation considered the funding required for claims relating to financial years 1988/89 to 2008/09 based upon claims data as at the end of March 2009. To place the funding requirement in context Members may wish to note that for these years the liability fund has paid a total of £29.7 million to date. The evaluation used the 2007/08 actuarial report as its base but took account of payments made during the year, changes to the extent of known liabilities and an element for 2008/09 losses not included in the earlier formal actuarial report.
- 3.3 Based on a 90% degree of actuarial certainty as used in the last external actuarial report the self-evaluation suggests that the sum of £11.62 million was required at 31 March 2009 to meet outstanding liabilities for the years in question.
- 3.4 The table below compares the actual amounts held at 31 March 2009 in respect of all three classes of business with the proposed figures based upon the self-evaluation:-

Class	Actual Provision 31/03/09	Proposed Provision 31/03/09	Difference
	£	£	£
Combined Liability	11,620,700	11,620,700	0
Property	4,106,400	2,000,000	2,106,000
Motor	274,900	274,900	0
Total	16,002,000	13,895,600	2,106,000

- 3.5 The surplus in respect of the Property class resulted principally from the settlement of the claim for the major fire at Rock Ferry High School. This settlement has previously been reported to Members and I propose to return this sum to the General Fund balance.

4. INSURANCE AND RISK MANAGEMENT 2008/09

- 4.1 Throughout the year regular progress reports on work in the area of Risk and Insurance Management were presented to the Audit & Risk Management Committee and the Finance & Best Value Overview & Scrutiny Committee.
- 4.2 Improvements previously reported have been sustained through continuing efforts by departments to manage their liability risk more effectively. Allied to this is the 'firm but fair' stance on liability, a more active involvement in claims handling and the implementation of the counter claims fraud strategy. The number of new claims continues to reduce with around 85% of all claims and 90% of highways claims being successfully defended. The claims handling and legal services contracts are also helping to reduce both claims numbers and the overall cost to the Council of this area of risk.

- 4.3 The progress made over recent years has continued to receive external recognition. The Risk & Insurance Team submission relating to the innovative risk based approach to managing Highway liabilities which was an entry for the 2008 Local Government Chronicle awards was highly commended in its category. The Department of Adult Social Services Load Management Training Programme was highly commended at the 2008 ALARM (Association of Local Authority Risk Managers) awards.
- 4.4 During September / October 2008 three matters were heard by the Appeal Court. All were successful and the decisions made in the separate cases all set positive case law that was widely reported at the time and will be relied upon in future by other defendants.
- 4.5 The Insurance Fund budget for 2009/10 was presented to Cabinet on 27 November 2008. In agreeing the budget Cabinet noted the continuing improvement in the position of the Insurance Fund.
- 4.6 The Property Insurance tender was reported to Cabinet on 22 May 2008. Whilst savings were achieved Cabinet then agreed to extend the scope of the cover for essentially the same overall cost as in previous years. Significant time was spent preparing for the tendering of the Engineering and Motor Insurance contracts reported to Cabinet on 19 March 2009. This exercise also resulted in savings as the Council benefitted from a buoyant insurance market, a position which is expected to change before the forthcoming tender exercise for Liability insurance and claims handling.
- 4.7 The Risk Management Strategy was reviewed and presented to Cabinet on 23 July 2008. Following the refresh of the Corporate Plan an exercise was undertaken with Chief Officers to review the Corporate Risk Register and a draft document was submitted to Cabinet on 10 December 2008.
- 4.8 In relation to partnerships enhanced risk management arrangements were introduced to support the Local Strategic Partnership and baseline risk registers were produced for all Local Area Agreement (LAA) priorities and a risk based approach was adopted in carrying out the Sustainability Appraisal of the LAA. Guidance on managing risk was also incorporated into the new Partnership Toolkit.
- 4.9 The progress made by the Council in improving risk management arrangements was formally recognised by the Audit Commission in the 2008 Use of Resources assessment with the score for this area of work rising from 2 to 3.
- 4.10 The Risk & Insurance Team has continued to support departments with identifying and managing risks associated with projects forming part of the Strategic Change Programme. In increasing awareness of risk an overview of risk management was introduced to the Corporate Induction programme from January 2009.

5. INSURANCE AND RISK MANAGEMENT 2009/10

- 5.1 For 2009/10 regular reports on the progress of Insurance and Risk Management will continue to be presented to the Audit and Risk Management Committee. There will also include a regular update on significant risks as part of the quarterly Financial and Performance Monitoring reports presented to Cabinet.
- 5.2 In terms of individual tasks to be undertaken during the year the table below shows the principal areas and the target dates for completion.

Tasks	Target date
Review of funding for insured liabilities	May 2009 (completed)
Negotiate renewal of Property insurance contracts	June 2009
Review of Corporate Risk Register	June 2009
Review of Corporate Risk Management Strategy	July 2009
Audit of external liability claims handlers' performance	August 2009
Support Chief Officers reviewing the Corporate Risks	Autumn 2009
Production of 2010/11 Insurance Fund budget	November 2009
Review of key departmental risks for 2010/11	February 2010
Procurement exercise for Liability insurance claims handling and legal defence	March 2010
Support the Corporate Improvement Group in managing the Corporate Risk Register	Ongoing
Embed a defined approach to managing risk in Council partnerships	Ongoing

6. FINANCIAL IMPLICATIONS

- 6.1 The more effective and pro-active approach to risk management has been reflected in the actuarial assessment / self evaluation of the amounts required in the Insurance Fund to meet current and future claims.
- 6.2 The surplus in the Insurance Fund at 31 March 2009 was £2.106 million. This can be transferred to the General Fund balance.
- 6.3 The Insurance Fund budget for 2010/11 is to be presented to the Cabinet in November 2009. The major area of uncertainty will be the cost of Liability insurance and claims handling as the contracts are subject to tender. The level of self-insurance negotiated with insurers will also determine the level of contribution to the Fund. These negotiations will take into account the ability to pay for self insured losses and the appetite for doing so based on the available benefits.

7. STAFFING IMPLICATIONS

- 7.1 There are no direct staffing implications arising out of this report.

8. EQUAL OPPORTUNITIES IMPLICATIONS

8.1 There are no direct equal opportunities implications arising out of this report.

9. ENVIRONMENTAL IMPACT STATEMENT

9.1 There are no direct environmental implications arising out of this report.

10. LOCAL MEMBER SUPOPORT IMPLICATIONS

10.1 The risk management initiatives apply to all wards.

11. BACKGROUND PAPERS

11.1 Risk & Insurance Section claims Database.

11.2 2008 Actuarial funding study and papers for the 2009 self-evaluation.

12. PLANNING IMPLICATIONS

12.1 There are no direct planning implications arising out of this report.

13. RECOMMENDATIONS

13.1 That the transfer of £2,106,000 to the General Fund balance be agreed.

13.2 That regular updates on the progress in Insurance and Risk Management be presented to the Audit & Risk Management Committee.

13.3 That the Insurance Fund budget for 2010/11 be presented to Cabinet in November 2009.

IAN COLEMAN
DIRECTOR OF FINANCE

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WIRRAL COUNCIL

CABINET

25 JUNE 2009

REPORT OF THE DIRECTOR OF FINANCE

EARLY RETIREMENT COSTS 2008/09

1. EXECUTIVE SUMMARY

- 1.1. This report informs Cabinet of the cost of funding the Early Voluntary Retirement Scheme in 2008/09 and Cabinet is requested to note the report.

2. BACKGROUND

- 2.1. Cabinet on 9 February 2006 received a report on 'Contributions to the Merseyside Pension Fund' that set out the implications for Wirral Council based upon the policy for the treatment of early retirement costs.
- 2.2. Employers are required to meet early retirement costs either by immediate lump sum payment of the capital cost or by instalments for up to five years with an appropriate interest adjustment for the deferred payment.

3. FUNDING OF EARLY RETIREMENTS – THE 2001 VALUATION

- 3.1. Following the 2001 actuarial valuation of the Pension Fund employers were allowed to agree an early retirement allowance figure, the cost of which was built into the employers' contribution rate. For the three years to 31 March 2005, an early retirement allowance of £5 million was built into the contribution calculation for Wirral. However, this was part of moving to a position, in common with other local authority pension funds, whereby such costs would be paid by the Council separate from the Pension Fund employer contribution.
- 3.2. Over the three years to 31 March 2005 the actual value of early retirements exceeded the allowance by £1,782,422 and this is being repaid over a period of five years which commenced in 2005/06. The costs are apportioned to Departments and met from the sum included within the budget for pension costs equating to £413,000 per year from 2005/06 to 2009/10.

4. FUNDING OF EARLY RETIREMENTS – THE 2004 AND 2007 VALUATIONS

- 4.1. The Merseyside Pension Fund - Funding Strategy Statement is updated regularly and includes the policy on recovery of early retirement costs. In 2004 this stated that for retirements after 31 March 2005, no early retirement allowances would be granted and that all such costs should be financed either by lump sum capital payments or annual instalments over a maximum of five years with the appropriate interest factor added. This policy has been re-affirmed in subsequent Funding Strategy Statements.
- 4.2. The Pension Fund now calculates the capital cost of early retirements granted each quarter and issues an account to recover this by instalments over five years. The instalments commence in the period following the retirement rather than in the following financial year. The costs are met by Departments as they result from decisions taken by Departments on the restructuring and realignment of services. The costs are exceeded by the savings delivered by the restructuring of services.
- 4.3. For 2008/09 the early retirements granted by Department were as follows:-

Department	Number	Total Costs £	Annual Cost 2008/14
Adult Social Services	50	531,600	123,300
Children & Young People	22	230,000	53,400
Corporate Services	3	193,100	44,800
Finance	0	0	0
Law, HR & Asset Mgt	0	0	0
Regeneration	4	42,200	9,800
Technical Services	1	10,000	2,300
Totals	80	1,006,900	233,600

5. FINANCIAL AND STAFFING IMPLICATIONS

- 5.1. Costs incurred by the Council on early retirements prior to April 2005 were apportioned in line with pension costs across departments and the costs of £413,000 per annum up to 2009/10 are reflected in the budget for increased pension costs.

- 5.2. From 1 April 2005 the costs of the Early Voluntary Retirement Scheme are charged directly to Departments. Therefore, whilst provision has been made within the budget for increased pension contributions any additional costs arising from the early retirement decisions are met by Departmental employee budgets.

Early retirements	Annual costs
2005/06	£358,000
2006/07	£196,000
2007/08	£283,000
2008/09	£234,000

- 5.3. There are no staffing implications arising directly from this report as these costs relate to employees who were granted early retirement in 2008/09.

6. EQUAL OPPORTUNITIES IMPLICATIONS

- 6.1. There are none arising directly from this report.

7. HUMAN RIGHTS IMPLICATIONS

- 7.1. There are none arising directly from this report.

8. LOCAL AGENDA 21 IMPLICATIONS

- 8.1. There are none arising directly from this report.

9. COMMUNITY SAFETY IMPLICATIONS

- 9.1. There are none arising directly from this report.

10. PLANNING IMPLICATIONS

- 10.1. There are none arising directly from this report.

11. LOCAL MEMBER SUPPORT IMPLICATIONS

- 11.1. There are no particular implications for any Members or wards arising out of this report.

12. BACKGROUND PAPERS

- 12.1. Merseyside Pension Fund – Funding Strategy Statement - November 2007.

13. **RECOMMENDATION**

13.1. That the cost of funding early retirements be noted.

IAN COLEMAN
DIRECTOR OF FINANCE

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WIRRAL COUNCIL

CABINET – 25 JUNE 2009

REPORT OF THE DIRECTOR OF REGENERATION

WIRRAL'S HOUSING MARKET RENEWAL PROGRAMME 2009-10

1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is to seek Cabinet's approval to:

- i. Wirral's Housing Market Renewal Programme for 2009-10, subject to the completion of a Deed of Variation between Newheartlands and the Homes and Communities Agency (HCA) to secure funding for 2009 -10.
- ii. delegate authority for programme management and delivery to the Director of Regeneration, the Deputy Chief Executive/Director of Corporate Services and the Director of Law, Asset Management and HR.

2.0 BACKGROUND

2.1 From 1st December 2008, the Homes and Communities Agency took over responsibility for administering the Housing Market Renewal Initiative (HMRI) and its funds from the Department of Communities and Local Government.

2.2 In 2008, Newheartlands (the Merseyside Housing Market Renewal Pathfinder) was allocated a financial resource for 2008/09 with indicative allocations for 2009-10 and 2010/11. These are shown in the following table alongside Wirral's allocation.

	2008-09 Actual	2009-10 Indicative	2009-10 Actual	2010-11 Original Indicative	2010-11 Revised Indicative Total
HMRI Allocation to Newheartlands	£53,960 m	£51 m	£45.9 m	£47 m	£42.3 m
Allocation to Wirral	£10.51 m	£9.91 m	£8.89 m	£9.11m	£8.2 m

2.3 Wirral's actual allocation of HMRI funds for 2009-10 is 10% lower than the indicative allocation published in 2008. This amounts to £8.89 million for Wirral in line with the 10% reduction in the overall allocation to Newheartlands. The HCA has invited Newheartlands to submit a bid for a sum equivalent to the 10% funding reduction, some £5 million, and this is currently being prepared. The HCA has indicated that the programme will be reduced by a further 10% in 2010/11.

2.4 The Newheartlands Business Plan for the 2008-11 programme was approved by Cabinet on 4th October 2007. This set out the vision for Wirral's HMRI Strategy, specific housing market renewal objectives, priorities for investment and a range of programme scenarios. The overall HMRI Programme for 2008-11 was agreed by Cabinet on 9th July 2008.

2.5 Housing Market Renewal funding for 2009-10 will be complemented by £4.44 million Regeneration Capital Programme funding, which is considered as match funding to HMRI funds.

- 2.6 The basis of the Council's approach to delivery of housing market renewal is through negotiation and agreement rather than Compulsory Purchase. In a market of falling prices, it has proved difficult to keep up with the demand from property owners to sell to the Council within priority areas, hence progress is good. However, the Council may have to use compulsory purchase powers in 2009-10 to complete longstanding acquisition projects.
- 2.7 Funding for 2009-10 will allow Wirral to continue its successful HMR Programme. Principally this will achieve:-
- completion of the first new homes on the Fiveways Scheme in Rock Ferry
 - commencement of new retail development in Church Road, Tranmere
 - progression of large scale acquisition, demolition and refurbishment projects in Birkenhead including assembly of sites for new build
 - a Living Through Change Programme supporting communities through services such as the Live Wirral Wardens.
- 2.8 The housing market in 2009-10 faces a number of challenges and the HMR programme will use innovative schemes to address this including new build gap funding, shared equity new-build, improved services to support businesses and help the local economy and commissioning an Integrated Regeneration Study for Birkenhead. The HMRI Programme for 2009-10 is aligned to the New Growth Point project and wider government housing stimuli outlined in the £16 billion housing investment set out in the April 2009 Budget, such as Kickstart funding for stalled new build, support for homeowners at risk of losing their homes, and funds available through the NAHP programme for new affordable housing and an energy saving programme investing in social housing with the aim of reducing carbon emissions.
- 2.9 Cabinet is advised that Newheartlands has agreed the Deed of Variation with the Homes and Communities Agency (HCA), subject to approval of Liverpool, Sefton and Wirral Councils. The Deed of Variation entitles Newheartlands to claim funds from the national pathfinder programme. Therefore, Cabinet is asked to agree this programme subject to the completion of the Deed of Variation and is asked to delegate authority to the Director of Law, Asset Management and HR to effect this.
- 3.0 **THE HOUSING MARKET RENEWAL PROGRAMME 2009-10**
- 3.1 The Housing Market Renewal Programme 2009-10 consists of the following initiatives, for which Cabinet's approval is sought:
- Birkenhead Clearance
 - Rock Ferry (Fiveways) Clearance
 - Tranmere (Church Road) Clearance
 - Tranmere (Borough Road) Clearance
 - Wallasey (Royston/Woodhall Avenues) Clearance
 - Strategic site assembly
 - Group Repair Improvements
 - Private Sector Home Improvements
 - Living Through Change
 - New Build
- 3.2 Appendix 1 contains a spreadsheet showing the Housing Market Renewal Programme for Wirral for 2009-10, including the funding sources and the outputs which will be achieved.

3.3 The following sections of the report set out the detail of each of the above initiatives

4.0 BIRKENHEAD CLEARANCE

4.1 This project will take forward two clearance projects in the North Birkenhead area at Milner/Carrington Streets and in the Bray/Brassey/Laird Street area. HMRI funds of £1,760,000 and Regeneration Capital Funds of £1,881,000 will allow for good progress and the start of demolition.

5.0 ROCK FERRY (FIVEWAYS) CLEARANCE

5.1 The implementation of the Fiveways scheme is proceeding very well with only 8 residential units to be acquired as part of the 2009/10 programme. It is intended to allocate HMRI funding of £800,000 to complete acquisitions and clearance. The first homes in Phase 1 of new build development will be ready in July 2009 and all 114 units completed by 2011. Completion of the clearance scheme makes land available for a further 169 units.

6.0 TRANMERE (CHURCH ROAD) CLEARANCE.

6.1 It is planned to spend HMRI funding of £1,475,000, in 2009/10 to continue the acquisition and clearance of retail, commercial and residential units in Tranmere, in line with the Church Road Masterplan. The Programme for 2009-10 will enable the acquisition of 11 commercial and 4 residential properties identified for clearance and will facilitate the commencement of new build development. Until now, all property acquisitions have been achieved through negotiation but it may be necessary to use compulsory purchase powers in 2009-10 to acquire some of the remaining properties, in order to proceed with planned new build development phases.

7.0 TRANMERE (BOROUGH ROAD) CLEARANCE

7.1 It is planned to spend HMRI funding of £225,000 to acquire 5 residential units in the block 305-329 Borough Road, Tranmere.

8.0 WALLASEY (ROYSTON/WOODHALL) CLEARANCE

8.1 HMRI funding of £100,000 will allow acquisition of the remaining property in the Royston/Woodhall Avenue (Wallasey) Statutory Clearance area and completion of demolition. New Build development began on the first phase site in March 2009.

9.0 STRATEGIC SITE ASSEMBLY

9.1 The sum of £1,300,000 remains allocated for the years 2009-11 for strategic acquisitions, primarily in the Wallasey neighbourhood. This funding will be used to acquire land or properties to create sites suitable for housing development.

9.2 The vast majority of acquisitions will be made by the Council directly from property and land owners. However, in line with Newheartlands eligibility criteria, Cabinet is asked to approve the use of Registered Social Landlords (RSLs) to act as agents to acquire properties and sites to assist with the delivery of the programme. This has happened occasionally in the past, such as at Railway Road in Rock Ferry. Acquisitions via RSL Partners will be managed by the Regeneration Department using independent valuation advice, where required, to ensure value for money.

10.0 GROUP REPAIR IMPROVEMENTS

10.1 It is intended to allocate £200,000 Regeneration Capital Programme funding to implement Phase 4 of the Triangles Group Repair Scheme, in Birkenhead. Client contributions of almost £400,000 will contribute to meeting the overall costs of the scheme and provide excellent value for money to the Council. Phase 4 of the scheme will complete the Triangles Group Repair Scheme and encompasses retail units on Laird Street and Mallaby Street. Phases 1, 2 and 3 have been very successful with take up of 95% from eligible applicants and have resulted in a major uplift in the local market.

11.0 PRIVATE SECTOR HOME IMPROVEMENTS

11.1 It is intended to allocate £915,000 of HMRI funding and Regeneration Capital Programme funding of £1,620,000, in 2009/10, to enable improvements to sustainable private sector housing stock.

11.2 The Craven/Paterson Streets, Neighbourhood Facelift Scheme, Birkenhead involves renovation of the external fabric of the houses over two phases. Works will include, where necessary, re-roofing, strengthening of roof timbers, repairs to chimney stacks and flashings, new windows, doors, fascias, gutters and pebbledash, re-covering of bay windows, new non slip tile frontage and, rear boundary walls made good and rear yard gates. Work may also include the installation of solar water heating panels, where appropriate. Other works will be undertaken to improve the general environment and street scene. The scheme offers a 75% grant with a means tested household contribution of up to 25%, supported by a reducing 3 year financial charge on the property. In 2009/10, HMRI funding of £750,000 and £950,000 Regeneration Capital Funding has been allocated to the scheme. Maritime Housing (part of the Regenda Group) will renovate the properties in its ownership, within the scheme boundary, at a cost of £600,000 and will also project manage the entire scheme. Empty properties will be renovated and sold for owner occupation. The first phase of the scheme started on site in May 2009.

11.3 £250,000 of Regeneration Capital Funding has been allocated to complete the remaining agreed 50/50 Renovation Grant/ Loans, in the Church Road area of Tranmere. The works will be completed by the end of 2009-10 and complement new build works planned in adjoining streets and regeneration work in Tranmere.

11.4 Equity Renewal Loans will enable low income homeowners, with equity in their property, to fund improvements/repairs which otherwise may not be possible due to financial constraints. The cost of works will be calculated as a percentage of the overall estimated value of the property, and this will be registered as a Legal Charge against the property. There are no repayments on the loan, until the client or executor sells the property, or until the client decides to repay a lump sum.

11.5 Applicants can have the following works undertaken:

- Works to the Decent Homes Standard (up to £30,000 subject to there being a minimum of 20% free equity in the property)
- Environmental sustainability works subject to the house meeting the decent homes standard on completion.

11.6 £200,000 of Regeneration Capital Funding will be used for Equity Renewal Loans in the HMRI area. Equity Loans for Renewal will be made available for:

- Internal works to properties to complement the Craven/Paterson Street, Birkenhead neighbourhood facelift scheme
- External and internal works in Egremont to complement new build investment in the area.

11.7 The HOUSED (Home Ownership Using Sustainable Empty Dwellings) Scheme purchases long term empty properties, improves them and sells them to support owner-occupation. The properties are refurbished to Secured by Design and Ecohomes standards and a 10% discount is offered to help first time buyers. Priority is given to those living in clearance areas, who are Housing Association tenants, or waiting for smaller homes and can guarantee vacancies of popular homes which can be re-let to people in housing in need. £200,000 of Regeneration Capital Funding will be used for HOUSED in the HMRI area.

11.8 The Empty Property Team continues to work in partnership with the Homemovers Service, on the First Homes scheme.

11.9 First Homes encourages and supports first time buyers (subject to eligibility criteria) into home ownership in the Housing Market Renewal area. The scheme provides support and guidance, a financial incentive up to £2,000 towards purchasing and moving costs, and referral to an Independent Financial Adviser for mortgage advice and access to other support services. In 2009/10, the scheme will use £20,000 of Regeneration Capital funding.

11.10 The Energy Efficiency Scheme will receive HMRI funding of £165,000 in 2009/10 and provide:

- Central heating and heating improvements to households so they reach the thermal comfort criterion of Decent Homes Standard
- Discounts to owner occupiers on loft and cavity wall insulation
- Solid wall insulation to properties being renovated by the Empty Property Team

12.0 **LIVING THROUGH CHANGE**

12.1 The Living Through Change Programme will cover a number of non-physical interventions aimed at maintaining environmental standards, community safety and community cohesion throughout the Housing Market Renewal areas. In addition, the programme will support the Clearance, New Build and Improvement programmes and reduce the potential negative impact on residents, in the Housing Market Renewal areas. It is planned to use a total of £1,190,000 for the initiatives that make up the programme, allocated as follows:

- | | |
|-----------------------------------|----------|
| • Live Wirral Wardens | £400,000 |
| • HMR Anti-Social Behaviour | £60,000 |
| • Homemovers Service | £240,000 |
| • Handyperson Scheme | £55,000 |
| • Landlord Accreditation | £200,000 |
| • Environmental Improvements | £135,000 |
| • Community Schemes | £15,000 |
| • Build Wirral Employment Project | £85,000 |

12.2 The programme of initiatives is a continuation of the successful schemes implemented in 2004-09.

- 12.3 HMR Anti-Social Behaviour funding will pay for an officer and two part time youth workers to address issues in the HMRI areas. They will specialise in community engagement and tackle the causes and effects of anti-social behaviour.
- 12.4 The very successful Homemovers Service will continue with the current level of staffing. This has been recognised as a model of good practice nationally and retained the Government's Charter Mark for Customer Service excellence, in March this year.
- 12.5 The Handyperson Scheme will continue to undertake small maintenance and repair jobs and some security improvements to homes in the HMRI area.
- 12.6 The Landlord Accreditation Scheme will continue with the current level of staffing and progress further the accreditation of private landlords, in order to improve property conditions and management standards in this sector of the housing market.
- 12.7 Environmental Improvement funding will be used for small scale improvement works to complement the Clearance, Improvement and New Build programmes.
- 12.8 Community Schemes, including a Wirral Youth Voice Conference, are planned to enhance community engagement.
- 12.9 The Build Wirral objective is to ensure the involvement of the local individuals and companies in the redevelopment and regeneration schemes taking place in Wirral. The intention is to increase the number of people, within Wirral's priority neighbourhoods, with the necessary recognised construction industry skills and qualifications, to meet the needs of employers. This will align HMRI and Working Neighbourhood strategies.

13.0 **NEW BUILD**

13.1 The new build programme is most advanced in Fiveways, Rock Ferry where the first homes will be ready in July 2009. The retail development in Church Road, Tranmere will begin in autumn 2009. A bid under the Government's Kickstart programme has been submitted for the site in Whitford Road, Tranmere. If successful in receiving funding this will enable a start on the redevelopment of the residential units for the Church Road area. The remaining residential new build for Fiveways and Church Road will be brought forward when the housing market recovers. In the short term, New Growth Point funding will be used to offer shared equity products and this may become an important product in helping the market to recover. Elsewhere new build schemes are on site at:

- Royston/Woodhall, Wallasey
- Stringhey Road, Wallasey
- Gorse Lane (Extra Care), Wallasey
- Bedford Road, Rock Ferry
- Southwick Road, Tranmere
- Aspendale Road, Tranmere
- Fox Street, Birkenhead

13.2 Future new build will be determined by site availability, market conditions and access to funds to increase the attractiveness of new build homes. These will be reported to Cabinet as required.

14.0 FINANCIAL IMPLICATIONS

14.1 In addition to HMRI funding for 2009/10, the Council's Regeneration Capital Programme, Housing Corporation funding, RSL investment, private sector funding and Capital Receipts will contribute over £9.4 million into the overall programme for regenerating the housing market of Wirral.

15.0 STAFFING IMPLICATIONS

15.1 The programme will be delivered using the existing staffing structure.

16.0 EQUAL OPPORTUNITIES IMPLICATIONS

16.1 Wirral's Housing Market Programme will have a positive impact on some of the most socially and economically deprived areas of Wirral.

17.0 COMMUNITY SAFETY IMPLICATIONS

17.1 HMRI will result in some clearance of poorly designed, unsafe or obsolescent areas and the creation of safer, more secure living environments.

18.0 LOCAL AGENDA 21 IMPLICATIONS

18.1 Housing Market Renewal will improve the quality of living environments and environmental standards throughout many parts of Wirral. New high quality, decent homes with enhanced energy efficiency standards and better use of renewable building materials will contribute towards Local Agenda 21 priorities.

19.0 PLANNING IMPLICATIONS

19.1 HMRI aims to bring about a fundamental change in the character of some of the most deprived areas of the Borough. Proposals for new development will be brought forward with the assistance of the preferred private developer and Registered Social Landlords and will be integrated with the Council's Local Development Framework, as either Supplementary Planning Documents or Development Plan Documents. Residential redevelopment is in conformity with Policy HS4 of the Unitary Development Plan, while mixed use development incorporating retail use will be considered against retail policy including Policy SH4 of the Unitary Development Plan. Other uses will be considered against UDP Policy HS15.

20.0 ANTI-POVERTY IMPLICATIONS

20.1 None arising from this report.

21.0 SOCIAL INCLUSION IMPLICATIONS

21.1 None arising from this report.

22.0 LOCAL MEMBER SUPPORT IMPLICATIONS

22.1 The HMRI areas are within the following Wards: Bidston and St James, Birkenhead and Tranmere, Rock Ferry, Seacombe, Liscard, Claughton, Oxtan and Bromborough.

23.0 BACKGROUND PAPERS

23.1 North Birkenhead Framework for Regeneration, Tranmere (Church Road) Masterplan, Rock Ferry (Fiveways) Masterplan, Strategy for Inner Wirral 2004-14, Wirral's Strategic Integrated Investment Framework for HMRI (2006-08).

24.0 RECOMMENDATION

24.1 That:

- (1) Subject to the DCLG/Newheartlands Deed of Variation being completed under delegated authority by the Director of Law, Asset Management and HR, the Housing Market Renewal Programme 2009-10 for Wirral, which is summarised in the table below and in Appendix 1, be agreed.

<u>HMRI Funding to be allocated:</u>	£'000
Birkenhead Clearance	1,760
Rock Ferry Clearance	800
Tranmere Clearance	1,700
Wallasey Clearance	100
Strategic Site Assembly	650
Private Sector Home Improvements	915
Living Through Change	1,190
Staffing and Resources	1,625
Relocation Loans	150
New Build Schemes	0

- (2) Cabinet delegates authority for programme management and delivery to the Director of Regeneration, the Deputy Chief Executive/Director of Corporate Services and the Director of Law, Asset Management and HR with future progress reports being presented to Cabinet and Scrutiny Committees as appropriate.

Alan Stennard
Director of Regeneration

This report was prepared by Lynn Ireland, HMRI Programme Manager who can be contacted on 691 8102.