



**AGENDA PAPERS FOR
HEALTH SCRUTINY COMMITTEE MEETING**

Date: Wednesday, 5 March 2014

Time: 6.30 pm

**Place: Committee Rooms 2 & 3, Trafford Town Hall,
Talbot Road Stretford M32 0TH**

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. MINUTES		1 - 4
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 4 th December 2013.		
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. NORTH WEST AMBULANCE SERVICE - COMMUNITY STRATEGY UPDATE		5 - 20
To receive a presentation and establish progress against the North West Ambulance Service Community Strategy.		
5. ALCOHOL SERVICE PERFORMANCE UPDATE		21 - 48
To receive an updated report of the Executive Member, Community Health and Wellbeing.		

6. UPDATE ON THE WORK OF THE JOINT HEALTH SCRUTINY COMMITTEE

To receive an update from the Chairman on the meeting of the Joint Health and Overview Scrutiny Committee held at Manchester Town Hall on 29th January 2014.

7. TOPIC GROUP UPDATES

49 - 62

To receive updates from the Topic Group Chairmen, and to receive a draft report on the Personalisation Review.

8. URGENT BUSINESS (IF ANY)

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

9. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

TRAILER

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), J. Lamb (Vice-Chairman), J. Brophy, Mrs. A. Bruer-Morris, J. Harding, J. Holden, K. Procter, S. Taylor, Mrs. V. Ward, Mrs. J. Wilkinson, Mrs. P. Young and B. Shaw (ex-Officio)

Further Information

For help, advice and information about this meeting please contact:

Sharman Frost, Democratic Services Officer,
Tel: 0161 912 1229
Email: sharman.frost@trafford.gov.uk

This agenda was issued on **Tuesday, 25 February 2014** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

HEALTH SCRUTINY COMMITTEE

4 DECEMBER 2013

PRESENT

Councillor J. Lloyd (in the Chair). J. Brophy, Mrs. A. Bruer-Morris, J. Harding, K. Procter, S. Taylor, Mrs. V. Ward, Mrs. J. Wilkinson and Mrs. P. Young

Also in attendance

P. Forrester - Democratic Services Manager
S. Frost - Democratic Services Officer

APOLOGIES

Apologies for absence were received from Councillors J. Lamb and J. Holden

49. MINUTES

RESOLVED: That the Minutes of the meeting held on 12th September be agreed as a correct record and signed by the Chairman.

50. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

Councillor Lloyd in relation to the Stroke Association
Councillor Brophy in relation to her employment within the NHS
Councillor Harding in relation to her role with the Save Trafford General campaign.
Councillor Taylor in relation to her employment within the NHS
Councillor Mrs. Bruer-Morris, in relation to her employment within the NHS
Councillor Mrs. Wilkinson in relation to VCAT

51. HEALTH AND SOCIAL CARE INTEGRATION

The Committee received presentation notes from the Joint Directors of Operations (Communities and Well Being) on the operational integration between Adult Social Care and Pennine Trust. Unfortunately, nobody was able to attend the meeting to address the Committee.

Members expressed an interest in exploring the outcomes from the integrated care model as it was implemented. Members requested that the Executive Member responsible for integrated care should attend a future Health Scrutiny Committee meeting to advise on the outcomes of the model, with a particular reference to how it has operated over the winter months, and give an overall evaluation on the development of the processes and systems to ensure high standards of care.

The Committee also felt that it would be useful to have updates on the introduction of triage in Doctors surgeries with Nursing Practitioners, the new Neighbourhood Teams, more detailed information concerning 'GP alignment' and

**Health Scrutiny Committee
4 December 2013**

the 'integrated care' model for elderly people. They also stated that they would find it useful to have the views of Healthwatch on the model.

RESOLVED:

- (1) That the content of the report be noted and welcomed.
- (2) That the Executive Member for integrated care be invited to attend a future meeting of the Health Scrutiny Committee Meeting to advise on the outcome of services during the winter months and give an overall evaluation on the development of the model.
- (3) That Healthwatch be also asked to attend the meeting to give their perspective on the integrated care model.

52. AGEING WELL UPDATE

The Committee received a report from the Executive Member for Communities, Health and Well Being updating Members on the progress made with the recommendations from the Ageing Well in Trafford Report. The report outlined the outcomes of the review which scrutinised the support for older people in Trafford to lead active, involved and independent lives.

It was recognised that the Ageing Well Partnership board was in the process of changing its remit and the way it ensured older people's views and needs were recognised and acknowledged by professionals.

The report highlighted that a recommendation for an Older People's Champion had been accepted, and welcomed that the Executive Member for Adult Social Services had been identified as the Executive Member linked to the Ageing Well Partnership. The report stated that the Executive Member had regularly attended, and contributed to, the Ageing Well Partnership Board and that his input was invaluable.

RESOLVED

- (1) That the report be noted and welcomed.
- (2) That the Executive Member for Adult Social Services be invited to attend a meeting of the Health Scrutiny Committee to discuss his role, and Terms of Reference.

53. VOLUNTEERING

The Committee received a report from the Executive Member for Communities, Health and Well Being updating Members on the progress made on the incentives and barriers to volunteering in Trafford. Members were reminded that the report was still a work in progress.

RESOLVED:

- (1) That the report be noted and welcomed.

- (2) That Members receive a further update to the report in 12 months time, to look at the recommendations and further development noted in the report.

54. JOINT HEALTH SCRUTINY COMMITTEE - UPDATE

The Committee received an update from the Chairman on the meeting of the Joint Health Scrutiny Committee held at Manchester Town Hall on 22 October 2013.

RESOLVED: That the content of the Minutes of the meeting on 22 October 2013 be noted.

55. TOPIC GROUP - PERSONALISATION

The Democratic Services Manager informed the Committee that the Topic Group Chairman for Personalisation was unable to attend the meeting, and advised the Committee that Councillor Holden was working on the report and would circulate it to Members in the near future.

RESOLVED: That the information be noted.

56. TOPIC GROUP UPDATE - DIGNITY IN HOSPITAL CARE

The report produced by the Topic Group was circulated the Committee and received a report from the Chairman. They welcomed the response from the Executive who had considered the report at their meeting on the 3rd December. Members agreed with the recommendations of the report in particular that a progress review should be carried out in 12 to 18 months' time to ascertain the improvements made.

RESOLVED:

That the content of the report be noted and welcomed.

The meeting commenced at 6.30 pm and finished at 8.30 pm

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North West Ambulance Service **NHS**
NHS Trust



Delivering the right care, at the right time, in the right place

North West Ambulance Service

Greater Manchester Health Scrutiny Committee

Derek Cartwright, Director of Operations
Kevin Mackway-Jones, Medical Director

November 2013

Our Services

- § 999 Paramedic Emergency Service
- § Urgent Care
- § Patient Transport Service (Cheshire, Merseyside, Cumbria & Lancashire)
- § Major Incident Management



Delivering the right care, at the right time, in the right place

Facts & Figures

- § 7 million population over 5,400 square miles
- § Employs some 5,000 staff
- § Three emergency control rooms
- § 1.1 million 999 calls a year (900,000 emergency patient episodes)
- § 1.2 million PTS journeys

Delivering the right care, at the right time, in the right place

Greater Manchester Headline Performance

§ Call increase of 0.5% compared to the same period last year

OVERALL PERFORMANCE	Number of calls	R1 <8m%	R2 <8m%
April-October 2012	240,083	76.8%	78.5%
April-October 2013	241,322	76.01%	77.05%

Delivering the right care, at the right time, in the right place

Greater Manchester Information

- § 33 stations serve the Greater Manchester area
- § 456 Paramedics, 36 Senior Paramedics, 14 Advanced Paramedics, 68 Student Paramedics
- § 398 Emergency Medical Technicians (Grades 1&2)
- § 61 Rapid Response Vehicles (RRVs)
- § 125 Emergency ambulances
- § Regional HQ in Bolton, area office in Whitefield
- § Emergency Control Centre, Parkway
- § HART team, Old Trafford

Delivering the right care, at the right time, in the right place

Operational Workings

- § NWAS Reviewing its estates portfolio especially Ambulance stations
- § Ambulance stations mainly empty buildings
- § Only around 30% of 999's are deployed to from Ambulance stations
- § Mobile Resource available anywhere – borders invisible to NWAS
- § Any resource can be sent to any incident in the North West from any control room

Delivering the right care, at the right time, in the right place

Our CLEAR vision

Clinical

Leadership

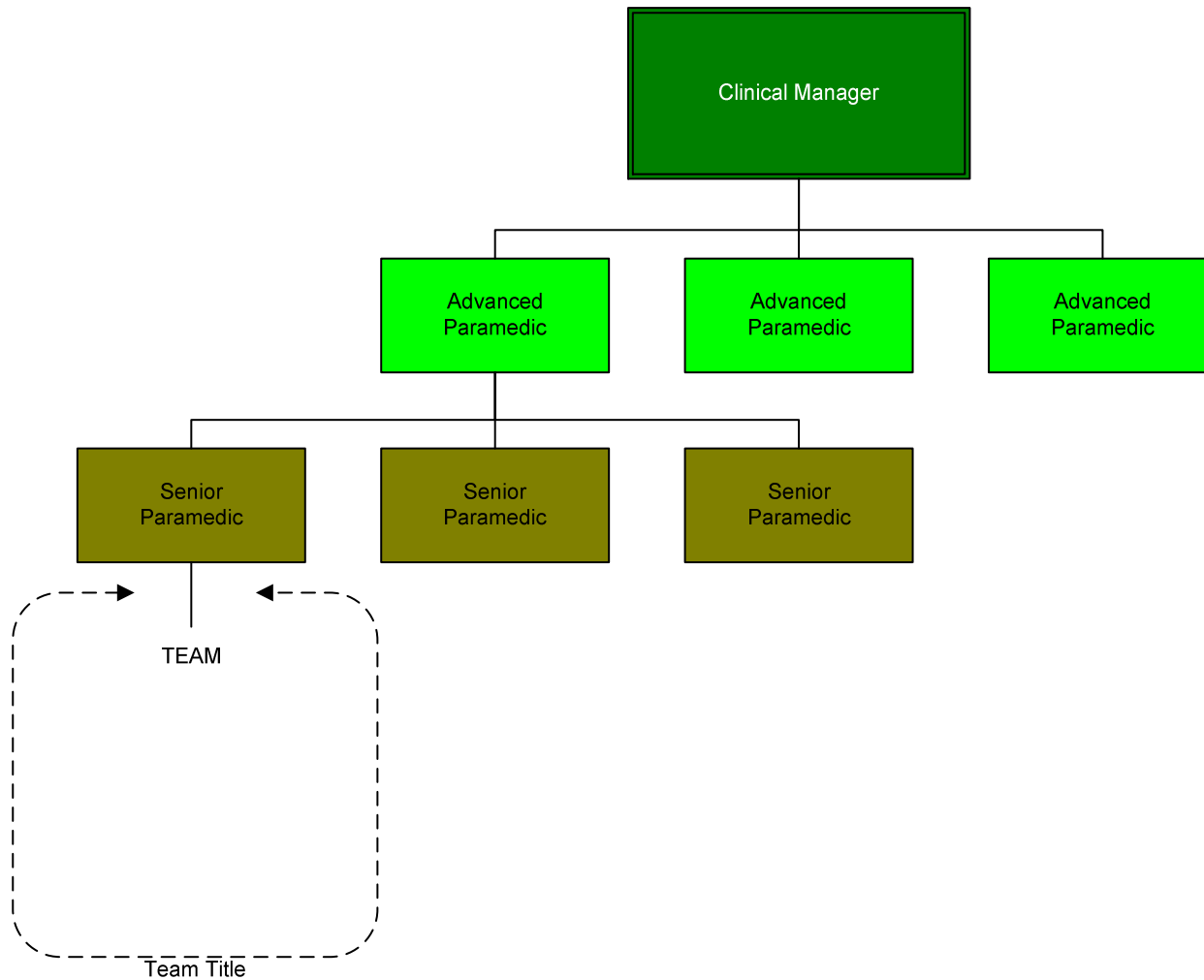
Education

Accountability

Responsibility

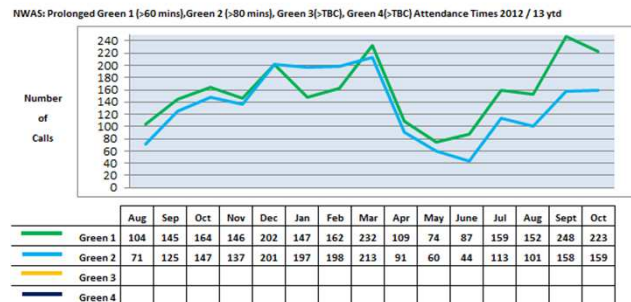
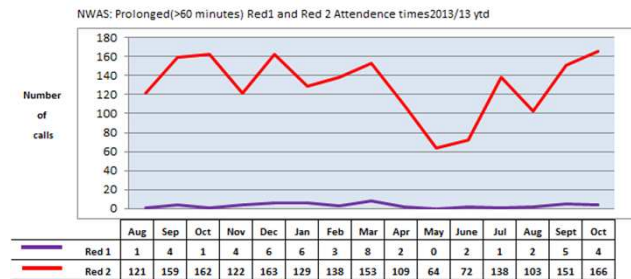
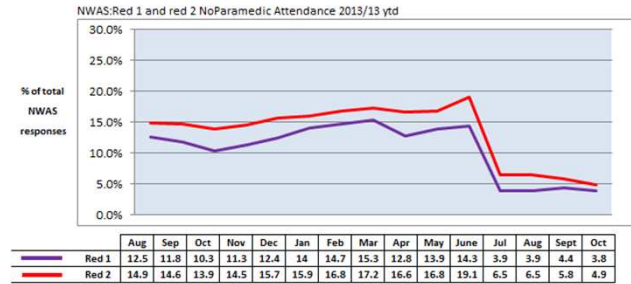
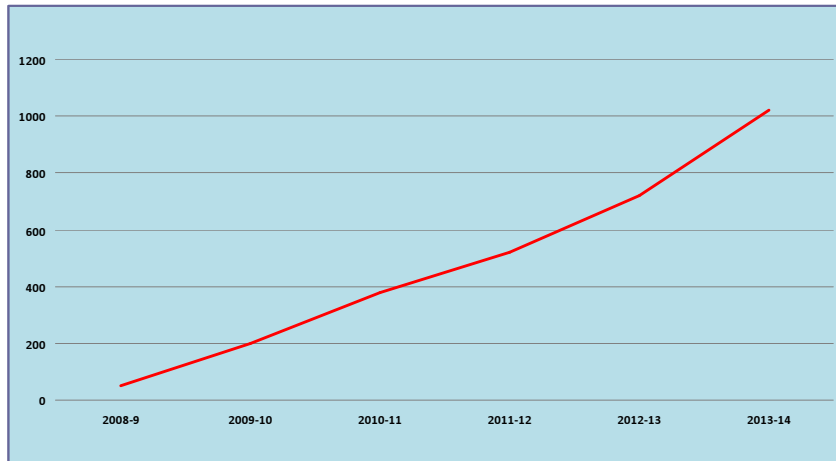
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Clinical leadership



Delivering the right care, at the right time, in the right place

Clinical Education



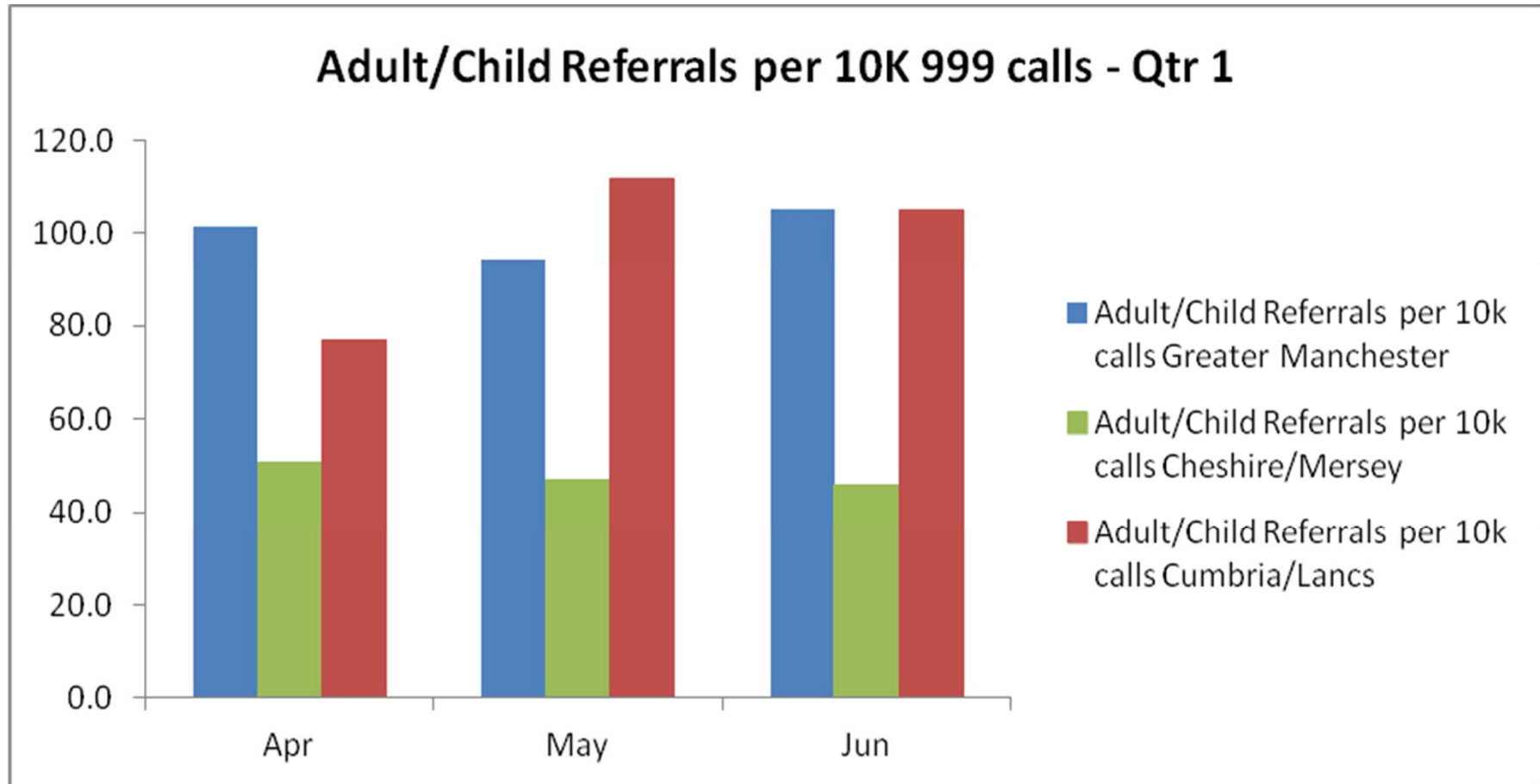
Delivering the right care, at the right time, in the right place

Clinical accountability

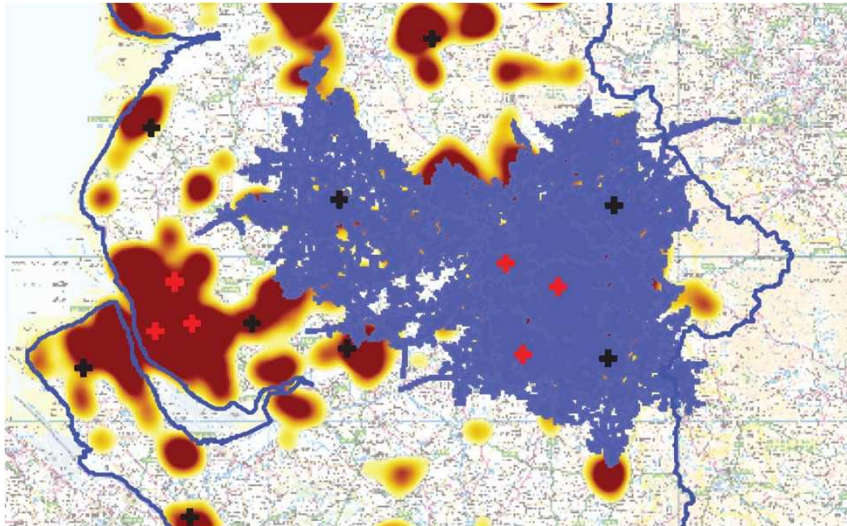
Care Bundle Topic	Improvement Target 2013/14	Greater Manchester Aug	
		Performance	PRF Audited
Asthma	88.9	86.8	129
Cardiac Chest Pain	76.9	77.3	370
Hypoglycaemia	≥95.0	99.4	161
Paediatric care: Febrile convulsion	61.3	76.0	25
Pain Management	94.8	92.0	501
Patient Pathway	76.3	74.1	997
PRF Completion	91.3	91.8	1046
Stroke	89.2	91.5	141
Trauma Care: Below Knee	52.9	51.9	27

Delivering the right care, at the right time, in the right place

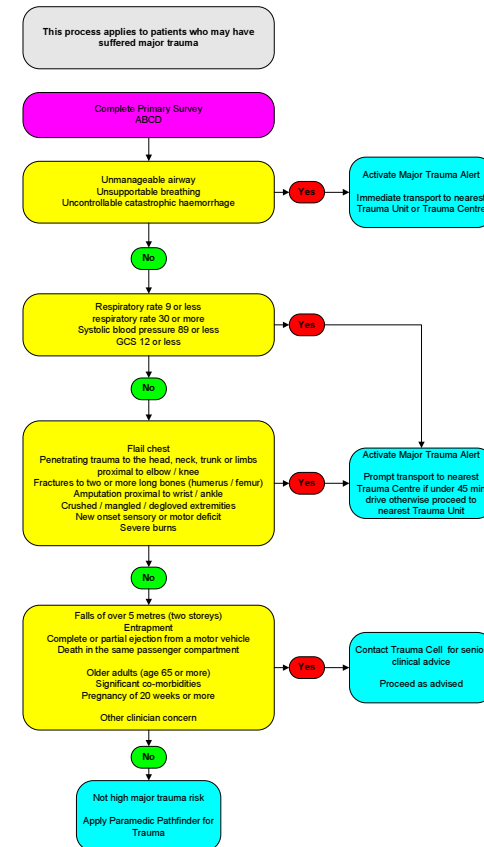
Clinical responsibility



GM System changes and NWSAS



North West Ambulance Service NHS Trust	
Paramedic Pathfinder - Major Trauma in Adults	V 1.2 31 Oct 2011



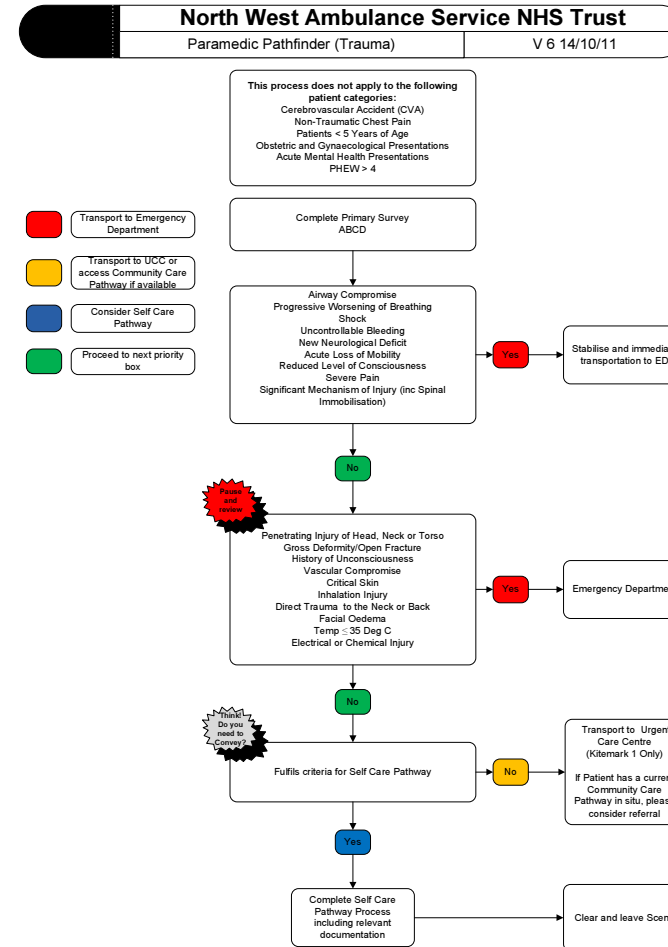
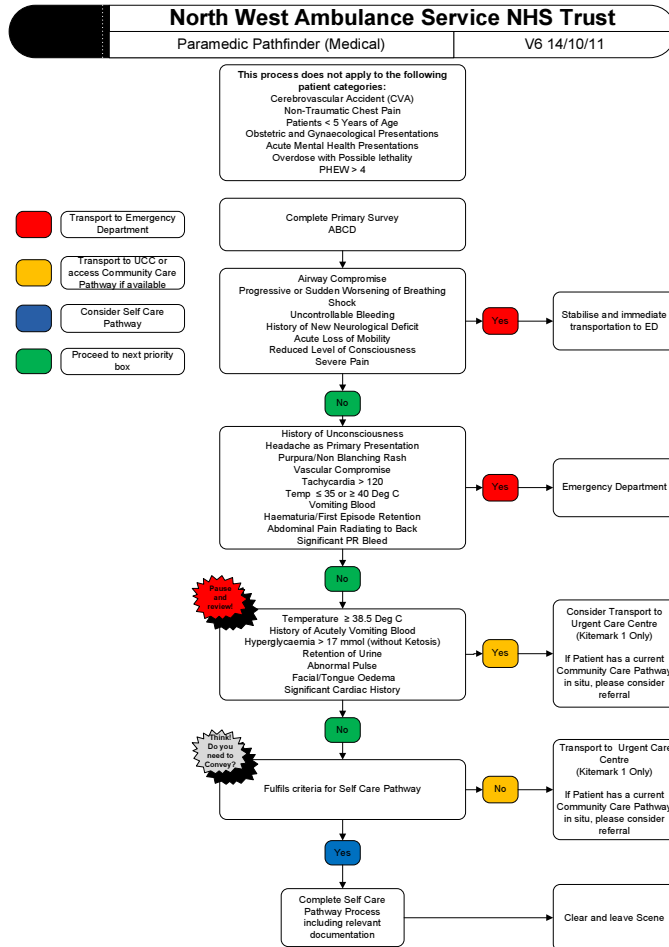
Delivering the right care, at the right time, in the right place

Clinical Strategy

Safe care closer to home

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Paramedic Pathfinder



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Any questions?

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: February 2014
Report of: Executive Member for Community Health and Wellbeing

Report Title

Commissioned Alcohol Services and Current Performance Update

Summary

1. Introduction

- 1.1 The following report is an update to the previous report provided to Committee in August. The report will update the Committee on performance over the six months including updates to the delivery of current commissioned Alcohol services is operating to meet the needs of Trafford residents. The update will seek to provide assurances that services are reflecting the needs of Trafford residents.
- 1.2 Trafford continues to be the only GM area to be better than the England average for Alcohol Treatment Prevalence. However, data for Trafford shows that individuals with alcohol problems experience a higher incidence of ancillary physical and psychological health issues when compared with other GM areas. This can result in the need for expensive inpatient treatment.
- 1.3 Department of Health data shows that the majority of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers. Alcohol related admissions have continued to rise in Trafford year on year, since 2002. When compared to a PCT comparator group, the region and country, Trafford performs poorly for female alcohol specific mortality.
- 1.4 Trafford has recently updated its Alcohol Strategy (Appendix 1), which has taken into account recent changes in legislation and policy direction. A multi-agency response to tackling these issues has been further embedded. Trafford's recent Alcohol Awareness week involved a number of services from within the Council and external providers, for example; Greater Manchester Police, NHS, Greater Manchester Fire and Rescue Service, Youth Services, Safer Communities, Youth Offending Service, Drug and Alcohol providers, DAAT (Drug and Alcohol Action Team) and education. All externally commissioned alcohol services contributed to the provision of activities throughout the week. (A full evaluation can be found at Appendix 2). There was also Trafford's first Conversation Café event during the week which invited a range of key stakeholders and members of the public to discuss their views on alcohol issues. The recent Dry January initiative has built upon Alcohol Awareness Week, which was supported by a robust Communications Plan to

maximise sign up to the initiative.

1.5 In times of financial austerity, it is recognised that synergies and opportunities for cost savings can accrue via collaborative commissioning. As part of this integrated approach, Trafford has committed some funding as part of the RAID model (Rapid Assessment Interface Discharge) which will use liaison psychiatry staff as a means of providing expertise and effective diversion of patients with issues of alcohol misuse presenting at A & E. It is expected that the positions will be recruited to within the next month and will operate over a seven day period.

1.6 The reduction of crime and offending rates can be directly linked to alcohol misuse and are a priority for the police and probation. Trafford continues to have the lowest figure for recorded violent crime across the GM area. This has been helped by raising the awareness of sensible drinking by licensees and consumers in the night time economy. Alcohol services and treatment orders are utilised to prevent reoffending by those convicted of alcohol related offences. The Drug and Alcohol Team work closely with the police, probation and health services to monitor and restrict the offending behaviour of individuals through Integrated Offender Management (Trafford Spotlight).

2. Trafford Service Provision for Alcohol.

2.1 The provision of alcohol services across Trafford compliments the overarching strategies of the Council and partner organisations such as Health, Police and Probation. Alcohol misuse was identified as a high priority for the borough in the Joint Strategic Needs Assessment (JNSA) and has now become a strategic priority for Trafford's Health and Wellbeing Board, the Safer Trafford Partnership and Trafford's Clinical Commissioning Group.

Services are carefully managed and commissioned against the needs of the communities across Trafford and the priorities of the Partnership Boards.

2.2 The previous report provided details of all the commissioned services across Trafford and their performance to date; the following section will provide an update in regards to the last six month's performance and provide details of any changes to these services.

2.3 Turning Point (Community Detox and Residential Detoxification)

This service primarily supports GPs with patients who are dependant drinkers by providing detoxification services administered by qualified nursing staff. The service will then ensure that a recovery plan is in place. The service was originally contracted to the amount of £160,000.00 however due to underperformance the service's funding was reduced to reflect the reduction in numbers successfully completing a community detoxification within the service.

2.3.1 Performance 2012-2013

Target	Actual
---------------	---------------

300 referrals to detox	258 via residential detox, 64 via Community Detox
130 referrals to aftercare	120
65 community detox completions	50 (total assessed 52)

2.3.2 Performance April 2013-to date

- Total Detoxes April to 30 January 2014 = 71
- Home Detoxes (via TP) = 12 (17%)
- Detoxes via Smithfield = 45 (63% of total)
- Detoxes via CBU = 4 (6%)

In the last 6 month period there have been no repeat inpatient beds used at either Smithfield or the Chapman Barker Unit and there have been no repeat community detoxes.

The Community Detox service is currently out to tender and plans are in place to ensure the awarded providers develop significant links with all element of primary care. Targets will be set for GP education events, local clinics held in the community and pathways created with the new RAID service which will ensure earlier identification of client's who present at A+E.

2.4 Phoenix Futures Single Point of Contact (SPOC). ARNS (Alcohol Recovery Navigation Service)

This is the major provider of all Alcohol Services across Trafford with the largest proportion of the budget being utilised by various elements of the service as detailed above. The targets in relation to both the treatment and recovery service are as follows;

2.4.2 Performance to December 2013 (inclusive)

Target	Actual
Referred to service and engage with Recovery plan	389 Green to date
Remain abstinent and not re-present in 6 months	33 Green to date

85% discharged as abstinent remain abstinent and do not re-present within 6 months – which is recorded via the National Drug Treatment Monitoring System.

2.4.3 Young Peoples Service. (Delivered by Phoenix Futures)

Phoenix Futures deliver a tailored service to those aged between 11 – 25yrs. The service is holistic and aims to address the whole person and their needs. Accordingly, the indicators chosen for this service reflect this with measures for Chlamydia screening and reducing offending included. The Young Persons services deal with both drug and alcohol issues which is provided at a cost of £352.7K. In addition to treatment, the emphasis is on prevention and reducing risky behaviours which is likely to reduce demand on statutory services in the future.

2.4.4 Performance April- December 2013

Target	Actual
Conduct 12 prevention sessions per annum	41 to date exceeding target
Referrals received	169 to date exceeding target
Successful discharges	63 to date exceeding target
Chlamydia Screening	64% to date exceeding target
YP to reduce re-offending	Results provided on a six monthly basis
Employment need	131% to date exceeding target

Current performance within the Phoenix Futures alcohol service is excellent with all performance targets being exceeded as at 30 November 2013. These figures are recorded by the service and reported at each monthly performance monitoring meeting via formal written submission to the DAAT. The contracts are monitored by lead officers for Alcohol and Drugs from the DAAT at Quarterly Monitoring and Review Meetings to assess performance of the payment by results targets.

3 National Performance

3.1 The most recent data provided by Public Health England shows that in quarter two;

- Number of Alcohol users in treatment is up by 13% on the previous rolling twelve months
- Successful completions is down by 4%
- Waiting times is up by 0.7%
- Re-presentations is at 12.1%, which is above the national average of 11.3%
- Criminal Justice clients engaged in service is up to 48.4% (against a baseline of 25%)
- Alcohol Users living with Children in Trafford is 34% which is lower than the national average of 37.7%

(Please note national figures for Alcohol have only been recorded since July 2012.)

4 Next Steps

4.1 In order deal with the rising figures which are being reported as presentations at A&E, Trafford are engaging with all Local Authorities across Greater Manchester with the implementation of the RADAR (Rapid Alcohol Detox Acute Hospital Referral) approach which identifies those who regularly present at A&E. Work is on-going with our locally commissioned Alcohol services to reinforce the referral pathway and exit strategy. This will also be complemented by the RAID (Rapid Assessment Interface and Discharge) model which will be implemented in Trafford General Hospital from February 2014. The model will see the employment of Alcohol Liaison nurses which will create stronger links to RADAR, Chapman Barker Unit and Detoxification Programmes.

4.2 As part of the tender exercise for the provision of Community Detox Service has been remodelled with the development of a recovery emphasis

to enhance the likelihood of sustained abstinence and recovery.

4.3 Trafford will develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes. The framework will also provide greater value for money for the Council due to market testing and competitive tendering.

4.4 The Tier Four Framework has been tendered across Greater Manchester using a two part open process based on a 50% price and 50% quality weighting to produce scores and ranking. A weighted quality threshold of 50% was applied, so any bid with a quality score of less than 50% was excluded from further consideration. From this two tiers of provision have been developed relating to four different lots of service provision. This has enhanced the choice and quality of provision and is offered at a more cost effective price. It is therefore recommended that Trafford adopt the GM framework which has already undergone rigorous market testing.

4.5 In order to make sure that the clients with the greatest need are prioritised for the residential rehabilitation and provision the DAAT has strengthened pathways and the referral process. Further consideration is being given to the development of a decision making panel which will include clinical representation to ensure decisions are made based on medical need as well as the existing social and community factors.

4.6 In order to enhance the likelihood of a service user remaining in a recovery programme and working towards abstinence we are in the process of reviewing the Shared Care Protocol for the provision of prescribed medication to ensure GP's are fully involved at a primary stage and via on-going key work in adequate prescribing and support of service users. The treatment effectiveness group will sign off the protocol and monitor progress across the Borough.

Recommendation(s)

The Health Scrutiny Committee note the information included within the report.

Contact person for access to background papers and further information:

Name: Kylie Thornton, Commissioning and Service Development Manager.
Extension: x4776

Background Papers: NA

Financial Impact:	NA
Legal Impact:	NA

Human Resources Impact:	NA
Asset Management Impact:	NA
E-Government Impact:	NA
Risk Management Impact:	NA
Health and Safety Impact:	NA

Consultation

All areas within this report continue to be discussed and monitored via the Alcohol Steering Group and Effective Treatment Group, the development of the options appraisal will involve direct consultation with a wide variety of partners such as Public Health, TARGET (local recovery group), CCG, Public Health England and community representatives.

Reasons for Recommendation(s)

The Health Scrutiny Committee note the information included within the report to ensure a clear audit and performance trail.



Trafford Alcohol Strategy

2013 – 2016

Prepared by:	David England
Department:	Drug and Alcohol Action Team
Date:	21 st January 2014

CONFIDENTIAL

1.0 THE AIM OF THIS STRATEGY

Our aim is for all agencies to work together to recognise the importance and impact of alcohol misuse, to prevent, reduce and tackle the associated harms.

There are three main priorities that have been identified and will be reflected throughout the strategy.

- Young People
- Health and Wellbeing
- Alcohol Related Crime

Alcohol was identified as a high priority issue for the borough in the Joint Health & Wellbeing Strategy (JHWS) and has now become a strategic priority for Trafford's Health and Wellbeing Board and the Safer Trafford Partnership.

This strategy is the overall document which sets out a common understanding and commitment from key stakeholders to tackle alcohol misuse in Trafford. It promotes working together in a planned way.

2.0 UNDERLYING PRINCIPLES TO THE STRATEGY

- Alcohol misuse cannot be tackled in isolation and a co-ordinated partnership approach is essential.
- Agencies must work together to prevent, reduce and tackle the harms associated with alcohol misuse.
- Prevention and early intervention is vital.
- Partners will work together to reduce the impact of alcohol misuse on individuals, families and communities as a whole.

3.0 PREVELANCE OF ALCOHOL MISUSE IN TRAFFORD

- Trafford is the only GM area to be better than the England average for alcohol treatment prevalence.
- The Health profile for Trafford 2013 shows that hospital admissions relating to alcohol are significantly worse than the average for the rest of the country.

- The bulk of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers.
- Alcohol related admissions have continued to rise in Trafford, year on year, since 2002.
- Analysis shows that higher risk drinkers are primarily located in Trafford's areas of deprivation including Partington, Sale Moor, Sale West, Broadheath, Broomwood, Stretford and Old Trafford.
- When compared to a similar area in the North West region and country, Trafford performs poorly for female alcohol specific mortality.
- Trafford's young population is at risk of developing long term alcohol abuse or dependency in their later years. It is clear that as a borough where 21% of young people aged 14 to 17 admit to drinking more than 20 units of alcohol a week and 11% drank at least once a week (Trading Standards Survey, 2013), there must be a strategic approach to reduce these figures.
- The number of injuries caused by alcohol is well documented. The data provided through TIIG (Trauma, Injury & Intelligence Group) indicates that Trafford has a high level of assaults of male 15 – 29 year olds (55% are aged 15-26 and 72.4% are male). Over a 2 year period (2011 and 2012) there were 1400 assault attendances by Trafford residents to Trafford General, MRI and Wythenshawe (UHSM), only 94 (or 6.7%) of these are alcohol-related, this is due to Trafford General not recording alcohol as a factor however, this percentage would be higher if they did use an alcohol marker.

4.0 NATIONAL CONTEXT

The Government launched a new Alcohol Strategy in 2012 in which it estimates that alcohol related harm is now costing society £21 billion annually.

<https://www.gov.uk/government/publications/alcohol-strategy>

The outcomes that are now sought nationally are –

- A change in behavior so that people think it is not acceptable to drink in ways that would cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines.

- A reduction in the number of people “binge drinking.”
- A reduction in the number of alcohol-related deaths.
- A sustained reduction in the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The means to achieve this include the tactics of –

- Reduce the availability of cheap alcohol whilst targeting irresponsible promotions and marketing.
- New powers given to the Police and Local Authorities to introduce Early Morning Restriction Orders and Late Night Levy’s to tackle issues as they arise in the night time economy.
- All hospitals to share non – confidential information on alcohol- related injuries with the police and local agencies.
- Improve the effectiveness and capacity of specialist treatment; develop local solutions that are tailored to the needs of local communities.
- Promote national social marketing priorities.

5.0 TRAFFORD’S PRIORITIES IN TACKLING ALCOHOL MISUSE

5.1 Young People

- To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage.
- To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.

5.2 Health and Wellbeing

- The three year strategic imperative is to reduce the cost both financially and emotionally of the harms to the borough caused through alcohol consumption with an aim to reduce admissions to hospitals.
- To focus on effective multi-agency interventions that begin with GPs, Pharmacists and front line medical and other professional staff and extend throughout all service delivery.

www.infotrafford.org.uk/hwbstrategy

5.3 Crime

- Partners to work together and exchange information in order to better understand the impact that alcohol has on crimes such as violence and public order associated to the night time economy, domestic abuse, sexual assault and anti-social behavior.
- To ensure that there is a robust management of night time economies in Trafford leading to a reduction in crime and the fear of crime. This will help to build strong and vibrant town centre communities.

All priorities are of equal importance and require commitment from all agencies involved. The document is accompanied by a separate action plan located at Appendix 1.

6.0 KEY OBJECTIVES

6.1 Young People

To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage. To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.

- Commissioning to take the role of parents into account when considering young people's consumption. Both in relation to procuring alcohol for children and drinking excessively in the home. Marketing and campaigns to be tailored accordingly.
- Work with young people to encompass sexual health, sexual exploitation and other risky behaviours.
- Services to recognise that there is a transitional age group from 18 – 25 years which requires to be tailored from that of the lower age group.
- To conduct outreach work to engage with the most vulnerable young people. To support initiatives such as Operation Stay Safe.

6.2 Health and Wellbeing

The three year strategic imperative is to reduce the cost both financially and emotionally of the harms to the borough caused through alcohol consumption with an aim to reduce admissions to hospitals. To focus on effective multi-agency interventions that begin with GPs, Pharmacists and front line medical and other professional staff and extend throughout all service delivery.

- Support multi- agency interventions to tackle the repeat presentations to A&E. Target frequent flyers in to A&E via the RAID team.
- Commission provision that is focused on recovery to support people for longer than the current 12 months and ensure the provision of Tier Four Residential and Detoxification programs.
- Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough working with the night time economy.
- Promote recovery and abstinence for all those who require it via services and dedicated forums such as recovery communities and social media.
- Target women regarding alcohol-related illnesses such as chronic liver disease via promotion of the early warning signs and how to seek help. Work with GPs to specifically target females between 30 and 45 years of age.

6.3 Crime

Partners to work together and exchange information in order to better understand the impact that alcohol has on crimes such as violence and public order associated to the night time economy, domestic abuse, sexual assault and anti-social behavior. To ensure that there is a robust management of night time economies in Trafford leading to a reduction in crime and the fear of crime. This will help to build strong and vibrant town centre communities.

- To review and utilise a wider data set to enhance our understanding of alcohol related crime including A + E data, recorded crime, TIIG and NWAS data. This will inform activity around violence in the night time economy and domestic abuse.
- Work to be conducted amongst partners within town centres to reduce alcohol – related crime within public houses, nightclubs, takeaways and taxi ranks, including the review of alcohol licensing applications.

7.0 EVIDENCE OF SUCCESS

This strategy will be implemented via a partnership action plan (appendix 1); this plan will be delivered and monitored by the Alcohol Steering Group. Although evidence of success is challenging to measure a set of performance indicators have been developed to assist to track progress and delivery of individual actions.

Indicator

- DA1** Number of adult drug users (all drug types) recorded as being in effective treatment.
- DA2** Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months.
- DA3** Increase the number of effective treatment interventions for alcohol misuse.
- DA4** Reduce the rate of increase in hospital admissions per 100,000 for alcohol related harm.
- DA5** Reduce the rate of drug (including alcohol) related hospital admissions.
- DA6** Reduce the number of substance specific hospital admissions of young people.
- DA8** Reduce the number of alcohol related violent crimes.
- DA10** Reduce the percentage of public who perceive drunk or rowdy behavior to be a problem in their area.

The Alcohol Steering Group will meet on a quarterly basis and will be responsible for the delivery, monitoring and evaluation of actions. The group will also report to the Public Health Board and Health and Wellbeing Board on a quarterly basis and as required.....

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APPENDIX ONE					
Alcohol Strategic Actions 2013 - 2016					
Children and Young People					
Action	Owner	Date to complete	RAG	Progress/comments	Target Indicator
Conduct a local 'young people's lifestyle survey', similar to the old Tell Us Survey. The aim being to survey young people's attitude and behavior towards multiple topics, such as alcohol (including how young people are accessing), drugs, smoking, diet, Risky Behaviour etc. Young Person up to age 25yrs	Youth Service – Noel Neilan YOS – Sarah Brown Public Health – Lisa Davies	March 2014	A		DA 6
Conduct Stay Safe operation during Alcohol Awareness Week	Youth Service – Noel Neilan YOS – Sarah Brown	Nov 2013	G	Op Stay Safe held on 22/11/13.	DA 10 DA 6
Youth Service work in collaboration with Further Education, in schools and colleges, to raise awareness of associated issues of drug and alcohol misuse. Promote support services for	Youth Service – Noel Neilan Phoenix Futures – Clare Makin School Health Service – Joanne Oakes	March 2014	A	Phoenix Futures have a target around prevention work and deliver prevention groups within schools and colleges. They have ivered inputs into	DA 6

young people, linking with school health service making referrals when appropriate.				some schools as part of AAW.	
Ensure a minimum of 20 test purchases per annum	John Owen Trading Standards	March 2014	A	1 test purchase made in period. No sale.	DA 10 DA 6
Focus on evidence based early intervention and prevention activities across the borough, working closely with key stakeholders such as Children and Young People`s Services, Schools, and Youth Offending.	Andy Howard, CYPS.	March 2014	A	Utilise NICE Guidance Alcohol awareness messages to be delivered for the Christmas period.	DA 6
Talkshop initial assessment to include alcohol use.	Youth Service – Noel Neilan	Jan 2014	A		DA 6
A new screening tool for drug, alcohol and associated issues is to be used by services who are engaging with young people in discussions about substances (e.g. schools, youth service, and outreach workers). This will enable a clear assessment of need and highlight the necessary response. Links are to be made with CYPS agencies.	YOS – Sarah Brown Phoenix Young Persons – Clare Makin CYPS – Andy Howard	Jan 2014	A	Standardized Tool for Assessment	DA 6
Better use of social media re messages of dangerous alcohol consumption levels, promoting services.	Karen Cooney Communications – Cath Carter	March 2014. Quarterly updates.	A	There will be consultation about this at a Youth Conference November 2013.	DA 6 DA 8

				Establish alcohol page on Council website.	
Raise awareness of risky alcohol consumption. Key events – Alcohol Awareness Week Christmas Valentines Sexual Health Reduce risky behavior campaign.	Dave England Karen Cooney Youth Service – Noel Neilan Health Improvement – Helen Darlington	AAW – Nov 13 Christmas – Dec 13 Dry Jan – Jan 14	A	AAW is now over evaluation meeting to be held.	
Health					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Establish RAID pilot to provide a multi-agency interventions to tackle persons who are repeat presentations to A&E. Consider implications of RAID service in regards to resources and drop-outs.	Ric Taylor, CCG Sandy Bearing CCG	Nov 2013 – Phase 1 April 2014 – Phase 2	A	Phase 1 Recruitment initiated and on track with initial key appointments to the Trafford RAID Service commissioned to provide mental health care (including co-presenting alcohol misuse conditions) to Trafford Clinical Commissioning Group	DA 4 DA 3

				<p>(CCG) registered patients aged 16 and over attending A&E or admitted to inpatient wards at:</p> <ul style="list-style-type: none">• Central Manchester Foundation Trust (CMFT) , Trafford Site, Davyhulme• University Hospital of South Manchester NHS Foundation Trust (UHSM), Wythenshawe. <p>The co-occurrence of mental and physical health problems is very common among such patients, often leading to poorer health outcomes and increased health care costs, through inappropriate A&E and unnecessary extended inpatient activity – recognised as a key priority</p>
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				for Trafford to reduce both Phase 2 – Completing team and operational model also on track - including the alcohol nurse team posts and confirming KPIs to track overall success of the RAID programme	
Target women re alcohol related illness such as chronic liver disease via promotion of early warning signs and how to seek help.	Helen Darlington Liz Clarke	March 2014. Quarterly updates.	A	Utilise GPs new pathway and Health & Lifestyle Page on Council website. Educational Event for GPs	DA 4 DA 3
Deliver health and awareness inputs as part of National Alcohol Awareness Week, November 2013.	Dave England	Nov 2013	G	Delivered during AAW 18 - 24 th Nov 2013.	DA 4
Trafford to develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes.	Kylie Thornton	March 2014. Quarterly updates.	A		DA 1 DA 2
Develop service specification and tender process for the provision of Alcohol specific programmes.	Sandy Bearing Lisa Davies Kylie Thornton	Dec 13	A	Met with RAID and JR (Phoenix). Further meetings arranged to develop pathway from hospital.TP developed	DA 3
Develop greater links with the RAID	Ric Taylor	Dec 13			

pilot and Community Detox.	Dave England Karen Blunt			draft hospital to home detox procedure.	
Ensure stronger links are developed with the primary care setting to increase the number of practices offering the Directed Enhanced Service for Alcohol. Increasing brief interventions.	NHS England – Jason Swift Kylie Thornton	Jan 14	A	Payment mechanism to be established	DA 3
Referrals to be made to the Stronger Families Team where irresponsible drinking or the supply of alcohol to minors is suspected of parents or guardians.	Dave England Clare Makin	March 2014	A	Mechanism to be put in place to measure?	DA 6 DA 10
Crime					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Produce a bi monthly tactical analytical document to enable intelligence led activity by the Police and partners. Document to include A+E data, NWAS data re ambulance call outs, TIIG data and recorded crime.	Discussions to be held with GMP + Council Partnership and Performance. Catherine Johnson, Public Health Analyst. Dave Boulger	March 2014	A		DA 8

	Dave England			
Reintroduce bi monthly tactical Licensing Meetings.	Simon Collister	Nov 2013	A	DA 8
Develop and implement a standardized incident recording log for all licensed premises.	Simon Collister / Dave England	March 2014	A	DA 8 DA 10
Undertake a feasibility study into the potential of a Trafford Safer Pub Award.	Dave England/ Dave Boulger	Jan – march 2014	A	DA 8 DA 10
Intel led Gateway checks + targeted patrolling of hot spot areas.	Simon Collister / GMPTE	Nov 2013	A	DA 8
Op Airlock to be conducted as directed by the Tactical Licensing Meeting. Only problematic premises to be visited. Multi-agency approach to be utilized as appropriate.	Simon Collister/ Dave England	Nov 2013	A	DA 8
Liaison to be maintained with CCTV Manager to ensure that cameras are correctly sited to maximize public safety in town centres, taxi ranks, Metrolink stations and emerging hot spot locations.	Dave England / Colin Wright	Nov 2013	A	DA 8 DA 10

Introduce challenge 25 in licensed premises across Trafford.	Graham Levy, Trading Standards	March 2014	A		DA 8 DA 6
Reduce the prevalence of drunkenness including the forward planning of the number, density and opening hours of all licensed premises.	Joanne Boyle – Licensing Manager, Trafford Council.	March 2014	A		DA 8 DA 10
Liaise with GMP re notable sporting events and concerts where alcohol sales / drunkenness may be a problem.	Dave England / Simon Collister	On going	A		DA 8 DA 10
Liaise with Custody Suite Pendleton re the usage of Conditional Cautions. Look to make referrals for alcohol assessment a stipulation in appropriate cases.	Dave England / Phoenix Futures	March 2014. Quarterly updates.	A		DA 4

APPENDIX TWO – TARGET DEFINITIONS 2013-16				
Indicator	Description	Definition	Target	Source
DA1	Number of adult drug users (all types) recorded as being in effective treatment	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	NDTMS
DA2	Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months	Increased percentage of users who leave drug treatment free from dependency who do not then represent to treatment again within six months as a percentage of the total number of clients in treatment.	Increase	NDTMS
DA3	Number of alcohol users recorded as being in effective treatment.	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	DOME data
DA4	Rate of hospital admissions for alcohol related harm: rate per 100,000	Persons admitted to hospital due to alcohol – specific conditions (all ages, male/female) directly standardised rate per 1000,000 population.	2013-14 Q4	www.lape.org.uk
DA5	Reduce the number of drug related hospital admissions	Number of NHS hospital admissions where there was a primary or secondary diagnosis of drug related mental health and behavioural disorders (ICD-10 Codes F11-F16, F18, F19)	2013-14 Q4	www.lape.org.uk

Indicator	Description	Definition	Target	Source
DA6	Substance specific hospital admissions of young people	Hospital admissions due to substance misuse (age 15-24 years): DSR per 100,000 population	Decrease	www.lape.org.uk
DA8.1	Number of all violent crimes attributable to alcohol	Number of reported violent crimes coded as attributable to alcohol.	Decrease	www.lape.org.uk
DA8.2	Violent crimes attributable to alcohol: Persons, all ages, crude rate per 1000 population	Alcohol – attributable recorded crimes, crude rate per 1,000 population.	Decrease	www.lape.org.uk
DA10	Percentage of public who perceive drunk or rowdy behaviour to be a problem in their area	Public perception of drunken rowdy behaviour at a local neighbourhood level.	Decrease	GMP Quarterly Neighbourhood Survey

Summary Briefing

Alcohol Awareness Week 18th -24th November 2013.

- **Introduction**

The theme of this year's Alcohol Awareness Week AAW was to hold a Conversation Week 'it's time to talk about drinking' to suit our local priorities.

During the week efforts were made to highlight the importance of understanding the effects and dangers of alcohol in order that the general public can identify the risks and then make informed decisions.

The Alcohol Needs Assessment was used to identify some areas for targeted activity during the course of the week.

- **Partnership Activity**

AAW involved a number of partners from across the Local Authority and externally. They included Greater Manchester Police, NHS, Greater Manchester Fire and Rescue Service, Youth Services, Safer Communities, Youth Offending Service, drug and alcohol providers, DAT and education facilities. All commissioned alcohol services contributed to the implementation and provision of activities throughout the week.

Activity was planned and took place under the following headings –

Distribution of leaflet packs, information and advice in Partington.

Displays were established in the two pharmacies in the area and at the Library and Wellbeing Centre where advice was also available from a Council Health and Wellbeing Officer and PCSOs.

Interactive Advice and Information Sessions for Young People.

Sessions for young people were delivered at Davyhulme, Sale West and Broomwood Youth Centres. The Youth Team also delivered street based sessions in Broadheath with further sessions at the Talkshop at Sale Waterside.

Inputs were also given to pupils in schools at Sale Grammar including the 6th Form and Altrincham Grammar School for Girls. The Young Persons Section of Phoenix Futures intend to continue this work in schools throughout the next year getting into as many establishments as possible.

Distribution of leaflet packs, information and advice in Alcohol Retailers

Displays were established throughout the week at Sainsbury's in Sale and Tesco in Stretford. Certain smaller retailers were also targeted in Sale West they included Booze Busters, The Co-op, Tesco, Londis and NISA.

Pro active multi-agency patrol aimed at Young People

Operation Staysafe was held on Friday 22nd November and was aimed at attending hot spot areas for youth nuisance. Particular attention was paid to Partington and the Sale West Estate. Young people were invited to take part in a quiz about alcohol and engaged in conversations about the dangers of alcohol use and risky behaviours.

Drop in sessions for adults at Alcohol Providers

Sessions for adults were held at Phoenix Futures offices at Alchemy House, Sale.

Communication and Social Networking

A Facebook page was added to the Council site, 532 people visited the site during the week. Phoenix Futures produced a Podcast that was viewed by 111 people.

The Council site issued daily tweets on alcohol issues and Phoenix Futures set up an interactive chat site to answer the public's questions. In addition to this the Council Communication Branch arranged interviews throughout the week with Imagine FM, Trafford Advertiser and the Messenger.

Conversation Cafe

Thirty five people attended at a Conversation Café held at Longford Park on Tuesday 12th November. Those attending consisted of professional people with an interest in reducing the harms caused by alcohol and service users.

Those present were asked to summarise the most important messages of the day. Comments included making improvements to partnership work, the exchange of information, communication, awareness raising, outreach work, education in schools for both parents and pupils and promoting recovery groups.

Additional Conversation Cafes are to be held in the New Year as part of Dry January and other alcohol campaigns. The aim will be to build on the information and ideas established during AAW.

Workforce Engagement

Greater Manchester Fire & Rescue Service held two information and awareness sessions for their staff. Displays were set up for staff at Trafford Town Hall with advice and leaflet packs given on request.

- **Summary**

AAW does not have any funding attached from a central source; the activities of the week were coordinated by the Council Drug and Alcohol Team and succeeded due to the commitment of local partners. In the next year it is intended to build on some of the activity initiated during the week. In particular efforts will be made to obtain a

clearer picture of alcohol harm and the provision of alcohol services in the Partington area. Phoenix Futures are to continue with their good work in schools and colleges visiting many more educational establishments. It is also felt that it would be advantageous to look to extend the use of social networking in order to reach a wider audience. Further use can also be made of the Council Website in order to improve the availability of advice to the public and help to ease access to alcohol services.

A multi agency meeting has been held in order to evaluate activity during AAW. Further improvements could be made next year if some funding can be found to assist with displays and activities. The week could also be used in order signpost future events such as Dry January. Partners felt that the weeks activities had been useful and had served to show some practical ways in which alcohol services can be further improved across the Borough.

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Personalisation Review

Context

Personalisation is about recognising people as individuals who have the ability and desire to exercise choice over the way that care services are accessed.

The traditional approach where services were provided, in their entirety, by the local authority meant that people were not able to shape either the level or the form of help and support they received. Personalised approaches enable people to identify their own needs and make choices about when and how they are supported. Personalisation also aims to make sure that there is an integrated and affordable community based offering available to everyone who may need it. For this ambition to be fulfilled it would be necessary to build community capacity to provide a good choice of support regardless of age or disability

Trafford Council has been developing its approach to Personalisation over a little more than 4 years and the programme is on-going.

A number of national initiatives have affected the strategic approach taken by the council. These include:

The Putting People First Concordat (2008)

The Right to Control Trailblazer (2010)

The Think Local, Act Personal - Sector Led Improvement Partnership (2011)

During the development process the council has received national recognition and has won a number of awards relating to Personalisation.

These include:

IdEA award for Taking Control of Care – Empowering Adults to Control Their Own Care

Shortlisted for Local Government Chronicle award in Health and Social Care Category for Personalisation - **Runners Up**

Scope

The review focused on three core areas:

Understanding, by the individual concerned or their supporters, of the amount that will be available to them.

The availability and quality of advocacy and advice that will allow individuals, or their supporters, to make informed decisions about the use and management of their budgets

The development of a robust and diverse local market that can be accessed by individuals to meet their needs.

Procedure

A number of Reports were requested and delivered during the review. They covered the following areas:

An Analytical Review of Personal Budgets in Trafford	January 2013
Personalisation and Market Development	March 2013
Respite Provision and Personalisation	undated
An Overview of Re-ablement and Personalisation	April 2013
Provision of Services in the BME Community	April 2013
Personal Budgets and Returned Funds	July 2013
Complaints Data	July 2013

A visits programme was undertaken to enhance the reports including:

- Away Day Care – 12 April 2013
- Trafford Centre for Independent Living – 22 May 2013
- LMCP Care Link (Old Trafford Community Centre 'Drop In' – 22 May 2013
- Supported Living at Newhaven, Timperley – 23 July 2013

Action Plan / Notes taken from Meetings of the Topic Group

Action Plan: 28 January 2013

Notes: 9 April 2013

Notes: 29 April 2013

Notes: 29 July 2013

The next section of this document contains summaries of the reports that were presented. The full text of these reports can be found on the Trafford Website.

An Analytical Review of Personal Budgets in Trafford January 2013

Personalisation is about recognising people as individuals and putting them at the centre of their own care and support. It includes both self-directed and personal budgets, enabling people to identify their own needs. For this process to work properly, potential users need access to information, advice and advocacy so that they can make informed decisions. As an integrated, community based approach it is dependant upon the availability of capacity within the community that is accessible for local commissioning.

The concept is not new, having existed since 2008. During that time it has been shaped by a number of central government initiatives including:

The Putting People First Concordat in 2008

The Right to Control Trailblazer in 2010

The Think Local - Act Personal, Sector Led Improvement Partnerships of 2011.

The original intention was to reach a point where 70% of eligible service users were able to access a wide range of social care services funded by a personal budget.

Respite Provision and Personalisation

undated

It is tempting to restrict the view of the provision of services to those who require the direct support of the various resources that either exist or are in the process of creation. This can fail to recognise the needs of the carers who deliver, often within the same family. This is why consideration of the provision of respite services is necessary to complete the picture.

Respite Services, tailored to an individual can be purchased from an individual budget. These may include:

- Agency Support

- PA Support

- Day Support

- Temporary care in a residential setting.

When this facility was examined the number of users totalled just 67 grouped as:

- 28 Older People

- 29 people with physical disabilities

- 10 people with learning disabilities

Carer's Personal Budgets provide the support for this respite care but are not always taken up. Often individuals do not recognise themselves as carers. It is important to understand that carers need to have a break from their role, even for a short time, to avoid the phenomena of 'carer breakdown' that is apparently quite common.

Personalisation and Market Development

March 2013

For the concept of personalisation to work it requires a robust, diverse and high quality market to meet the needs and aspirations of its users. There were early concerns about the capability of markets to respond to the proposed changes.

It is the intention that the role of councils will diminish over time but they will inevitably retain a responsibility for shaping the market in their area.

Market Positioning

A duty is placed upon Local Authorities to encourage a range of different care providers including:

- User and Carer led organisations

- Small and micro enterprises

- Social Enterprises

Develop a Market Position Statement (MPS)

- To set out ambition

- Recognise Local Demand

- Set out the LA's vision for care and support as well as commissioning

An MPS for Social Care is relatively new and usually covers one LA area. It can also be specific to a particular part of the market. The sub-regional MPS is different because it covers a wider geographic area.

Manchester Area Partnership Right to Control Programme - where Right to Control is now a legal right.

The Trafford MPS was scheduled for late March 2013 for Launch in Spring 2013

The Council's Approach to Market Management

The move towards Personalisation requires the transformation of existing services and the creation of new providers - for example BluSCI. And the launch of My Choice Marketplace in September 2012.

Innovation Fund -Targeted specifically at the development of bespoke services from micro-providers - creating a rich and diverse market.

Where a need is identified, providers are invited to apply for grants (variable values).

Conscious decision to minimise bureaucracy.

Linda Harper introduced the report and highlighted that the Council had taken steps to shape the market locally in order to ensure that there was enough choice of services on which residents could spend their personal budget.

The Market Position Statement mentioned earlier was discussed. It was pointed out that the document should contain the local authority's ambitions for working with care providers. The highlighting of these ambitions would encourage the development of a diverse range of personalised care options. It would include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices. The Market Position Statement (MPS) forms part of Manchester, Stockport and Trafford's plan to stimulate a diverse market of personalised care and support that offers real choice and control to individuals. The document will have the indirect effect of enabling residents to continue using services if they were to move between Boroughs.

It was clear that the 3 Boroughs are more interested in personalisation than others in Greater Manchester.

It was suggested that the Council aspires to take every step to join up funding streams, this includes Supporting People and other Council funding streams, as well as Department for Work and Pensions sources and this worked formed part of the Right to Control pilot.

The Innovation Fund was discussed (a method of enabling small businesses/voluntary sector organisations to access funding to provide bespoke services to personal budget holders. It involves bidding for funds and meeting certain criteria).

The desire to support good practice is also evident in a good, committed workforce who share the values associated with improving outcomes for residents. This is reinforced through a clear strategy of providing a timely, citizen-focussed service.

Exclusively web-based information was discussed in the context of questioning how this supports those without internet access to access services. This led to a discussion about brokerage, and LMCP care link. They have 4-5 brokers who access web based information and communicate it to those residents who need support. This is supported by a drop in session at Old Trafford Community Centre on Wednesday's.

MyChoice Marketplace

The Group received a presentation from Barry Glasspell on the MyChoice Marketplace website. During the presentation it was suggested that the Council was struggling to recruit quality checkers to ensure that services were meeting certain standards. Additionally, the website will be promoted and one such tool of promotion is the creation of small cards/flyers.

It was noted that a number of providers have been supported to develop a customer base as a result of the website.

Information from Ahmed Lambat

Ahmed explained that LMCP Care Link was established in 2005 to facilitate a range of early intervention and information services predominantly for the South Asian communities. They offer a range of approaches to access their services e.g., website, drop ins and outreach. Signposting to services is well used as LMCP are 'very good generalists'.

It was noted that not knowing something is available or not having the confidence to access it are key barriers which need to be overcome to support residents access the care they need. Additionally, it takes time to get people engaged in taking the first steps to access services. It was also raised that access to GP's is a problem.

Respite Provision

It was noted that there is a great deal of choice in relation to respite care and that the choices available were typical of how the public would normally holiday e.g., hotels, caravans etc.

The issue of power of attorney was discussed as a process which can be very challenging to navigate through, especially for carers. It was raised that the Carers Centre is a good source of support for carers going through this process.

The issue of carers appealing the refusal of a grant for respite provision was also raised, and it wasn't clear how many appeals were made. No further information on this issue was necessary.

The report set out to describe the 'Customer Journey' and this format has been retained here.

The Hospital or Community Screening Team send a referral to the Assessment and Re-ablement Team and services should be agreed prior to discharge.

The Assessment and Re-ablement team provide support and assistance while producing a Plan of Support.

Assessment can continue for up to 6 weeks - services being provided on a chargeable basis.

Where on-going needs are assessed, is the person FACS eligible.

Assessment of Level of Needs includes:

Critical - where there is an immediate risk to the health, well being and independence.

Substantial - where there is a significant risk to health, well being and independence.

Needs are reviewed annually

Understanding the Personal Budget Customer Journey

Members considered a presentation and accompanying documentation delivered by Martin White which related to accessing a personal budget and the customer's journey from the initial contact, through screening, Re-ablement and assessment, the budget offer and review.

Questions were raised that this pathway assumed that those entering the system do so at the beginning – what happens to those customers who were already in the system but need extra funding/assistance? In this case, contact would be made by the client to the Council directly in order to be reassessed, or through their review. This means that the initial stages of screening wouldn't apply.

Public awareness of services was raised and it was noted that some members of the community do not have access to the internet in order to use websites such as MyChoice marketplace. It was noted that use of this facility was not the only means of accessing personal budget services and that health professional referrals were very common, as were those from AGE UK and Trafford CIL. Additionally, neighbours often call to establish whether any services exist for local residents.

The Personal Budget team undertake a 6 week review to check that recipients of PB's are handling their budget well, their needs are being met and to ensure that any issues they may have are dealt with effectively. These can happen sooner, if people require more support. As with all services funded by Adult Social Care, there is also an annual review, to ensure needs are being met, or if there are any changes in circumstances. Again, these can happen earlier if requested.

Members enquired whether PB's are 'pushed' by the team in order to increase take up. Colleagues responded with a clear, no. The benefits of PB's are pointed out to residents as they offered better opportunities for choice and control and promoted independence. However if residents wished to use commissioned services they were able to. Furthermore, if it became apparent that personal budget users were having difficulties managing it they could revert to commissioned services - the system was flexible enough to accommodate this.

Action – That Members receive a case study relating to PB users with mental health issues.

Equality of access was also discussed and it was noted that there had been a low uptake of PB's with residents with mental health issues. Following work with the mental health trust, and with the assistance of Trafford CIL, this has increased uptake.

Peer support was also discussed as a method of increasing capacity within communities and amongst service users.

Safeguarding referrals were explained and Members understood that these were urgent cases and were the adult equivalent of child protection referrals.

Re-ablement was raised and it was noted that the average user of re-ablement assistance is an older person leaving hospital. The overall purpose of re-ablement is to promote independence and enhance the skills of people in order to manage their conditions. Supporting someone in this way to become more independent is a better option than longer term social care as it enables people to have control of their own lives. A question was raised in relation to the costs associated with re-ablement, and personal budgets, it was noted that each case is treated on its own merits. In some cases, where people have complex needs, commissioned support, such as residential care may be a more effective option.

There is a choice of brokerage support to help people with their personal budgets, including Trafford Council's personal budget team who are excellent and well known for their service both internally and with clients and organisations.

The issue of power of attorney was raised and the challenges associated with obtaining this legal status. The recruitment of Personal Assistants was discussed and a handbook on recruiting PA's and the accompanying issues relating to employing them has been developed by the PB team. The handbook provides a one stop shop for advice. This was shared with members of the Topic Group.

Provision of Services in the BME Community

April 2013

The BME community is not immune to the effects of age and ill-health that affect other groups within the population. There is a need for the same robust and diverse market to meet the needs, expectations and aspirations of this specific community where they are found to diverge from those of the community in general.

Concerns had been raised about the ability of the existing resources within the BME community to respond to the upcoming changes with providers expressing concern about stepping up to the 'new world'.

Although the council's role will diminish over time, it will need to address residual needs for some time into the future. In the meantime the council will need to involve itself in Market Shaping as well as some provision.

The BME Service Improvement Partnership has been created to identify strategic gaps in the marketplace. One of the early issues that they identified concerned a shortage of Personal Assistants from within the various communities who could demonstrate an appropriate level of 'cultural competence'.

A major provider of care to the BME community is LMCP Care Link. They raised a number of points during discussions:

They were making more use of drop-ins and support brokerage as they have to reduce the number of home visits.

Personal Budgets and Returned Funds

July 2013

SEE CHART ON PAGE 3 OF AGENDA PAPERS

The overall level of returns remains consistent as a percentage but is growing in size as the overall amounts increase, the amount having grown from £4 million to £6.8 million between 2009/10 and 2012/13.

There has been a reduction in the level of claw back which suggests that users are managing their budget efficiently.

Complaints Data

July 2013

During the period in question there were 102 non-statutory complaints of which 4 were highlighted as involving personalisation. These were:

- A desire for more money without re-assessment
- A complaint about the handling of contingency funds
- A request for further funding after the initial budget had been spent.
- A problem with understanding and communications

Visits

A number of visits were undertaken so that members of the sub-committee could see the various processes and services in action.

Away Day Care – 12 April 2013

Trafford Centre for Independent Living – 22 May 2013

LMCP Care Link (Old Trafford Community Centre 'Drop In' – 22 May 2013

Supported Living at Newhaven, Timperley – 23 July 2013

The next section of this document summarises each of these visits.

Present – Cllrs Holden and Lloyd

Members visited the Away Days service operated by Jean O'Hara.

The service is based within Jean's family home and enables people with learning and physical disabilities to access bespoke care in the form of days out or relaxation within a safe, home setting. Jean welcomes service users from the Muslim and other local communities.

Jean expressed the view that the personalisation agenda, with its focus on the individual needs of service users, had caused providers to aspire to provide significant enhancements. She believed that providers have recognised the need to 'go that extra mile' to meet the needs of service users and to enable them to survive in a competitive marketplace – the best providers will survive. 'At one time they (the service user) had to fit round services, now the service fits around them'.

Jean also raised the issue of the risks associated with bespoke care and suggested that all those involved should be prepared to accept 'positive risks', - for example taking service users horse riding - to allow those service users to experience the activities which are seen as normal.

Independent Travel Training (a key element in the Council's ongoing support strategy) was also raised as a positive step forward enabling those with learning and physical disabilities to use public transport.

The issue of staff to service user ratios were discussed and that they existed in children's services but not in adult services.

The Ring and Ride Service emerged as an issue. The service was apparently not responsive.

The issue of ½ day care was raised. Jean sees it as inefficient and ineffective to both the service user and the provider. You can't take people out for a half day, except in a very local area, due to the constraints on transport, staff etc. This severely limits the options of the users.

The opportunity was taken to visit the nearby Davyhulme Youth Centre where activities were happening on the same day.

Collinwood – Davyhulme Youth Centre

The visitors were able to speak with Brian (a service user who was visually impaired) – 'Away days is great...I go swimming, gym, walking, shops'.

Jean advised that there needs to be a greater awareness of her service within the adult social services team.

Trafford Centre for Independent Living – 22 May 2013

Present – Cllr Holden

Key Issues

Brokers – CIL have brokers but so does the Council. What is the difference? CIL get very few referrals from the Council and they are not sure why this is. (This comment is the same as the one from Jean at Away Days).

Administration of a Personal Budget – Separate bank account can be troublesome but they acknowledge that it is required for audit purposes. CIL have a contract for a managed accounts and payroll service which is very valuable. CIL undertake all the CRB checks, payroll services, recruitment of staff etc for a fixed fee of £11 per month. Again, very few referrals to CIL for this service from the Council. They generally refer to accountants. 'Managing the account is the cornerstone of independence'.

Referral Pathways - These could be improved especially from Trafford Carers and the Council. Referrals working well from the Mental Health Trust.

Present – Cllrs Holden, Brophy and Lloyd.

Key Issues

Overview of LMCP Care Link – Free service with a contract for a caseworker, drop in session. Training for PA's is also given. Support with applying for and during the awarding of a personal budget is also given. It was noted that especially for this community, the personal budget process is challenging.

Language – Letters written in English are difficult to understand and increasingly the younger ones in the household are the de facto interpreters. LMCP enables the community to attend their drop in centres and be provided with support and guidance in this area.

Communication and Awareness of LMCP Care Link – LMCP attend GP meetings to raise their profile within the GP community and to solicit referrals. As their service supports early intervention and prevention, they would welcome more GP referrals.

Comments

It (LMCP care link services) works because it is community based.

Following discussion with one Personal Budget user, there is a need for those in receipt of a PB to be assertive with their carer and not just spend a large proportion of their time just chatting over a cup of tea. Their allocated care hours are assessed for a distinct reason and carers should be there to provide care such as washing, cleaning etc.

Carer breakdown was discussed and the overreliance on some carers, especially when it is a sole person delivering care. It can be a very intense relationship and ensuring that care is delivered at the right time by the right person must be balanced with the need to ensure the sustainability of the carer/cared for relationship.

Members recognised that the family dynamic within SE Asian communities isn't always close knit and that they have the similar challenges to that of Western families.

Supported Living at Newhaven, Timperley – 23 July 2013

Homecare Service located at New Haven, Tulip Drive, Timperley, WA15 6LP

Present – Cllr Holden

The meeting was arranged with Tom Ternent, who is the care manager on-site.

Background

The facility provides accommodation for several different categories of resident. These include:

- Traditional Service Users funded by the council

- Residents who are self funded

- Residents with a personal budget

The facility is prepared for the move from commissioned to personalised services, but at this time the change appears to be very slow.

During the visit it was not possible to speak to any of the 'mainstream' residents but I was able to spend time with a couple who have an apartment in the building which they part own. Support to the couple is provided by the care staff in the building.

Concern was expressed about the transient nature of the workforce leading to a lack of continuity.

Night services are provided by a single carer who was often interrupted during routine activities to deal with 'emergency' calls from other residents.

Flexibility in allocating time slots was meant to enhance the level of service – I am not sure I believe that this works.

One fact that was drawn to my attention concerned the maintenance of the garden area. There are some able bodied and enthusiastic residents who, over the years will become frail. There is little evidence of 'succession planning' and no new 'younger' residents are arriving.

Observations – This section to be expanded before the meeting of the Scrutiny Committee

In general, the philosophy of Personalisation has been embraced by the whole community of service providers and users.

The process is, however, vulnerable to market conditions.

Recommendations – To follow

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