



WIRRAL LOCAL STRATEGIC PARTNERSHIP EXECUTIVE BOARD

DELIVERY PLANS Appendix Three Health and well-being	
NI	
39	Alcohol-harm related hospital admission rates
120	All-age all cause mortality rate
123	Stopping smoking
130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
Local	Clients aged 16-35 with two or more episodes of self harm in the last 12 months who subsequently become engaged in meaningful social activities
Local	People supported to live independently through social services (all adults)
Local	To reduce the number of people with dementia admitted to residential and nursing care 5% reduction on 2007/08 admittances
Local	The number of emergency unscheduled acute hospital bed days occupied by people aged 75 or more in NHS hospitals in Wirral who are admitted through fractured neck of femur as a result of a fall, as measured by PCT data

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Reduce alcohol related harm

LAA Improvement Priority:	Reduce alcohol related harm
Sponsor:	Marie Armitage Joint Director of Public Health
Lead organisation:	NHS Wirral
Service Area:	Public Health
Relevant indicators:	Key indicator PSA 25 , NI 39, (VSC26) Also relevant to NI 15, NI 20, NI 115, NI 32, NI 41

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
KEY OUTCOME AREA 1 : REDUCE HOSPITAL ADMISSIONS PER 100,000 OF THE POPULATION FOR ALCOHOL RELATED HARM					
KEY DELIVERY PLAN OUTCOME To reduce the rate of hospital admissions per 100,000 of population for alcohol related harm. (all ages) by 1% per year. (NI39)	Target 2581 vs baseline of 2369 Target 2908	2008/09 2010/11	Alcohol Programme Manager	No's Screened No's Entering specialist treatment No's entering Day care/Aftercare Reduction in repeat admissions to WUTH	Supported through activities of key providers delivering the Alcohol treatment Pathway WAS TSP ARCH
KEY OUTCOME AREA 2 : INCREASE AND IMPROVE TREATMENT UPTAKE FOR INCREASING AND HIGHER RISK DRINKERS					



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<p>ALCOHOL TREATMENT SERVICE REDESIGN PROGRAMME IMPLEMENTATION INFORMATION , AWARENESS SCREENING PROGRAMME</p> <p>To Increase information and raise awareness of alcohol harm within the population of Wirral so that 20% of Hazardous Drinkers will be identified and provided with brief advice by 10/11</p> <ul style="list-style-type: none"> • Alcohol Information /help line • Alcohol Web site • Social Marketing campaigns <p><i>(this project activity and related measures are cross referenced in the communications and engagement section of this plan)</i></p>	<p>Total of 11,444 Hazardous drinkers identified and provided with a Brief intervention</p>	<p>2009/2010</p>	<p>Alcohol Programme Manager</p>	<p>No screened</p>	<p>Target delivery supported through</p> <ul style="list-style-type: none"> • CWP WAS • WHT – Alcohol Pathway • Arch Initiatives • Phoenix Futures
<p>IDENTIFICATION , SCREENING AND BRIEF ADVICE IN PRIMARY CARE</p> <p>To screen 20% of the Wirral population by 2010/2011, and provide brief advice and intervention particularly targeting increasing and higher risk drinkers.</p> <p>Key Projects developments</p> <ul style="list-style-type: none"> • Team of Engagements workers • Wirral Hospital Trust screening (with SASQ) • Assertive out reach through “The Social Partnership” community based programmes • Pharmacy Locally Enhanced scheme 	<p>Screen 16,000</p> <p>3 Community Engagement Workers 1 Hospital Engagement worker Policy Implemented</p> <p>2 additional project initiated</p>	<p>2009/2010</p> <p>April 2009 June 2009 June 2009 April 2009</p>	<p>Alcohol Programme Manager</p>	<p>No Screened No Engaging with the service</p>	<p>Cheshire and Wirral Partnership Trust – Wirral Alcohol Services Pharmacy LES WHT – Alcohol Pathway The Social Partnership Health Action Area teams Hospital screening policy with SASQ</p>



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Reduce alcohol related harm

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INTERVENTIONS WITHIN A CRIMINAL JUSTICE SETTING Criminal Justice interventions <ul style="list-style-type: none"> • Post arrest Alcohol Intervention Programme • Conditional Caution Scheme • Alcohol Treatment Requirements 	Contracts and service specifications developed Performance reviewed each quarter	April 2009 Each Quarter in 2009	Alcohol Programme Manager/Drug and Alcohol Programme Manager (Wirral DAAT)	Nos attending CC sessions Nos commencing and completing ATR programmes Reduction in reported alcohol related crime anti social behaviour	Police National Probation Service ARCH Initiatives
PROVISION OF SPECIALIST ALCOHOL TREATMENT FOR INCREASING AND HIGHER RISK DRINKERS To increase the numbers coming into treatment (Harmful and Dependant Teams – Increasing and higher risk drinkers) <ul style="list-style-type: none"> • Specialist treatment through Harm team • Specialist treatment through the Dependant team • Street Drinkers project with Phoenix futures 	2370 per year Deliver an additional 685 treatments in 2009/10 vs 2008/09 Length of stay 7-10 days 5 clients/week	2010/2011	Alcohol Programme Manager	Increase in the number of new clients engaged the service Increase the number of completing treatment with a planned exit	CWP WAS Phoenix Futures ARCH Initiatives Hospital Alcohol Programme
PROVISION OF COMMUNITY DETOXIFICATION AND READMISSION PREVENTION SERVICES <ul style="list-style-type: none"> • Residential Detox through Birchwood 	Service specification in place Formal reviews each quarter	Quarterly performance reviews in 2009 June 09 Sept 09 Dec 10 March10	Alcohol Programme Manager	275 detoxs 85% completion	ARCH Initiatives



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KEY OUTCOME AREA 3: TO PREVENT RELAPSE AND HOSPITAL ADMISSION AND READMISSION BY CONSOLIDATING TREATMENT GAINS AND FACILITATING RECOVERY FOR INCREASING AND HIGH RISK DRINKERS					
<p>COMMUNITY ALCOHOL PROJECTS</p> <p>Increase the numbers accessing Aftercare and Day Care</p> <p>The Social Partnership community schemes</p> <ul style="list-style-type: none"> • Woodchurch • Rockferry • Birkenhead • Leasowe • Seacombe <p>ARCH Initiatives</p> <ul style="list-style-type: none"> ▪ Structured Day care ▪ Aftercare programmes 	<p>Target 20% of clients entering treatment to engage in after care programmes</p> <p>80 clients / project engaging, 40 per project into training or work>3months</p>	<p>09/10</p> <p>Q3 09/10</p>	<p>Alcohol Programme Manager</p>	<p>No's engaging</p> <p>No's Completing</p> <p>No's entering and returning to training</p> <p>No's entering and returning to work</p> <p>Reduction in anti social behaviour</p>	<p>The Social Partnership</p> <p>ARCH Initiatives</p> <p>Wirral Alcohol Service</p> <p>Police</p>
<p>CRISIS INTEVENTION SERVICES</p> <p>Development of Crisis Management Services</p> <p>And place of safety provision</p>	<p>Market research contract awarded</p> <p>Research inc Workshop</p> <p>Develop action Plan</p> <p>Develop and agree service Spec</p> <p>Service Redesign and</p>	<p>January 2009</p> <p>May 2009</p> <p>May 2009</p> <p>May 2009</p> <p>Q2 /09</p>	<p>Alcohol Programme Manager</p>	<p>Research and Workshop outputs</p>	<p>JMU Contracts</p> <p>Providers inc Hostels and Social; services</p>



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Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
	implementation			Service uptake (TBC)	
Development of Crisis Management Services	Define service Model Implementation of service	Q1/09 Q2/09	Alcohol Programme Manager	Numbers successfully reintegrated into society	Phoenix Future WAS Social Services Housing agencies Birchwood
KEY OUTCOME AREA 4 : DELIVER AND TARGET KEY MESSAGES TO IMPROVE PUBLIC AWARENESS OF RISKS ASSOCIATED WITH REGULAR DRINKING ABOVE SENSIBLE LIMITS TO ADDRESS ALCOHOL HARM					
Increase promotion and public access to a range of alcohol harm reduction messages self help and mutual aid groups to instigate positive behaviour change in all risk groups and populations Specific activity will include Social Marketing campaigns Signposting to local support services - Alcohol Information /help line Call Centre Development and promotion of Alcohol website Repeat sign posting communications	Production of advertising media Insight research	April 2009 July 2009 July 2009	Communications Officers/ Alcohol Programme Manager	Brand recall Message recall Patient/Public insights	Marketing Agency Health and social care providers Alcohol service network Market research Agency Community and voluntary Sector
Improved knowledge of Alcohol and Risks via Website and Self help booklet	Product Development Product launch Evaluation	May 2009	Communications Officers/ Alcohol	Brand recall Message recall	Marketing Agency Health and social care providers



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			Programme Manager	Patient/Public insights	Alcohol service network Market research Agency Community and Voluntary Sector
<p>Reinforce and optimise National and regional campaign messages taking account of local initiatives:-</p> <ul style="list-style-type: none"> ▪ Know your limits campaign ▪ Don't bottle it campaign ▪ FRANK campaign ▪ Develop advert on Life Channel in collaboration with Service users 	Product development Product launch Evaluation	November 2009	Communications Officers/ Alcohol Programme Manager	Brand recall Message recall Patient/Public insights Recall and feedback to Advert	Marketing Agency Health and social care providers Alcohol service network Market research Agency Community and Voluntary Sector Life Channel Company
Develop communication based on CHaMPs geo-demographic segmentation analysis – to target risks and drive behaviour change.	Detailed communication plan Develop interventions Implementation Market Research on campaign messages and brand recall	July 2009 September 2009 October 2009 0February 2010	Communications Officers/ Alcohol Programme Manager	Brand recall Message recall Patient/Public insights Recall and feedback to Advert	Marketing Agency Health and social care providers Alcohol service network Market research Agency Community and Voluntary Sector



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KEY OUTCOME AREA 5 : INCREASE INVOLVEMENT OF LOCAL COMMUNITIES , SERVICE USERS AND CARERS IN COMMISSIONING OF ALCOHOL TREATMENT SYSTEMS, TO OPTIMISE QUALITY, EFFECTIVENESS, CHOICE AND ACCESSIBILITY.					
Develop and Implement a community engagement plan and ensure full involvement of community representatives service users and carers in service redesign and development	Consultation with community representatives Consultation with Service User and carers June 2009 Agree key priorities for 2009/10 June 2009	April 2009 April 2009	DAAT Service User and Carer Engagement Officer / Alcohol Programme Manager	Report feedback	Wirral DAAT VCAW Actif and service user and carer reps PADA/ Service providers
Work with service users and providers to design and commission a multi component action research project to:- <ul style="list-style-type: none"> ▪ Track the patients' journey through the treatment system ▪ Introduce a mystery shopper programme ▪ Review complaints and outcomes ▪ Establish themed focus groups to consider service redesign options Develop service users involvement policies and procedures.	Establish Project design group Produce project brief Agree resource level Commence project	May 2009 June 2009 June 2009 September 2009			Wirral DAAT VCAW Actif and service user and carer reps PADA Service providers



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Reduce alcohol related harm

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<p>Increase the involvement of Wirral's various diverse and under represented communities with the planning, commissioning, development, implementation and monitoring of the alcohol treatment system.</p> <p>Under take equality impact assessment and review available consultation with the BRM partnerships and the wider network of diverse groups.</p> <p>Review service responses to under served groups and develop plans to ensure that services are ethno culturally competent in accordance to local need.</p>	<p>Establish consultation plan September 2009</p> <p>Agree process for EIA in consultation with BRM partnerships Sept 2009</p> <p>Agree process for review Sept 2009</p> <p>Complete review April 2010</p>	<p>September 2009</p>	<p>DAAT Service User and Carer Engagement Officer / Alcohol Programme Manager</p>	<p>Agreement on key priorities</p> <p>Agreement on a set of key performance indicator</p>	<p>Service user network representatives</p> <p>BRM partnerships</p> <p>VCAW</p> <p>NHS Wirral</p> <p>Wirral DAAT</p>
<p>KEY OUTCOME AREA 6 : ADDRESS HEALTH INEQUALITIES ASSOCIATED WITH ALCOHOL HARM AND IMPROVE HEALTH OUTCOMES FOR THOSE MOST AT RISK</p>					
<p>HOUSING/HOMELESSNESS</p> <p>Research and develop proposals for model of primary care provision e.g. GP/Nursing Services for homeless people and those living in hostels, with a specific focus on those who have specific alcohol problems.</p>	<p>Consult with service users.</p> <p>Consult with providers.</p> <p>Research provision in other areas.</p> <p>Report to Professional Executive Committee (PEC) with recommendations.</p>	<p>March 2009</p>	<p>Lesley Hilton Health & Housing Programme Manager</p>	<p>Approval of recommendations and funding for service.</p>	<p>Once approved the service will be commissioned by the NHS Wirral and provided by an external provider, still to be agreed.</p> <p>Links with other providers of GP/ clinical/ detox services will also be necessary.</p>



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Reduce alcohol related harm

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Provide support package to all tenants with an alcohol misuse problem, in order to secure accommodation through the Housing Priority Panel.	Develop assessment, referral and monitoring arrangements. Deliver and monitor support packages.	Ongoing. Support packages should be in place at point of move on.	Gary Rickwood Strategy Manager	Target No. of successful move ons to be agreed	Wirral DAAT Wirral MBC
NHS Wirral and Wirral DAAT to fund the continuation of the Birkenhead Town Centre Project, in partnership with Phoenix Futures, to signpost homeless people and those with alcohol specific issues to health services.	March 2010	Monthly PIs to be provided by Phoenix Futures	Gary Rickwood Steven Roberts	PIs to be agreed Numbers of alcohol users receiving support, also numbers of these referred to support service	Wirral DAAT NHS Wirral Phoenix Futures
Identify issues of homeless people or those at risk of homelessness, who are admitted to hospital or present at A & E with an alcohol related condition.	Conduct needs assessment, process map and audit current service. Benchmark with other LAs, PCTs etc. Identify good practice Make recommendations to PCT	Done Done Report to PCT	Lesley Hilton Health & Housing Programme Manager	Report on key findings completed	NHS Wirral Wirral MBC (Supporting People Team) Wirral University Teaching Hospital NHS Foundation Trust



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	Board, Supporting People Commissioning Body etc.	PEC March 09			
Work to identify and introduce plans to address co morbidity and in particular where this impacts on health inequalities and hospital admissions.	Review needs assessment findings Identify priorities				
Work to identify and introduce plans to address alcohol related offending and in particular where this impacts on health inequalities and hospital admissions.					
Work to identify and introduce plans to address alcohol harms amongst older people and in particular where this impacts on health inequalities and hospital admissions.					
Key Outcome Area 7:- Establish Effective systems Management and Implement world class commissioning standards to address alcohol harm					
Commissioning					



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Reduce alcohol related harm

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<ul style="list-style-type: none"> ▪ Ensure that local commissioning of alcohol services comply with world class commissioning standards and the assurance system helps to drive up local programme performance. ▪ Refresh and publish the Joint Strategic Needs assessment to specifically understand the needs of the local population in terms of alcohol related harm. ▪ Set and review strategic priorities for action in respect of NI39 and associated key deliverable and agree these with relevant partners including NHS Wirral as lead commissioner. ▪ Review the findings and as a minimum implement recommendations for introducing high impact changes outlined in the Dept of Health guidance 'Signs for improvement – Commissioning interventions to reduce alcohol related harm March 2009' ▪ Introduce joint commissioning agreements to ensure effective interface with other Health and Social care services commissioning to address alcohol related admissions and re-admissions. ▪ Explore partner interest and potential and 	<p>Complete review and benchmarking against competencies</p> <p>Introduce action plan to address areas for Improvement</p> <p>Review completed and Priorities set</p>	<p>July 2009</p> <p>July 2009</p> <p>September 2009</p> <p>April 2009</p>			



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<p>resource capacity to collaborate to achieve a reduction in alcohol related hospital admissions .iin the first year Key partners include:-</p> <ul style="list-style-type: none"> ▪ NHS Wirral , CDRP , Health and Social Care partnership , Children’s and Young Peoples Department , Statutory and voluntary Treatment providers, Wirral Hospital Trust , Wirral Partnership NHS Trust. ▪ Comply with appropriate Clinical Governance guidelines, policy and practice. ▪ Develop and implement workforce development plan to underpin programme and service delivery. ▪ Conduct a training need analysis to inform plan development. All relevant health workers to be trained in delivery effective brief interventions and advice. <p>RESEARCH AND DEVELOPMENT</p> <ul style="list-style-type: none"> ▪ Develop a research and Development plan to ensure the alcohol programme and investments are base on sound understanding of available evidence and best practice. ▪ Develop and introduce an evaluation framework that will help to track outcomes 					



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Reduce alcohol related harm

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<p>and ensure evidence based investments.</p> <ul style="list-style-type: none"> ▪ Utilise and analyse a range of public Health data and intelligence to inform planning and commissioning of services. ▪ Clarify the impact arising across agencies and communities as a result of alcohol harm. ▪ Use available intelligence to understand and prioritise investment to projects with greatest known or planned impact. <ul style="list-style-type: none"> ▪ Agree and establish an evaluation process to assess and report on programme activity. ▪ Review and act on the findings and recommendations of the National Support visit (Jan 2009)in respect of alcohol harm. ▪ Review examples of good practice arising from the Department of Health sponsored 'early implementer suites to help inform the development of the Wirral programme plan and service redesign. ▪ Undertake benchmarking of Wirral programme and review performance against other comparative areas and those with highest rates of alcohol related hospital admission 					



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Reduce alcohol related harm

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<p>INFORMATION AND PERFORMANCE AND MANAGEMENT</p> <p>Develop and introduce a performance management framework to implement systems to manage and influence the Programme plan and related commissioning plans</p> <p>Ensure that information management systems are fit for purpose and data quality remains a priority.</p> <p>Ensure alignment with the performance framework of Wirral's wider Alcohol Harm Reduction Strategy</p>	<p>Development and agree of outcome performance Indicators.</p> <p>Agree formal contract currencies for all providers and undertake reviews.</p> <p>Core data set agreed by commissioners and providers.</p> <p>Introduce and refine core data collection system.</p> <p>Establish data quality plan.</p> <p>Establish reporting procedures data received on a quarterly basis.</p> <p>Develop and introduce management information systems to inform commissioning.</p> <p>Introduce regular performance reviews with</p>	<p>June 2009</p> <p>April 2009</p> <p>April 2009</p> <p>May 2009</p> <p>June 2009/July 2009</p> <p>July 09</p> <p>Quarterly- First</p>	<p>Nikki Jones/Bev McAteer</p> <p>Nikki Jones</p> <p>Nikki Jones</p>		<p>Alcohol Service Providers</p> <p>John Moore's University</p> <p>Cheshire and Wirral Partnership Trust</p>



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	<p>providers.</p> <p>Introduce Reporting schedule.</p> <p>Introduce and prepare regular reporting to Key investors and partnerships.</p> <p>Develop and ensure compliance to information sharing protocols and agreed data sources.</p>	<p>review June 2009</p> <p>June 2009</p> <p>Quarterly programme report</p> <p>First report June 2009</p>			
<p>Ensure the data collection process between the providers and PCT is robust and follows new national definitions and guidance.</p>	<p>Guidance received and PCT clear about calculation method and changes to definitions of calculation</p>	<p>March 2009</p>	<p>Chris Harwood</p>	<p>Calculation verified by DAAT business and performance manager and data being received in a timely manner</p>	<p>All provider s Wirral University Teaching Hospital</p> <p>NHS Wirral</p> <p>Drug and Alcohol Team</p>



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Reduce alcohol related harm

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Key Outcome Area 8 : Collaborate with all relevant strategic partners to deliver and joint commission. Wirral's wider Alcohol Harm reduction strategy					
<p>Collaborate with the Wirral Drug and Alcohol Action Team and Crime and Disorder Reduction Partnership to Support the development of the Joint Investment Group for Alcohol (JIGA).</p> <p>Work with senior partners to implement Wirral's Alcohol Harm Reduction Strategy - updating it in line with local, regional and national policy drivers - to ensure its continued relevance in tackling alcohol misuse.</p> <p>Ensure that the Alcohols strategies strategic objectives are aligned with and support the local sustainable community strategy and Local Area Agreement.</p>	<p>Complete review of strategy</p> <p>Review JIGA governance arrangements</p> <p>Produce annual report</p> <p>Ensure representation on key strategic partnership group to inform and align planning and priority setting</p>	<p>May 2009</p> <p>June 2009</p> <p>June 2009</p> <p>Ongoing</p>	<p>Marie Armitage JIGA Chair</p> <p>Beverley McAteer Alcohol Strategy</p> <p>Marie Armitage JIGA Chair</p>		<p>See membership list</p> <p>Programme Manager NHS Wirral</p> <p>DAAT Strategy Manager</p> <p>Beverley McAteer Alcohol Strategy</p>
Key outcomes area 9: Reduce the harm caused to young as a consequence of alcohol misuse and reduce hospital admissions and readmissions					
<p>Develop and implement a young peoples alcohol prevention programme to prevent and address harm to young people.</p> <p>Programme component will include: -</p> <ul style="list-style-type: none"> ▪ Provision of family support. ▪ Provision of support on children of harmful and hazardous drinkers. ▪ Improving parenting skills and access to 	<p>Development of family intervention skills of substance misuse workers, where appropriate, involving families in the treatment of young people and other family members.</p>	<p>April 09 Ongoing</p>		<p>PSA 14 NI115</p> <p>PSA 25 NI 40</p>	<p>Children & Young People's Department, Anti Social Behaviour Team, Wirral NHS, Youth Offending Service</p>



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<p>prevention, information and support.</p> <ul style="list-style-type: none"> ▪ Improvement to Hospital and A&E pathways. ▪ Development and expansion of the young people alcohol Intervention programme working with young people coming into contact with the Criminal justice agencies. ▪ Provision of targeted education and support. ▪ Improve access to treatment. ▪ Deliver targeted prevention messages. ▪ Establishing a new partnership with parents and carers by providing them with clear information they need to guide their children towards low risk drinking. 	<p>Provide training to substance misuse staff on family intervention</p> <p>(Such as family group conferencing)</p> <p>Work in partnership with key stakeholders to develop a model of care targeted towards the children of drug using parents, cross referenced to adult treatment plan objective</p>	<p>April 09 Ongoing</p> <p>April – Ongoing</p>		<p>PSA 14 NI 115</p> <p>PSA 14 NI 115</p> <p>PSA 25 NI 40</p> <p>PSA 25 NI 38</p>	<p>Children & Young People's Department, Anti Social Behaviour Team</p> <p>NHS Wirral, Children & Young People's Department, Wirral Drug Service, Family Intervention Programme, Youth Offending Service.</p>
<p>Supporting and encouraging young people themselves through education and publicity including working with schools to make the right decisions about alcohol.</p>	<p>Implement recommendations in <i>Aiming High for Young People</i> and continue to use positive activities and Positive Futures to strengthen vulnerable young people's resilience and social and emotional skills</p>	<p>July 09 Ongoing</p>		<p>PSA 14 NI 115</p> <p>PSA 25 NI 41</p> <p>PSA14 NI 110</p>	<p>Children & Young Peoples Department Anti Social Behaviour Team, NHS Wirral, youth Offending Service.</p>



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Reduce alcohol related harm

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Prevent hospital admissions and readmissions and Ensure young people under the age of 20 are sign posted and given priority referral to specialist services following discharge from Hospital.	<p>Improve identification of at-risk children and early intervention through screening and greater use of Common Assessment Framework.</p> <p>Work with universal and targeted providers to support the adoption and delivery of appropriate early identification and screening processes between all young people's services.</p> <p>Plan launch of Drug / Alcohol pathways for A&E department and Children's Emergency Department.</p> <p>Provision of targeted alcohol worker within substance misuse team to facilitate assessment and referral of young people</p>	<p>July – Ongoing</p> <p>April – Ongoing</p> <p>June 2009</p> <p>May 2009</p>	Mindy Rutherford/Terry White	<p>PSA 14 NI 115 PSA 25 NI 40 PSA14 NI 110</p> <p>PSA 14 NI 115 PSA 25 NI 40 PSA 14 NI 50</p> <p>PSA 14 NI 50</p> <p>PSA 14 NI 115 PSA 25 NI 40 PSA 14 NI 50</p>	<p>Wirral University Teaching Hospital, Children & Young People's Department, NHS Wirral</p> <p>Wirral University Teaching Hospital, Children & Young People's Department, NHS Wirral, Police</p> <p>Wirral University Teaching Hospital, Children & Young People's Department, NHS Wirral.</p> <p>Wirral University Teaching Hospital , Children & Young People's Department, NHS Wirral.</p>



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Reduce alcohol related harm

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	under the age of 20 referred from hospital.				



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Reduction in health inequalities and improved life expectancy - AAACM

LAA Improvement Priority:	Reduction in health inequalities and improved life expectancy
Sponsor:	Sue Drew
Lead organisation:	Wirral PCT
Service Area:	Public Health
Relevant indicators:	120: All age all cause mortality

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Complete a review of partnership activity to reduce health inequalities	I&DeA peer review carried out Complete I&DeA action plan and approval at Health and Well-being Group	April 2008. December 2008.	Marie Armitage; Joint Director of Public health	Review taken place Action plan complete and approved at H&WB group and other key boards	The Health and Well-being partnership
Complete Joint Strategic Needs Assessment on health and well-being with a focus on health inequalities	Complete technical document and JSNA Complete easy read JSNA Carry out consultation	December 2008 June 2009 May – July 2009.	Hayley Clifton Andy Mills Andy Mills	JSNA completed	All Joint Commissioning managers for health and well-being All chief officers from health, social care and CYPD



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Reduction in health inequalities and improved life expectancy - AAACM

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	on JSNA deep dive areas Review and refresh JSNA	December 2009 and December 2010	Tony Kinsella	JSNA completed	Analysts within local authority, NHS and partner organisations
Produce NHS strategic commissioning plan for reducing health inequalities	5 year commissioning plan produced Annual review of commissioning plan	October 2008 February 2009.	Sue Drew Geraldine Murphy Walkden	Plan produced and investment agreed	Strategic Plan Implementation group
Scrutinise and improve existing plans for achieving the life expectancy target and reducing health inequalities	Invite NST for health inequalities to Wirral for peer review	January 2009.	Marie Armitage	Feedback from NST team received following full involvement in the visit from partners	All LAA partners involved
Produce health inequalities action plan to meet 2011 target	First draft produced for Health and Well-being partnership HI plan approved by Health and well-being partnership and relevant boards and committees (including PCT board and cabinet)	March 2009 June 2009	Sue Drew Marie Armitage	Plan produced and approved by relevant boards including governance structures for monitoring its effective implementation	All LAA partners



LAA Improvement Priority:	Reduce health inequalities and improve life expectancy
Sponsor:	Carol Howard
Lead organisation:	NHS Wirral
Service Area:	Public Health
Relevant indicators:	NI 123 stopping smoking

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Deliver stop smoking stretch target from 2006-2009 LAA	Achieve 114 BME smoking quitters to contribute to the overall number of people stopping smoking in Wirral	June 2009.	Kim Ozano	The number of quitters from BME groups recorded through NHS stop smoking services	Local Authority, 3 rd sector organisations such as Wirral Change, WMO.
Appoint Senior Health Improvement Specialist to co-ordinate the Stop Smoking Programme	Recruitment process	February 2009.	Carol Howard	Recruitment completed and officer in post	Phil Dickson
Produce Strategic Commissioning Plan for reducing smoking prevalence	Detailed plans in place for the achievement of the stop smoking target	October 2008	Sue Drew	Plan produced and agreed by NHS Wirral Board	NHS Wirral exec and non exec Directors
	Investment agreed to deliver the plan through NHS Wirral	April 2009.	Sue Drew	Funding agreed.	



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Priority 11 Carers

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
	Resources and Performance Committee				
Produce costed project plan for the achievement of the SCP stop smoking target (<i>which is larger than the LAA planned target and so will also achieve this</i>)	Lead officer to attend project planning training Outline project plan drafted Smoke Free Wirral Steering Group approve plan	March 2009. March 2009. April 2009.	Kim Ozano	Project plan produced and agreed by key partners	Smoke Free Wirral Strategic Group
Ensure there is an effective partnership steering group to achieve the stop smoking target	Review the terms of reference for the Smoke Free Wirral Strategic Group Review membership Re launch group	March 2009. March 2009. April 2009.	Kim Ozano	Group is reviewed and re-launched and clearly has implementation of the Smoke Free Wirral plan in its ToR	Smoke Free Wirral Strategic group
Reduce the number of young people taking up smoking	Review and relaunch the Smoke Free Wirral Action Plan	April 2009	Kim Ozano	Partnership plan to include tobacco control measures is in place and in line with the work of the C&M and North West smoke free agenda	Smoke Free Wirral Strategic group



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Priority 11 Carers

LAA Improvement Priority:	<i>Personal Budgets and Self Directed Support</i>
Sponsor:	<i>Francesca Tomlin</i>
Lead organisation:	<i>Wirral Council</i>
Service Area:	<i>Department of Adult Social Services Reform Unit</i>
Relevant indicators:	<i>NI130 social care clients receiving self directed support</i>

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
* Personal Budgets and Self Directed Support	<ul style="list-style-type: none"> - personal budgets pilot commences - undertake a mid way evaluation of the pilot - consider options to broaden the pilot if Resources Allocation System is sustainable - complete final evaluation of pilot - Roll out personal budgets in Wirral if pilot successful 	<ul style="list-style-type: none"> July 2009 April 2009 April 2009 June 2009 July 2009 	<ul style="list-style-type: none"> Paul Neate Paula Neate Paula Neate Paula Neate Paula Neate 	NI130 social care clients receiving self directed support	<ul style="list-style-type: none"> - All branches of the department of adult social services - NHS Wirral - Voluntary Sector

* detailed project initiation document and action plan is available if required.



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Priority 11 Carers

LAA Improvement Priority:	Priority 11 Carers
Sponsor:	Cathy Gill
Lead organisation:	Wirral Council
Service Area:	Department of Adult Social Services – Communities and early interventions
Relevant indicators:	NI 135

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Implement Joint Commissioning Strategy for carers which has the following key commissioning intentions:- <ol style="list-style-type: none"> 1. Making the system accessible for Carers. 2. Giving carers peace of mind. 3. Co-ordinating current services. 4. Valuing carer's contributions. 5. Improving services. 	Submit Strategy for cabinet approval. 6 Sub Groups of carer's development committee working on implementation of strategy.	May 2009 Sub group work has commenced and will be ongoing. Each group has action plan and timescales.	Cathy Gill	NI 135 – Regular reporting to carer's development committee by sub groups.	Multi agency carers development committee, which includes carers.
Identify partnership opportunities with NHS Wirral re the development of carers services as part of End of Life Strategy.	Submit to PEC – NHS Wirral and SLT for DASS approval	May 2009	Cathy Gill	NI 135 – Implementation of End of Life Care	NHS Wirral DASS



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Priority 11 Carers

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
				Strategy	
Expression of interest submitted to the Department of Health to be a demonstrator site for: <ol style="list-style-type: none"> 1. Carers breaks 2. Health checks for carers 	Expression submitted Decision on shortlist to submit bids	13/03/09 06/04/09	Cathy Gill	NI 135 – Successful selection as demonstrator site	NHS Wirral Third Sector Organisations



Getting better together

Self harm of clients aged 16-35 with two or more episodes in the last 12 months who subsequently become engaged in meaningful social activities

LAA Improvement Priority:	Self harm of clients aged 16-35 with two or more episodes in the last 12 months who subsequently become engaged in meaningful social activities
Sponsor:	<i>Marie Armitage, Director of Public Health</i>
Lead organisation:	<i>NHS Wirral & Wirral DASS</i>
Service Area:	<i>Mental Health</i>
Relevant indicators:	<i>LOC 8432</i>

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Agree cohort of people aged 26-35 with two or more reported episodes of self harm in the last 12 months	Agree baseline data	Review completed	Deborah Mayor	Cohort identified Suggest improvements to identification and assessment to improve baseline position	Wirral Council Wirral Hospital Trust Cheshire & Wirral Partnership Trust NHS Wirral Membership of Suicide Audit Prevention Group
Develop shared intelligence about: Those known to specialist mental health services via Cheshire and Wirral Partnership Trust	Gather intelligence about identified cohort	June 2009	Deborah Mayor	Agreement to approach in relation to information sharing/patient confidentiality	Wirral Council Wirral Hospital Trust Cheshire & Wirral Partnership Trust



Getting better together

Self harm of clients aged 16-35 with two or more episodes in the last 12 months who subsequently become engaged in meaningful social activities

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Those not known to specialist services via primary care and other community based agencies					NHS Wirral Job Centre Plus Local back to employment schemes e.g. Pathways to Work, progress2work
Develop process for outreach/follow up/community contact with the cohort	Share intelligence with key members of Suicide Audit and Prevention Group and agree process	September 2009	Debbie Mayor	Identifying and agreeing which services/agencies will make initial contact with service users	Wirral Council Wirral Hospital Trust Cheshire & Wirral Partnership Trust NHS Wirral Membership of Suicide Audit Prevention Group Wirral Met College Northwest Regional Ambulance Service Merseyside Fire and Rescue Service
Collate information about what is currently available in the community to be shared with identified service users	Ensure protocols are in place to minimise risk and maintain patient confidentiality	September 2009	Deborah Mayor	comprehensive and user friendly information available to all service users	Wirral Council Wirral Hospital Trust Cheshire & Wirral Partnership Trust NHS Wirral
Agree overall approach	Via suicide audit and prevention group	September 2009	Deborah Mayor	Model agreed and implemented	Wirral Council Wirral Hospital Trust



Getting better together

Self harm of clients aged 16-35 with two or more episodes in the last 12 months who subsequently become engaged in meaningful social activities

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
					Cheshire & Wirral Partnership Trust NHS Wirral
Implement approach	Implementation based on social inclusion model	September 2009 onwards	Deborah Mayor	Monitor uptake of each element of engagement project	Wirral Council Wirral Hospital Trust Cheshire & Wirral Partnership Trust NHS Wirral



LAA Improvement Priority:	Promoting Independence
Sponsor:	Rick O'Brien
Lead organisation:	Department of Adult Social Services
Service Area:	Access & Assessment Branch
Relevant indicators:	NI 136

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Provision of locality Reablement and Assessment Services	<p>Mapping current referral and activity patterns to the Locality Structure.</p> <p>Identifying level of existing resources for each Locality.</p> <p>Agreeing model with health partners.</p> <p>Developing registered and supervisory management arrangements.</p>	March 2010	Rick O'Brien	People supported to live independently through social services (all adults) NI136	NHS Wirral 3 rd Sector



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Promoting Independence

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
	Agreeing referral pathways. Moving to new service delivery model.				



Getting better together

Development of Dementia Services

LAA Improvement Priority:	<i>Development of Dementia Services</i>
Sponsor:	<i>Marie Armitage</i>
Lead organisation:	<i>NHS Wirral and Wirral DASS</i>
Service Area:	<i>Older People</i>
Relevant indicators:	<i>N8436</i>

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
To reduce the number of admissions to residential and nursing care based on previous years admissions.	Phased annual reduction programme of 5% (n180)	Quarterly review March 2010	Debbie Mayor	Target achieved n171 2009/2010	NHS Wirral Wirral DASS Third Sector Wirral University Teaching Hospital Trust
A comprehensive local strategy for the Modernisation of services for older people with mental health needs including Dementia will be agreed to improve Dementia services in Wirral.	To be agreed by Older People Joint Commissioning Group	Quarterly review March 2009	Debbie Mayor	Strategy agreed	NHS Wirral Wirral DASS Third Sector Wirral University Teaching Hospital Trust



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Development of Dementia Services

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Develop an agreed project plan, agree key milestones, agree governance arrangements and completion of risk assessment between NHS Wirral and Wirral DASS	Draft project plan Agree project plan	April 09 June 09	Debbie Mayor	Completion of older peoples mental health (including Dementia) implementation plan which is agreed across key organisations	NHS Wirral Wirral DASS Cheshire and Wirral Partnership Trust Third Sector Wirral Hospital University Teaching Trust Service user and carers
Implementation of agreed project plan based on investment plan and agreed priorities. This will be informed by Systems Dynamic Modelling		September 2009	Debbie Mayor	Reduction in numbers of people admitted to residential nursing home care Reduction in numbers of admissions to acute hospital in an emergency	NHS Wirral Wirral DASS Third Sector Wirral University Teaching Hospital Trust
Increased use of assistive technology and telecare	Year 1 650 Year 2 750 Year 3 900 Year 4 1260	March 2009 March 2010 March 2011 March 2012	Heather Rimmer	Targets achieved	NHS Wirral Wirral DASS Service users and carers



Getting better together

Development of Dementia Services

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
Two additional housing schemes will be operational	Monitor development against action plan	March 2012	Cathy Gill	Extra care housing schemes operational	Service users and carers



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Reduce Falls

LAA Improvement Priority:	Reduce Falls
Sponsor:	Tina Long
Lead organisation:	NHS Wirral
Service Area:	Strategic Partnerships
Relevant indicators:	LAA 8227a; LAA 8228a

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
The number of emergency unscheduled acute hospital bed days occupied by people aged 75 or more in NHS hospitals in Wirral (excluding those admitted through fractured neck of femur) as a result of a fall, as measured by PCT data.	10,700 9,951 9,095	2008/09 2009/10 2010/11	Heather Rimmer	Monitoring the number of emergency admissions to hospital, of patients aged 75 and over as a result of a fall. Monitoring the activity of the falls prevention team.	Community Therapy Services NWAS DASS WUTH Wider PCT – eg Medicines Management Assistive Technology
	3,500	2008/09	Heather Rimmer	Monitoring the	Community Therapy Services



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Reduce Falls

Key outcome We will deliver: Projects and/or Activities	Detailed milestones	Target Date	Responsible Officer	We will measure our success by: Related Performance Indicators	Who else is required to deliver this project / activity
The number of emergency unscheduled acute hospital bed days occupied by people aged 75 or more in NHS hospitals in Wirral who are admitted through fractured neck of femur as a result of a fall, as measured by PCT data	3,255 2,975	2009/10 2010/11		<i>number of emergency admissions to hospital of patients aged 75 and over as With a fractured neck of femur a result of a fall.</i> <i>Monitoring the activity of the falls prevention team.</i>	NWAS DASS WUTH Wider PCT – eg Medicines Management Assistive Technology

