

Adult Social Care and Health Overview and Scrutiny Committee

14 July 2010

Agenda

The Adult Social Care and Health Overview and Scrutiny Committee will meet at the **SHIRE HALL, WARWICK** on **WEDNESDAY, 14 July 2010 at 10.00 a.m.**

The agenda will be:-

1. General

(1) Election of Vice Chair

(2) Apologies for Absence

(3) Members' Declarations of Personal and Prejudicial Interests

Note: Members are reminded that they should declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

(4) Remit of the Adult Social Care and Health Overview and Scrutiny Committee

To review and or scrutinise the provision of public services in Warwickshire relating to adult social care services including social care to older people and people with disabilities, policies and services for safeguarding adults and any matter relating to the planning provision and operation of health services for adults and children serving Warwickshire.

(5) Chair's Announcements

2. Public Question Time

Up to 30 minutes of the meeting is available for members of the public to ask questions on any matters relevant to the business of the Adult Social Care and Health Overview and Scrutiny Committee.

Questioners may ask two questions and can speak for up to three minutes each.

To be sure of receiving an answer to an appropriate question, please contact Jean Hardwick on 01926 412476 or e-mail jeanhardwick@warwickshire.gov.uk working days before the meeting. Otherwise, please arrive at least 15 minutes before the start of the meeting and ensure that Council staff are aware of the matter on which you wish to speak.

3. Questions to the Portfolio Holders/Portfolio Holders Update

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holders (Councillor Izzi Seccombe (Adult Social Care) and Councillor Bob Stevens (Health) on any matters relevant to the Adult Social Care and Health Overview and Scrutiny Committee's remit and for the Portfolio Holders to update the Committee on relevant issues.

4. Work Programme

(a) Items for Future Meetings

A table setting out the Committee future work programme is attached.

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

**(b) Minutes of the meeting of the Adult and Community Services
Overview and Scrutiny Committee held on 16 June 2010 and Health
Overview and Scrutiny Committee held on 1 July 2020 (to follow).**

To note the minutes.

Health items

None

Adult Social Care items

**5. Care and Choice Accommodation Programme – The Future of
Warwickshire County Council’s Residential Care Homes for
Older People**

Report of the Interim Director of Adult Services

A copy of the report to Cabinet on 22 July 2010, recommending that Warwickshire County Council undertakes a formal consultation programme relating to the future of its own Residential Care Homes for Older People, and considers the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years is attached. The Chair of the Committee requested that a copy of the report be brought to this Committee for consideration and comment on the proposals with a view to making recommendations to Cabinet

For further information please contact John Bolton, Interim Director of Adult Services Tel 01926 7422967 e-mail johnbolton@warwickshire.gov.uk

6. Fair Access to Care Services (FACS) 2010

Report of the Interim Director of Adult Services to follow when available.

The Fair Access to Care Services (FACS) framework was introduced in 2003 to address inconsistencies across the country about who gets support in order to provide a fairer and more transparent system for the allocation of social care services. Warwickshire County Council set its threshold to meet critical and substantial social care needs. In April 2010 new guidance was issued to assist councils in determining eligibility for adult social care accounting for the needs of their local community as a whole as well as individual need for support. The report will highlight changes that will impact on social care provision.

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

Recommendation

That members support a more robust application of FACS, and support the withdrawal of services when an individual is assessed as no longer eligible for social care support.

For further information please contact: Diane King, Performance Improvement Manager Tel: 01926 736430 e-mail dianeking@warwickshire.gov.uk

7. Any Other Items

which the Chair decides are urgent.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

Councillors Martyn Ashford, Penny Bould, Les Caborn (Chair), Jose Compton, Richard Dodd, Kate Rolfe (S), Dave Shilton, Sid Tooth(S), Angela Warner and Claire Watson.

District and Borough Councillors (5-voting on health matters) One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:	Councillor Wendy Smitten
Nuneaton and Bedworth Borough Council:	Councillor Bill Hancox
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	Councillor Gill Roache
Warwick District Council:	Councillor Michael Kinson

Portfolio Holders:- Councillor Izzi Seccombe (Adult Social Care)
Councillor Bob Stevens (Health)

The reports referred to are available in large print if requested

General Enquiries: Please contact Jean Hardwick on 01926 412476

E-mail: jeanhardwick@warwickshire.gov.uk

Enquiries about specific reports: Please contact the officers named in the reports.

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

Agenda No 4

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**
Date of Committee **14th July 2010**

Report Title **Work Programme 2010 -2011**

Summary This report sets out the items identified by the former Adult and Community Services and Health Overview and Scrutiny Committees relevant to the remit of this committee. It also contains information about the current in-depth review programme. The Committee is asked to consider the items it would wish to include in its future work programme and any recommendations it would wish to make to the Overview and Scrutiny Board for task and finish groups.

For further information please contact: Jane Pollard
Democratic Services
Manager
Tel: 01926 412565
janepollard@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive
- Legal
- Finance

- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION No

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee Ongoing review of work programme at each meeting of the Committee
- To Council
- To Cabinet
- To an O & S Committee Overview and Scrutiny Board 21 July 2010 in relation to any items that may be suitable for task and finish groups.
- To an Area Committee
- Further Consultation

**Adult Social Care and Health Overview and Scrutiny
Committee– 14th July 2010**

Work Programme 2010-2011

**Report of the Strategic Director of Customers
Workforce and Governance**

Recommendation

That the Committee

- (1) Notes the dates for future meetings of the Committee
- (2) Considers the draft work programme attached as an Appendix 2 and the items it wishes to include within its future work programme.
- (3) Recommends to the Overview and Scrutiny Board any topics for task and finish groups.

1. Introduction

On 29 June 2010 the Council agreed new arrangements for the overview and scrutiny function. It created an Overview and Scrutiny Board (a formal overview and scrutiny committee) with specific responsibility for the overall management of the overview and scrutiny work programme and in particular the commissioning and appointments (including their chairs) to task and finish groups to carry out specific reviews. Alongside the Board are 3 overview and scrutiny committees i.e. Adult Social Care and Health; Children and Young People and Communities. These committees will largely govern their own business and may suggest to the Board topics which may be suitable for task and finish groups. Under the new arrangements the new bodies will sit on a bi-monthly cycle and quarterly performance reports will in future go to the Audit and Standards Committee.

2. Dates of Future Meetings

The proposed dates for future meetings of this committee in the current financial year are

10am 16th September 2010
2pm 12th October 2010
10am 1st December 2010
10am 9th February 2011

3. Draft Work Programme

3.1 To assist members to consider their priorities an extract of the corporate business plan is included as Appendix 1. The draft work programme attached as an Appendix 2 combines the items relevant to the remit of this committee which the former overview and scrutiny committees had identified as outstanding or might require consideration in the future. As the former committees sat on a quarterly cycle there is a glut of issues for September. However the new bodies will sit on a bi-monthly cycle to help them even out and manage their work programmes. Not all progress reports require a formal report to the Committee but can be dealt with in other ways e.g. briefing notes. If a problem is identified it may then be appropriate for a committee report.

3.2 The Committee will see from the work programme that 2 in-depth scrutiny reviews are due to report to the September meeting i.e. CAMHS Select Committee and Carers Support Scrutiny Review. In addition work has commenced on Ante Natal Services for Teenage Parents (Joint) (Grant funded from CfPS) which is scheduled to complete its work in October 2010. Other items currently included on the in-depth review programme from last year which are relevant to this committee include

- Hawthorne Ward revisit scheduled for July –September 2010
- Delayed Hospital Discharges – yet to commence
- Woodleigh Beeches –deferred for more a more holistic consideration of commissioning drug and alcohol services (exempt report to Health OSC 1 July 2010)
- Alcohol Abuse –not due to start until October 2010

An issue initially included in the review programme related to adult social care low level prevention services. This was deferred following the decision of Cabinet on 28th January 2010 to move ahead with the re shaping of voluntary sector and day services provision for older people and younger adults with physical disabilities as it was not felt appropriate to attempt a review of a service in the midst of transformation.

3.3 The Committee is asked to consider whether the above still represent the priorities of the Committee or whether there are other issues to which they wish to give greater priority/prominence.

3.4 The Overview and Scrutiny Board will sit last in each bi-monthly cycle so that it can pick up any suggestions for task and finish groups from all the committees and commission task and finish groups where appropriate and resources permit. Committees should be prepared to prioritise their suggestions so that important issues are dealt with.

3.5 The Council's overview and scrutiny strategy identifies the following as relevant when considering topics for scrutiny reviews

- Does this issue have a potential impact for significant section(s) of the

population?

- Is it a matter of general public concern?
- Is the issue to be reviewed a key deliverable of a strategic and/or partnership plan?
- Is it a key performance area where the Council needs to improve?
- Is there a legislative requirement to undertake the review?

3.6 Secondly to ensure that reviews add value/ make a difference

- Are there adequate resources available to do the activity well?
- Is the overview and scrutiny activity timely?
- Is there a clear objective for scrutinising this topic?
- Is there evidence to support the need for overview and scrutiny?
- What are the likely benefits to the council and its customers?
- Are we likely to achieve a desired outcome?
- What are the potential risks?

3.7 Reasons to reject Items for overview and scrutiny might include

- An issue is being examined elsewhere - e.g. by the cabinet, working group, officer group, other body
- An issue was dealt with less than 2 years ago
- New legislation or guidance is expected within the next year
- There is no scope for overview and scrutiny to add value/ make a difference

DAVID CARTER
Strategic Director of Customers Workforce
and Governance

Shire Hall
Warwick

July 2010

Corporate Business Plan 2010 -13 -Corporate Priority 2: Maximising independence for older people and people with disabilities

(a) Choice and control

A significant increase in the number of people exercising increased choice and control through personal budgets. We will continue to deliver personalisation and achieve the milestones arising from Putting People First (PPF). PPF involves developing and commissioning services which meet a broad range of needs and aspirations.

(b) Supporting people at home

A reduction in residential care across all client groups with the introduction of extra care housing and increased support to help people to live independently at home. Residential and nursing care is the best model of support for some of our customers but the majority want to ensure that they are able to maintain their independence and live in their own home for as long as possible. Over the past few years we have significantly increased the numbers of people who are supported to remain living in their own home and we reduced the number of people going into residential care.

We will build on this work through the use of new models of support such as reablement, telecare and other low level prevention approaches as well as by developing extra care housing. We will work with partners and stakeholders to develop and deliver new services such as mixed tenure extra care housing, a range of 'hub and spoke' services to meet the needs of local communities and improved, more coordinated and integrated community-based health and social care services to enable people to remain in their own homes for as long as possible.

(c) An increase in the numbers of people accessing housing related support services, disabled facilities grants, aids and adaptations to support independent living

Disabled facilities grants provide a resource for customers to make important adaptations to their homes which can help them to live safe, secure and independent lives in their own homes for longer. Accessible housing enables customers and carers to access the local community, to go to work, get involved in social activities and make a contribution to the community. We will continue our work in this area to improve the health and well-being of disabled and older people, their families and carers.

Equipment and adaptations support people to continue living in their own home whilst maintaining their safety, independence and dignity. A key element of this service is its ability to respond to customer needs during emergency situations. We will assist people to understand what accessible housing services are available and how they may be accessed quickly and efficiently ensuring greater choice and control whilst reducing decision making times and delays in access.

(d) A comprehensive specialist dementia home care service

The numbers of people with dementia in Warwickshire are increasing and the support that these customers and their carers require is very different to that provided through traditional homecare services. We will develop a specially trained workforce to meet the challenges of people with dementia. The dementia home care service will enhance independence of people with dementia by providing holistic support in their home, preventing carer breakdown and limiting the requirement for long term institutional care.

(e) Decrease ongoing home care packages due to the introduction of prevention and early intervention including reablement.

Reablement is an opportunity for individuals to maximise their independence after, for example, an episode of ill health or change in circumstance. It is important for individual quality of life but is also important in reducing/delaying the need for more intensive and costly social care interventions in the future. We will develop this service as part of a programme of modernisation in homecare with clear links to the delivery of intermediate care by the PCT through the creation of a joint prevention strategy with them.

(f) Development and implementation of a prevention strategy including activity to reduce falls

A preventative strategy is being developed across local government, the NHS and voluntary groups in Warwickshire. This will focus on key areas such as falls, strokes, diet and mental health. This strategy will help shift resources and services from acute intervention to community-based ones.

(g) Increase in the percentage of people in receipt of telecare and expansion of the service available

Telecare is an effective way in which customers can be supported in an unobtrusive way to continue to live safely in their own home in the knowledge that should they require it, help and support will be at hand. The use of telecare can provide a wide range of support from call systems to movement monitors and provide a low cost alternative to expensive packages of care which would be more restrictive to the customer.

(h) Tackling health inequalities

Delivery of the Health Inequalities Strategy Health inequalities are the differences in health amongst groups in the population and are often expressed in terms of different socio-economic groups. People who are wealthier and better educated tend to have better health and live longer than those from lower socio-economic groups. The gap in health between rich and poor nationally has been growing for many years and the rise in health inequalities is a demonstration of poor health in more deprived communities. Warwickshire's Health Inequality Strategy sets out our Vision to increase life

expectancy and ensure that additional years are lived without ill health with a major focus on improving health gains in the most deprived areas.

(i) Specialist residential care -An increase in provision of specialist residential care

Existing supply and need are not in balance and there is a shortfall in the care and support available for those with critical and substantial needs.

Demographic change will lead to a widening gap between existing supply and demand. We will influence overall provision and activity by considering the care accommodation we commission and provide; developing a programme of change that reframes provision to better meet current and expected future needs; assess the extent to which existing design, location and facilities are consistent with expectations in later life and deliver change in a way that safeguards supply, protects rights and leads to a more specialist and specific role within the wider health and social care economy.

Draft Work Programme for Adult Social Care and Health Overview and Scrutiny Committee 2010/11

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Pursuing a Sustainable Environment and Economy	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
14 July 2010	Care and Choice Accommodation Programme –Future of Residential Care - consultation	Pre-decision scrutiny of Cabinet reports		✓		✓		High			
14 July 2010	Fair Access to Care Services	Pre-decision scrutiny of Cabinet reports		✓		✓		High			
16 Sept 2010	Hawthorne Ward Rugby	Outcome of Consultation									
16 Sept 2010	Rowan Organisation (Rob Wilkes)	Update requested by the Committee at their meeting on 2 March 2010									
16 Sept 2010	Supporting People Annual Performance Management Summary (Rachel Norwood)		✓			✓		High		Low	Low Running effective and efficient services.
16 Sept 2010	Valuing People Now: Partnership Board Annual Self Assessment 2009-2010	Costed action plan to address areas for improvement requested 16 June 2010		✓				Med			

Appendix

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Pursuing a Sustainable Environment and Economy	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
16 Sept 2010	Lighthorne Heath GP Surgery (Rachel Pearce)	To update the committee on progress in Lighthorne Heath									
16 Sept 2010	Implementation of recommendations – Falls Prevention Scrutiny review	To scrutinise progress made against the Falls Prevention Scrutiny Review – briefing		✓				High		Med	
16 Sept 2010	Report from CAMHS Select Committee	To consider the report and recommendations from CAMHS Select Committee	✓		✓		High				Emotional Health of Children and Young People
16 Sept 2010	NHS Warwickshire – Older People’s Mental Health Services in Rugby	To consider the responses received to NHS Warwickshire’s consultation regarding older people’s mental health services in Rugby			✓			High			
16 Sept 2010	Final Report from Support to Carers Scrutiny Review	To consider the final report and recommendations from the support to carers task and finish group			✓	✓		High			
12 October 2010	Fairer Charges Consultation Outcome	To scrutinise the outcomes of the consultation and proposed charges		✓	✓			High			
1 December 2010	Rugby St Cross Accident and Emergency	Outcomes of A&E Consultation									
9 February 2011	Links –Progress Report		✓			✓		Med			

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Pursuing a Sustainable Environment and Economy	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
No dates fixed	Telecare Progress Report (Kim Harlock to determine deadline)	Update on Areas Requiring Improvement and Ideas for the Future (paragraphs 2.8 and 2.9 of the report). Requested at meeting on 09/09/09	✓		✓			High			High LAA NI 124 People with long term condition supported to be independent
No dates fixed	Banbury Obstetric Services										
No dates fixed	Paediatric Services										
No dates fixed	Long-term reduction in acute beds										
No dates fixed	Caludon Centre – place of safety										

Appendix

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Pursuing a Sustainable Environment and Economy	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
Briefing Notes	Implementation of recommendations – End of Life Care	To scrutinise progress made against the End of Life Care Scrutiny Review – briefing?		✓				Low		Low	Medium Narrowing the gaps
	Director Public Health - Sexual Health Services	Request of the previous committee from concerns raised about uptake of screening programme for Chlamydia, teenage pregnancies etc. Priority also for PCT, LAA targets (<i>Rachel Pearce</i>)	✓				High				
	Follow up on Community Meals Service Taster Session			✓				High			

Minutes of the Meeting of the Adult and Community Services Overview and Scrutiny Committee held on 16 June 2010 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Les Caborn (in the Chair following election)
“ Jeff Clarke
“ Richard Chattaway
“ Jose Compton
“ Mike Gittus
“ Julie Jackson
“ Barry Longden
“ Tilly May
“ Kate Rolfe
“ Claire Watson
“ Sonja Wilson

Other County Councillors Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)
Councillor Colin Hayfield (Portfolio Holder for Customers, Workforce and Governance)
Councillor Jerry Roodhouse (Group Leader (Liberal Democrat))

Officers John Bolton, Interim Strategic Director for Adult and Community Services
Nick Gower-Johnson, County Localities and Communities Manager
Jean Hardwick, Principal Committee Administrator
Kim Harlock, Head of Strategic Commissioning and Performance Management
Chris Lewington, Carer and Customer Engagement Services Manager
Rachel Norwood, Lead Commissioner – Supporting People
Jane Pollard, Head of Democratic Services
Ron Williamson, Head of Communities and Wellbeing/Resources

Also present: Roger Copping (Warwickshire Local Involvement Networks (LINKs)).

1. General

(1) Election of Chair

Councillor Jose Compton, seconded by Councillor Claire Watson, proposed that Councillor Les Caborn be appointed Chair of the Committee.

Resolved that Councillor Les Caborn be appointed Chair of the Committee.

(2) Election of Vice Chair

Councillor Tilly May, seconded by Councillor Mike Gittus, proposed that Councillor Claire Watson be appointed Vice Chair of the Committee.

Resolved that Councillor Claire Watson be appointed Vice Chair of the Committee.

(3) Apologies for absence

An apology for absence was received from Councillor Richard Dodd

(4) Members Declarations of Personal and Prejudicial Interests

Councillor Kate Rolfe declared a personal interest as a private carer not employed by Warwickshire County Council.

(5) Remit of the Adult and Community Services Overview and Scrutiny Committee

Noted.

(6) Minutes of the Adult and Community Services Overview and Scrutiny Committee Meeting held on 2 March 2010

The minutes of the meeting of the Adult and Community Services Overview and Scrutiny Committee meeting held on 2 March 2010 were agreed as a correct record.

Matters arising

(a) Minute 4 Quarter 3 Corporate Performance report m 2009/10

A Member highlighted that briefing notes requested at the previous meeting had not been provided. It was agreed that the relevant officers be asked to circulate briefing notes on the following issues:

- (i) Information relating to previous and current assessment times and measures put in place to improve them;
- (ii) A list of reliable trades' people in Warwickshire.

It was noted that a joint scrutiny exercise would be carried by Health and Adult and Community Services Overview and Scrutiny Committee on Delayed Discharges.

(b) Minute 8 Provisional Items for future meetings - Progress of recommendation of Falls Prevention Panel

In response a request for a progress report on implementation of the Falls Prevention Panel's recommendations it was agreed that an update would be included in the work programme for the Committee's September meeting. Councillor Jose Compton asked that she be provided with a copy of the progress report if it was found that she was no longer a member of the committee (following the proposed review of the Overview and Scrutiny function by June Council).

(7) Feedback from Overview and Scrutiny Board

None

(The order of these minutes is as they appear on the agenda and do not reflect the order in which they were considered.)

2. Public Question Time

None.

3. Questions to the Portfolio Holder/Portfolio Holders Update

In response to questions from the Committee, the following points were noted:

Councillor Izzi Seccombe

In response to a request from Councillor Richard Chattaway for an update on the PHILLIS Service, Councillor Seccombe asked that he be provided with a copy of the briefing note recently circulated to Committee Members.

Councillor Colin Hayfield

Transformation of the Library Service – Councillor Hayfield reported that the Council was still facing a deficit in delivering its library service and a proposal was currently under consideration to combine the Library, One Stop Shop and other services.

The Committee noted that a report on “A Blue Print for Library Services” was scheduled for the Committees’ September meeting.

4. Strategic Review of Supporting People Services for Older People

Councillor Izzi Seccombe presented the report of the Strategic Director of Adult, Health and Community Services which provided the Committee with a summary of the Strategic Review of Supporting People (SP) services for older people report and the recommendations from the review. Members’ were asked to comment on the review and recommendations as part of a 3-month wider consultation.

Councillor Seccombe referred to paragraph 2.5 of the report which reflected that some older people who lived in sheltered housing did not need support and that there people who lived in the community in their own homes who had needs that might get their support needs met without having to move house.

During discussion the following comments were noted:

- (1) That the Government had announced that funding for housing related support would be no longer ring fenced;
- (2) That the Government’s announcement relating to the Supporting People Administration (Area Based Grants), which was not ring fenced, would equate to a 2.5% reduction;
- (3) That the Strategic Director of Finance would be looking at a range of measures to address the impact of the Government’s announcements across the authority as a whole;
- (4) That the Review had been approved by the Supporting People Partnership, which was made up of representatives from the five district and borough councils and the County Council;
- (5) That the aim was to access people who were currently not receiving services and to consider whether sheltered housing wardens had capacity to benefit the wider community;

In response to concern expressed that accessing services on-line created barriers for many older people Rachael Norwood undertook to raise this issue with the providers.

The Committee –

- (1) Welcomed the Strategic Review and the recommendation outlined in the report;
- (2) Continued its support for the Supporting People's Programme;
- (3) Asked Rachel Norwood to raise with the providers the concern expressed about barriers created for older people in accessing services on line.

5. Fairer Charges and Contributions.

The Committee considered the report of the Strategic Director of Adult, Health and Community Services which outlined the need to make changes to the policies under Fairer Charging in relation to the introduction of personal budgets. It also addressed issues relating to the levels of charges/contributions for the future in order to achieve requirements within the Council's savings plans.

Copies of the letter, information pack and questionnaire, proposed to be sent out to service users, once the report had been agreed by Cabinet, were circulated at the meeting.

Councillor Izzi Seccombe explained that all authorities were reviewing their charging criteria and that the proposed increases would not affect those people who were on income support. The impact would be felt by those people who had the ability to pay. She acknowledged that the timetable for consultation and implementation was tight but said she had asked for the report to be deferred to enable this Committee to express its views to Cabinet the following day, 17 June 2010.

The Chair added that, although the timetable was tight, he had asked for this Committee, or the relevant Committee, to see the results of the consultation before being considered by Cabinet.

During discussion the following concerns were expressed:

- (1) That the letter, information pack and questionnaire had pre-determined Cabinet's decision;
- (2) That the wording of the heading of covering letter should be revised, the consultation and questions were narrow, the consultation was being undertaken over the summer holiday period, the timescale for implementing the charges was too short, there was need for clarification of the transport costs (whether the price quoted was for a single or return journey) and the inclusion of a 'help line' telephone contact number and "ready reckoner guide" would assist in helping people understand and assess their situation.
- (3) That the 50% rule for payment of services was unfair and should cease;

- (4) That the cost of accessing insurance based products, recommendation e) of the report to Cabinet, would not be an option for most people;

In reply to the above comments the officers said that:

- (1) The information packs had been prepared in advance of the Cabinet decision so that they could be sent out as soon as possible after the meeting and before the decision was reported in the press or users hearing of the proposals by other sources. All service users would be sent the consultation pack;
- (2) A 'help line' number was included in the covering letter but this could be made more visible. To help users understand the assessment process, Table 4 of the report "Examples of Income Support" could also be included;
- (3) The 50% rule was an important issue that needed to be raised during the consultation.

Councillor Secombe added that the proposal to investigate insurance based products was building for the future and, whilst this might not be available at the moment, it was aimed at giving people the opportunity to plan for their old age.

Resolved that the Committee–

- (1) recommends Cabinet to amend its recommendations to ensure that no unreasonable hardship is caused and that implementation of the charges is phased;
- (2) Agree to hold a special meeting of Overview and Scrutiny on either 12th or 13th October to review the report on the outcome of consultation prior to decision at Cabinet on 14 October.

6. Valuing People Now: Partnership Board Annual Self Assessment 2009-2010.

The Committee considered the report of the Strategic Director of Adult, Health and Community Services.

The Learning Disability Partnership Board had been tasked with providing an annual self assessment for the regional programme lead. Attached to the report was the template each local authority was required to complete with the full engagement of service users, carers and stakeholder organisations

Kim Harlock reported that feedback from the Regional Office had been received and areas identified where there were shortfalls in performance. In this connection a meeting of the Partnership Board had been arranged for the 23 June 2010 to put in place a robust action plan to address the areas of concern.

The Chair said that the Regional Office's response to the assessment and action plan would be brought back to the September meeting of the Committee for consideration.

In reply to questions Kim Harlock –

- (1) Said that the Learning Disability Board, Carers, Lead officers and a range of stakeholders had signed off the Self-Assessment;
- (2) Undertook to circulate to Members a copy of the Regional Office's response;

The Committee:

- (1) noted the first annual self assessment, which was a record of the progress being made within learning disability services;
- (2) asked that the action plan be brought to the Committee's September meeting.

7. Warwickshire Local Involvement Network (LINK) – Progress Report.

The Committee considered the report of the Strategic Director of Customers, Workforce and Governance describing recent progress made by Warwickshire LINK and giving an update to Members regarding the work programme being pursued by LINK in 2010/11.

Councillor Jerry Roodhouse and Nick Gower-Johnson (County Localities and Communities Manager) outlined the background and recent history to LINKs in Warwickshire.

During the ensuing discussion concern was expressed about the lack of information and understanding about the role of LINK and the lack of progress of the work programme. In response to these concerns the following comments were noted:

- (1) That paragraph 1.6 outlined the legislative powers given to LINKs to carry out its role. These powers included the right to visit NHS and social care services and refer issues of concern to Overview and Scrutiny Committees for further action;
- (2) That Warwickshire Community and Voluntary Action (WCAVA) had been commissioned to oversee project management and development;
- (3) That LINKs, after a slow start, now had a clear focus and the capacity to complete its 2010/11 work programme.

The Committee:

- a) Noted the present position in relation to the Warwickshire Local Involvement Network (LINK)
- b) Expressed disappointment that it had taken so long to agree the work programme and asks for a report in 6 months times with an update on progress of the work programme.

8. Provisional Items for Future Meetings and Forward Plan Items Relevant to the Work of this Committee

The Committee –

- (1) noted the table setting out provisional items for future meetings;
- (2) agreed that an additional meeting be held on Wednesday 14 July 2010 at 10:00 a.m. to consider items relevant to the remit of this Committee that are being considered by Cabinet on 22 July 2010.

9. Any Other Items

None.

.....
Chair of Committee

The Committee rose at 12.30 p.m.

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**

Date of Committee **14th July 2010**

Report Title **Care and Choice Accommodation Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People**

Summary A copy of the report to Cabinet on 22 July 2010, recommending that Warwickshire County Council undertakes a formal consultation programme relating to the future of its own Residential Care Homes for Older People, and considers the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years is attached. The Chair of the Committee requested that a copy of the report be brought to this Committee for consideration and comment on the proposals with a view to making recommendations to Cabinet

For further information please contact: Jane Pollard
Democratic Services
Manager
Tel: 01926 412565
janepollard@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member

- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet 22 July 2010
- To an O & S Committee
- To an Area Committee
- Further Consultation

AGENDA MANAGEMENT SHEET

Name of Committee	Cabinet
Date of Committee	22nd July 2010
Report Title	Care and Choice Accommodation Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People
Summary	Further to the Cabinet report of 22 May 2008, as part of the Care and Choice Accommodation Programme, and following a review of the costs associated with ‘in house’ residential care in Warwickshire, this report recommends that Warwickshire County Council undertakes a formal consultation programme relating to the future of its own Residential Care Homes for Older People, and considers the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years.
For further information please contact:	John Bolton Interim Director of Adult Services Tel: 01926 742967 johnbolton@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	Care and Choice Accommodation Programme Partnership Framework Tender - mini competition sites and timelines – Capital Programme - 30 March 2010 Full Council Report Care and Choice Accommodation Programme Partnership Framework Tender - mini competition sites and timelines – 25 February 2010 Cabinet Report Care and Choice Accommodation Programme – Progress Report - 2 December 2009 Adult and Community Services Overview and Scrutiny Committee Report

Care and Choice Accommodation Programme –
Future Delivery Options – 26 February 2009 Cabinet
Report

Care and Choice Accommodation Programme –
Phase 1 Progress Report - 27 November 2008
Cabinet Report

Implications of the Property Market Downturn on
Capital Receipts – 11 September 2008 Cabinet
Report

Care & Choice: Delivering better care outcomes for
older people [2008 – 2015] – 22 May 2008 Cabinet
Report

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- | | | |
|--------------------------|-------------------------------------|--|
| Other Committees | <input type="checkbox"/> | |
| Local Member(s) | <input checked="" type="checkbox"/> | Not Applicable |
| Other Elected Members | <input checked="" type="checkbox"/> | Councillor L Caborn, Councillor B Longden,
Councillor T May, Councillor K Rolfe |
| Cabinet Member | <input checked="" type="checkbox"/> | Councillor I Seccombe, Councillor A Farnell |
| Chief Executive | <input type="checkbox"/> | |
| Legal | <input checked="" type="checkbox"/> | Alison Hallworth, Adult and Community Team
Leader |
| Finance | <input checked="" type="checkbox"/> | Chris Norton, Strategic Finance Manager |
| Other Chief Officers | <input type="checkbox"/> | |
| District Councils | <input type="checkbox"/> | |
| Health Authority | <input type="checkbox"/> | |
| Police | <input type="checkbox"/> | |
| Other Bodies/Individuals | <input checked="" type="checkbox"/> | Kim Harlock, Head of Strategic Commissioning
and Performance Management
Ron Williamson, Head of Communities and
Wellbeing / Resources
Kathryn Downton, Interim Head of Local
Commissioning
Jon Reading, Strategic Commissioning Service
Manager |

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

CONTENTS

Item	Subject Matter
Covering Report	Overview and Recommendations
Appendix A	CACAP Consultation & Engagement Strategy
Appendix B	Consultation Plan Outline

Cabinet – 22nd July 2010

Care and Choice Accommodation Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People

Report of the Interim Director of Adult Services

Recommendation

Cabinet authorise a formal consultation programme relating to the future of Warwickshire County Council-owned Residential Care Homes for Older People in line with the Care and Choice Accommodation Programme Consultation & Engagement Strategy.

1. Introduction

In 2007, Warwickshire County Council (WCC) launched the Care and Choice Accommodation Programme (CACAP), which, with its partners, is aimed at significantly changing the emphasis on the care accommodation options for older people in Warwickshire. This is being achieved via two main development areas; firstly the introduction of Extra Care Housing to Warwickshire, and secondly, by supplanting traditional residential care with more specialist care, e.g. dementia residential care. This report seeks Cabinet approval to move to the next phase of these changes and to consider how we might consult on the possibility of closing the residential care homes run by WCC.

2. National Context

- 2.1 The Government’s publication *Use of Resources in Adult Care: A guide for local authorities*, offers the view “...that the most likely way that local authorities can release monies for investment in the future is to reduce the proportion of spend on residential care...”. The guide suggests that community-based options deliver services that both help people to remain in their local community and also at a lower cost. Current WCC estimates suggest that the cost of maintaining ‘in house’ residential care services is currently 40% more than the equivalent costs in the independent sector.
- 2.2 The recent Budget from the new Government (22 June 2010) indicates a probable 25% reduction in the funding available for local authorities for adult social care. This means that WCC has to look at how it spends its money in every way. WCC has considered the following approaches to how to reduce its expenditure on adult social care:

- Only deliver services that can demonstrate cost effectiveness. WCC must therefore consider the closure of some of its 'in house' services
- Focus delivery on keeping people out of the social care system and at lowest possible levels of care, e.g. reduce use of residential care and offer alternative housing based solutions such as Extra Care Housing whilst making better use of new assistive technology, e.g. telecare
- End subsidies for low level services, which do not target people with the highest needs and apply Fair Access to Care Services (FACS) criteria more strictly
- Focus on working with collaborative partners such as Health and Borough/District Councils to reduce cost and achieve better outcomes
- Withdraw subsidies that WCC currently offer to middle and high income earners for adult social care whilst assisting customers who can fund their own care to access the right services in line with the 'fairer charging' consultation that is currently taking place

2.3 In summary, the aim is to create an improved balance of care, which is more appropriate to individual needs, and is consistent with the general principles of social care reform within the resources available to WCC. One option for the Council to consider is if it can afford to continue to pay the large additional costs of running these care homes for older people when the money may be required to meet a larger number of people's care needs elsewhere.

3. Local Context

- 3.1 The population of older people in Warwickshire will increase significantly over the next fifteen years. By 2025 the population of older people (people aged over 65 years) in Warwickshire is due to increase by 43% from 94,200 to 134,500. The number of people over the age of 85 will also significantly increase, and consequently, the incidence of dementia will also increase, with research by the Alzheimer's Society indicating that one in five people over 85 years of age will have a dementia related condition. In line with national trends, Warwickshire currently has a shortfall in service provision for people with severe dementia.
- 3.2 Demographic change will lead to a widening gap between existing supply and demand and this creates a real opportunity to remodel the balance of care towards more care at home and Extra Care Housing and away from care homes offering personal care only.
- 3.3 With life expectancy for everyone improving at national and local level, there is a general assumption that this will see an increase to the level of services that WCC will be required to both provide and fund. However, with the population getting older, it is also becoming wealthier, with people seeking to maintain both dignity in old age and their equity by choosing to remain either within their own homes or a home environment for life. This will mean that more older people with care needs will fund their own care services and will not require council financial assistance if the current government rules are maintained.

4. Cabinet

- 4.1 On 22 May 2008 Cabinet received a report, **Care & Choice: Delivering better care outcomes for older people [2008 – 2015]**, taking forward the CACAP vision for the future. The report provided a strategic framework against the context of demographic growth and the need to better understand care preferences. It built on the local approach to more responsive provision of care against national guidelines and best practice within a financially realistic and affordable framework. Cabinet endorsed a number of recommendations, including the need for a whole care economy approach focusing on need, supply and the future balance of care, the development of Extra Care Housing, and ongoing consultation and engagement with stakeholders.
- 4.2 On 27 November 2008, Cabinet received a further report, **Care and Choice Accommodation Programme – Phase 1 Progress Report**, which authorised the Strategic Directors of Resources, Performance and Development and Adult Health and Community Services to progress consultation for programme delivery with current and potential customers and other key stakeholders in line with the CACAP Consultation & Engagement Strategy [attached as Appendix A].

5. Current Use of WCC Residential Care Homes

- 5.1 WCC remains committed to a Transformation programme, which seeks to modernise services and challenge the traditional delivery of social care. CACAP is a building block of the strategy to deliver the Personalisation agenda. It is therefore our intention to seek approval from Cabinet to start a process of consultation with the residents of in-house (WCC run and owned) residential care homes. The consultation will focus on whether the Council could develop a programme of closures in a safe manner, continuing to meet the care needs of current residents.
- 5.2 The 10 WCC-run Residential Care Homes for Older People: 2 in North Warwickshire, 2 in Nuneaton & Bedworth, 1 in Rugby, 2 in Warwick & Leamington, and 3 in Stratford-on-Avon have been the subject of ongoing consideration as to their future usage for some time. Although all the homes are rated as either 'Good' or 'Excellent' by the Care Quality Commission (CQC), and are meeting the needs of current residents, they will not be required in the future, particularly as the overall cost of providing care in these homes is significantly higher than placements made in the independent sector, and there will be an over-provision of services available in Warwickshire when the development of 20 new Extra Care Housing schemes are completed circa 2014.
- 5.3 In 2009/10, of all WCC-funded placements, 32% of all permanent residents (not dementia or nursing care) were accommodated in WCC homes along with 63% of all respite placements and 33% of all short stay placements.
- 5.4 If the current service model is not changed and older people continue to be supported in traditional residential care homes, WCC will be obliged to continue providing care at a cost that can no longer be sustained in the future. Consequently, a different approach to care and housing for older people needs to

be considered, although it should be noted that WCC has a legal duty to ensure an adequate supply of good quality care home provision. Any future decisions will need to ensure that this duty is met.

5.5 Current Residential Care home usage in both the 10 WCC-run Residential Care Homes for Older People, 9 x Warwickshire Care Services (block contract) Care Homes for Older People and the Independent/External sector are summarised in the following tables:

5.5.1 **Total number of nights stay purchased by the Council in 2009/10**

	WCC Homes	WCS Homes	External Block	External Spot
Residential	79,500	56,200	10,700	103,600
Residential Dementia	6,800	11,000	31,800	89,200
Respite	10,700	2,000	600	2,900
Respite Dementia	400	0	400	700
Short Stay	3,800	400	600	5,500
Short Stay Dementia	100	0	500	700
Total	101,300	69,600	44,600	202,600

5.6 WCC spends a high percentage of its Older Peoples' social care expenditure on residential care. Even with the anticipated increase in the population of older people in Warwickshire over the next fifteen years, effective and efficient reablement services will reduce the need for residential care in the future, especially for people who are physically frail. Appropriate Extra Care Housing is capable of meeting the needs of people who are currently using residential care.

5.7 This is only a proportion of the total demand for residential care in Warwickshire where about 65% is purchased by people funding their own care. When the new Extra Care Housing schemes are completed we expect most older people will prefer to purchase accommodation in these schemes, which will also have an impact on a reduced use of residential care across the county.

6. Consultation Programme

6.1 Duty to Consult

6.1.1 Residents of homes have a right to be consulted about proposals which affect them. Where there is a proposal to close homes both the Local Government and Public Involvement in Health Act 2007, Part 7 Section 138, and Human Rights Act 1998 must be considered.

6.2 Human Rights Act 1998

6.2.1 An important element of legislation is the incorporation into UK law of the European Convention on Human Rights, brought about by the Human Rights Act 1998.

6.2.2 In June this year, the European Court of Human Rights ruled that the transfer of residents is not unlawful if the decision making and transfer processes, followed

by a local authority were robust.

6.2.3 In the case of *Louisa Watts v United Kingdom* the Court ruled that; ‘it appeared, that the procedure for the closure of the home has been “*carefully managed in order to allow full consideration of residents’ views and, in respect of the transfer, their health and wellbeing*”.

6.2.4 The Court also stated that ‘it was within the local authorities powers to set out a general policy to rationalise care for the elderly in its area stating:

“Closure would allow the council’s budget to be distributed in a more cost-effective manner. A requirement to keep the home open indefinitely would have a significant impact on the local authority’s ability to provide care to other users in the area and to manage its resources effectively.”

(Solicitors Journal. 2 June 2010)

6.3 **Local Government and Public Involvement In Health Act 2007**

6.3.1 The Local Government and Public Involvement In Health Action 2007, Part 7, Section 183, sets out the duty, for local authorities, to involve and consult.

6.3.2 Again through case law, the Court of Appeal have identified four key requirements for consulting with permanent residents prior to any decision to close a home. These are:

- Consultation must be at a stage when proposals are still at a formative stage
- The local authority must give sufficient reasons for the proposal so as to ‘permit intelligent consideration and response’
- Adequate time must be given for consideration and response
- The outcome of consultation ‘must be conscientiously taken into account in finalising any statutory proposals’

6.4 **Consultation and Timescales**

6.4.1 This report is seeking Cabinet endorsement to commence a formal consultation programme relating to the future of WCC-owned Residential Care Homes for Older People, and for Cabinet to consider the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years.

6.4.2. The outcome of the consultation will use the framework defined above to:

- Determine the impact on individuals and how we might mitigate against this in making our plans
- Determine the order in which we might consider closing homes
- Determine if all the homes can be closed and over which time period to ensure good alternative supply - including the additional option of extra care housing in the future

6.4.3. In undertaking consultation with regard to care homes where older people have

permanent accommodation, it is important that throughout the process all residents are consulted or given the opportunity to express their views, irrespective of their individual ability to engage in the process. This is especially important for customers who have reduced mental capacity and/or do not have relatives or friends to speak on their behalf. This is highly likely within the care home environment and is to be addressed through the use of independent advocates.

6.4.4. The advantage of a consultation programme at this time is that WCC will be able to determine both its medium term financial and service plans and to also use the care homes appropriately, e.g. using them for short-term intermediate care/ respite.

6.4.5. In 2007, WCC officers carried out an informal consultation programme by visiting 10 WCC-run Residential Care Homes for Older People and the 11 WCC-owned homes managed by Warwickshire Care Services. The purpose of the programme was to inform residents and their relatives and staff working within the homes of WCC future plans for the provision of care accommodation to meet 21st Century aspirations, e.g. Extra Care Housing.

6.4.6 The formal consultation plan [Attached as an Appendix B] will involve:

- One to one interviews with residents and any advocates
- A series of twilight meetings or separate one to one meetings with relatives or representatives where requested
- Meetings with staff and unions

6.4.7 A completed Equality Impact Assessment will also be undertaken to assess the impact that any proposed closures will have on diverse user groups. This will be attached to final report.

6.5 **Provisional Consultation Programme Timeline**

i). Consultation commences from 1 August 2010.

ii). Outcome of the Consultation presented to Cabinet at the end of the year with a final Cabinet Decision presented to Full Council (if necessary).

7. **Financial Implications**

7.1 As the recommendation of this report is to secure Cabinet authorisation to move to formal consultation, there are no specific financial implications at this stage. However, it should be noted that WCC currently spends a total of approximately £30m on residential and nursing care for older people of which £20m is for services in the independent sector.

7.2 The costs of care accommodation vary widely. Internal residential care costs approximately £524 per week – this being the average cost of the various types of care provided (e.g. long stay, emergency, respite, dementia, etc). External residential care costs £363 per week and external dementia residential care costs £400 - £420 per week. Therefore internal services may cost approximately £161

per week more than external services.

- 7.3 Extra Care Housing costs approximately £210 per week for any person living in a scheme who has a level of need that would otherwise require residential care (this assumes 13 hours of domiciliary care per week plus overnight care cover). This is £314 per week less than the gross cost of internal residential care; however after accounting for the impact of income from charges to customers, the difference in net cost is approximately £200 per week.
- 7.4 Internal services and external block contracts benefit from the economies of scale and security of generating revenue to the supplier resulting in lower unit costs and therefore prices than otherwise would be the case. But internal services and block contracts then also carry the risk of spending levels on empty beds and under-usage negating or even outweighing savings on prices.
- 7.5 For internal services and for block contract external services occupancy rates can have a significant impact on the true cost of residential care.
- 7.6 Occupancy depends upon the type of residential care (for example long stay residential care beds have high occupancy because they tend to be occupied for long periods but respite and emergency beds tend to have low occupancy rates because they are filled for short periods of time with frequent gaps between placements). Occupancy can also vary through the year and from year to year.
- 7.7 An external block contract bed is priced at £363 per week but occupancy can vary. For example where occupancy levels average at 80% for the year, the actual unit cost of the services received is £454.
- 7.8 Average overall occupancy in internal services is approximately 90% so overall the average unit cost after allowing for occupancy is around £582 per week rather than £524. However that is an average occupancy rate. Some beds such as long stay have high occupancy (often 95%+) and so have a unit cost of close to £524, while other beds such as emergency beds can have occupancy of 50% and therefore a unit cost of over £1,000 per week.
- 7.9 It should be noted that some types of residential care bed can have low occupancy by the nature of the service, i.e. low occupancy rates are not always due to avoidable under-utilisation of services.
- 7.10 Therefore, when looking at commissioning from the market, reducing expenditure on empty beds to a minimum is a high priority. 100% occupancy is not possible but there is for each type of care an achievable maximum occupancy level which should be pursued.
- 7.11 When making savings, reducing spending on empty beds creates immediate significant savings, and in addition to this, maximising use of external block contracts to minimise empty beds in those contracts would provide further significant savings by minimising the need to buy additional services.

8. Summary

8.1 Authorisation by Cabinet for a formal consultation programme relating to the future of WCC-owned Residential Care Homes for Older People will enable WCC to build on strategic and collaborative partnerships in order to hit a number of key objectives including;

i). A reduction in the volume of residential care required in the future as alternative services are developed for the 21st Century that either maintain people in their own homes or Extra Care Housing rather than a residential care home.

ii). Ensuring that Warwickshire develops Social Care provision in line with the aspirations of its citizens.

iii). Responding appropriately to future demographic pressures.

iv). A reduction in proportion of total spend on residential care.

John Bolton
Interim Director of Adult Services

Shire Hall
Warwick

June 2010

*Working for
Warwickshire*



Care & Choice (Accommodation) Programme

Engagement Programme 2008 - 2012

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1. Introduction

The Care & Choice (Accommodation) Programme focuses on the implementation of a model of care and support for older people that reflects the demographic and societal changes of a growing population of older people within Warwickshire that is fit for the 21st century.

This Consultation & Engagement Strategy sets out the Directorates approach to full engagement with:

- Residents and their families
- Staff (both providers and local commissioners) and the unions
- Providers of services
- Councilors and MPs
- And key stakeholders such as: District/Borough Housing, Health colleagues, Community & Voluntary Organisations

There is no one method for successful consultation. Local circumstances will influence how any consultation process is carried out. Factors such as the quality of ongoing relationships with partners, the local political context, the urgency of the service change, the relationship with the local media and the skills and interests of the staff involved will all impact on the consultation processes used.

The report to cabinet on the 22nd May 2008 made explicit that the consultation would be a two way process and that the 'aim should be to secure ongoing engagement at every stage to help ensure relevance of action in response to needs.' Councilors also agreed that there will be:

- Continued general consultation on the overall direction of the Care & Choice Programme
- Continued and specific consultation at the formative stage with residents and relatives at homes

The cabinet report also set out key principles of engagement. These are:

- Continued general consultation on the overall direction we have been exploring following the Cabinet of June 2007
- Continued and specific consultation at the formative stage with residents and relatives at homes identified for consideration for change prior to any decision about change to Cabinet
- Ensure arrangements embrace not only what is being proposed (this is what we are thinking of doing) but also the reasoning behind proposals (this is why we are doing it)
- Ensure that prior to making decision Cabinet has available to it information on the individual assessed needs of all residents and having taken these into account be satisfied that the proposals would be consistent with those needs in the future.
- Facilitate a range of opportunities to find out about and to comment upon change \and that information is available in appropriate format and through suitable mechanisms
- Ensure sufficient time to permit collation of consultation results
- Be clear that decisions on consultation feedback will be accompanied by reasons
- Keep people informed of any changes in proposals and timeframes
- Treat all residents equally and irrespective of whether they are publicly funded or not.

2. Duty to Consult

The introduction of the Health and Social Care Act, 2001, section 11, builds on previous legislation and makes clear that health and social care must involve and consult at the beginning and throughout all stages of any service changes, from: planning services, developing and considering proposals for changes in the way services are provided, to the final decisions made that affect how the service will be delivered in the future. The Local Government and Public Involvement in Health Act, 2007, clarifies and strengthens this further and places a duty on NHS bodies to involve and consult patients and the public in the planning and provision of services and makes explicit the health service and local authorities responsibility to:

Care and Choice Accommodation Programme 22 July 2010 Cabinet Report – Appendix A

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services
- Obtain the views of people about local care services and
- Make those views known.

Case law is a useful vehicle that clarifies this even further for local authorities such as in the cases of R v Devon County Council, ex parte Baker and another; R v Durham County council, ex parte Curtis and another when the Court of Appeal set out that:

'... where a local authority proposes to [make changes] to a residential care setting as part of a general re-organisation of the provision of residential care, the authority owes the permanent residents of the homes a duty to act fairly in making any changes. This duty includes a duty to consult over any proposed changes.'

It also states that:

- (i) the residents must be informed of any proposed changes well in advance of any final decisions being taken
- (ii) the residents have reasonable time in which to make any objections to the local authority
- (iii) and for those objections to be considered by the local authority.¹

The courts approve the consultation processes which include the assessment of individual residents, A case in Camden indicates that a decision for change should only be made 'in principle' and not finally until a needs led assessment of each resident has been carried out.²

• Human Rights Act 1998

An important element of legislation is the incorporation into UK law of the European Convention on Human Rights, brought about by the Human Rights Act 1998. This will have an important contribution to make to rights-based provision, potentially empowering service users to question and challenge professional decisions that are not made with their participation.

It is therefore worth noting some of the regulations and duties that apply in relation to the Human Rights Act and to take note that it is unlawful for a public authority to act in a way which is incompatible with a Convention Right. The most relevant convention for the Care & Choice (Accommodation) programme is:

Article 8 Right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

¹ All England Law Reports/1995/Volume 1/R v Devon County council, ex parte baker and another; R v Durham County council, ex parte Curtis and another. [1995]

² Paper produced by Alison Hallworth, Re; consultation requirements (A14419) September 2007.

Working within the Corporate Consultation Framework

Warwickshire County Council have endorsed a Corporate Consultation and Engagement Strategy that sets out key principles of engagement. It states that consultation should be:

- **Needed**
- **Informed**
- **Based on evidence**
- **Well planned and timely**
- **Clear**
- **Inclusive**
- **Appropriate and well managed**
- **Acknowledged and fully considered**

Additionally the County has made a commitment that consultation will be carried out correctly, making sure residents are given the opportunity to consider, discuss and comment on any proposed projects.

To ensure Warwickshire works within a legal framework, Evershed Consultants have provided the council with valuable advice to ensure that the council's responsibilities are fulfilled. They endorse that:

- Consultation should be at a time when proposals are still at a formative stage.
- The consultation process must include sufficient reasons for particular proposals to allow those consulted to give intelligent consideration and an intelligent response.
- The consultation process should be as open and transparent as possible with residents (and their relatives) being informed of all of the proposals that may affect them and the reasoning behind those proposals.
- Any planned presentations need to be adequate to ensure that the residents are made fully aware of proposals and that they have sufficient information to comment properly on them.
- Presentations need to be accompanied by notices, newsletters and opportunities to discuss issues to ensure that all residents (and relatives) are aware of the details of the planned project
- The residents should be given a clear period of 8 weeks following the provision of the initial information to comment upon the proposals put to them.
- It is important that a timetable is established, shared with residents and followed by the Council during the course of the consultation. A failure to inform residents exactly when they need to comment can also lead to an inadequate consultation process. The Council needs to reconcile the consultation exercise with the overall project timetable and, in particular, the required planning applications. Consultation must be complete prior to contractual close.³

It is important to note that these standards within consultation have a legal context and failure to carry out these processes correctly will leave Warwickshire County Council susceptible to challenge.

³ Evershed Consultants. Reprovision of services for older people, consultation and communication paper. January 2008
Page A5 of 12
Final draft
Dated: 8th June 2008

Levels of Involvement

It is really important, in an engagement process, that there is clarity about the difference between information, consultation and participation. Often users and carers criticise Adult Health and Community Services for consulting and involving them in decisions that have already been made. So being clear about whether you are sharing information, or asking for opinions about something people can influence, or asking people to take an active role, working as an equal partner or even leading a piece of work is the first and most important step to ensure that involving users, carers and the wider public is both real and meaningful for all those involved.

Below is a summary of the three levels of engagement that may apply at different times throughout the Care & Choice Programme:

Levels	Description
Level 1 - Informing	At this level you are telling people about the decisions that have already been made. They cannot influence the decisions at this level.
Level 2 - Consulting	At this level you are asking users, carers and the wider public for their views and opinions so that they can influence the decisions made.
Level 3 – Working Together	At this level you are asking users, carers and the wider public to work with you and be an equal partner in all aspects of planning and decisions making.

5.1 Level 1 – Informing

Giving people information about decisions that have been made, for example, the way a service is going to change is an important first step. This information needs to be given in a way that makes sure people understand what is being talked about and how it will affect them as an individual or group of individuals.

5.2 Level 2 – Consulting

Any consultation should be open and clear so that people understand what they are being asked to give their opinions about. When organising a consultation event, staff should make sure that everyone is clear about the purpose of the event, that everyone is given clear information about what, when, how and why they are being consulted and how their opinions will make a difference. Feedback is an important element of this level. It shows people how their views and opinions have made a difference. It also tells people what will happen next. If people are not given feedback they often feel that their opinions have not been listened too or heard or that they have made any difference at all.

5.3 Level 3 – Working Together

By working together, people should be able to influence and exert control in a whole range of different ways. It is important to see that many people may not want to take part in formal groups, but instead want to influence the immediate service issues that affect their lives or the lives of the people they care for. We need to make sure that involvement starts from and supports these personal needs. It is sometimes too easy to believe that people are dependent on our decisions or are not interested in taking part in making them. We need instead to look for creative ways of supporting people to exercise control over the help they receive.

What will we be consulting about?

The aim of the Care & Choice Programme is to make Warwickshire a place where people want to grow old. It is a programme about people and their lives - not just buildings.⁴

The objectives of the Care & Choice Programme are to:

- Reshape countywide provision for older people that are fit for the 21st century and that respond to demographic and economic changes
- Implement the five strategic commissioning intentions of the national, and local, agenda for social care reform by giving people; choice and control, seamless services, more community based preventative services, that promote independence, choice, and well being.
- Do something different that matches better to best practice, the changing needs and legitimate expectations and aspirations of older people and their relatives around personalisation and the diversity of care.⁵

This means that reshaping the Balance of Care would generate:

- Around 200 units of extra care housing of different tenure types
- Around 140 extra places in specialist care homes for older with dementia
- Nearly 120 fewer places in traditional residential care homes that do not always meet modern spatial minimum standards
- Some 70 new nursing home places

These aims and objectives form the core of this consultation and engagement strategy.

What does all this mean for residents, relative/carers and the wider public?

To do this Warwickshire Adult, Health and Community Services need to make changes to the current care provision which means that some elements of the programme will involve:

- Development adjacent to existing care settings that may involve some disruption to amenity
- Changes to the accommodation of older people within existing care homes or sheltered schemes and
- Transfer of people to new and permanent or temporary care settings

Any change, particularly for those considered most vulnerable within society, is full of anxiety. Warwickshire Adult, Health and Community Services is fully aware of this and have, on the basis of initial feedback developed the 'Care Guarantee'. The Care Guarantee is attached as Appendix 1, but in summary sets out a clear commitment for anyone affected by the modernisation of residential care provision. It has three main guarantees:

- If someone has a place in a care home now, they will have a place in the future. No-one will be without a place to live.
- If a care home is to be replaced, residents have a right to return to it, after a temporary move if that is what they want to do – providing the new setting can still meet their assessed care needs.
- If someone has to move home permanently, they will not be asked to move more than once.

⁴ Cabinet Paper 22nd May 2008

⁵ Cabinet Paper 22nd May 2008. pg 9

Care and Choice Accommodation Programme 22 July 2010 Cabinet Report – Appendix A

This modernisation programme is important to all residents of Warwickshire, both now and in the future. For this purpose wider consultation with the public will take place through public open meetings, on line questionnaires, community meetings and individual consultation meetings.

As firm plans/proposals for each site is clear and all appropriate consultation undertaken and responded to, we need to work with people to help them understand the impact there might be for them personally, and what options might best meet their needs and wishes. There will be a range of circumstances when this way will be warranted, including:

- An existing home is being replaced by another service
 - The service might be of a similar kind, so might be available to the person again once developed. The person will need to know of appropriate options both in relation to the temporary period whilst no service is available, and longer term as they may not wish to move twice.
 - The service may be of a different kind that the person cannot return to, so they will need to know of appropriate long-term options.
- There may be a change of service provider
 - People may wish to consider changing their service at this stage
 - Choosing an individual budget may be an option
- New opportunities are being developed in the locality that offer choice/ more appropriate service
 - If it is decided to decommission an existing service and relocate to a new one, people will need to consider the appropriateness of the new service in their circumstances, consider other options etc.
 - If existing services stay open, new services may still be appropriate for people to consider.
 - Individual budgets may be an option, and arranging own support.

Ultimately there needs to be genuine consultation with people about the impact of the proposed changes, and recognition that they may be losing their existing home/ service on a temporary or a permanent basis.

Who will be consulted?

For consultation to be effective, meaningful, and to fulfil legal and moral obligations, there are key groups who require consideration for communication, consultation and engagement. These include:

- Residents
- Relatives/carers
- Staff
- Stakeholders
- Provider services
- The wider public

We will also make sure that County and Local Councillors are kept informed as the programme progresses.

How will we consult?

Residents

Care and consideration will be given to any communication issues for each individual resident. The consultation officers, will prior to any engagement with residents, work with each home manager to identify the communication needs of each resident. Close collaboration with each home will be key and every effort will be made by the consultation team to foster good working relationships. During this process, other key factors that need to be considered for each resident will be recorded and taken into account as the consultation process progresses.

We will:

- Hold residents meetings to tell them about the overall proposals within the Care & Choices Programme
- Put questions to residents using a semi structured questionnaire and in a range of formats which will include the use of technology.
- Appoint an experienced consultation officer to carry out the consultation with individual residents
- Complete individual needs assessments on all residents
- Make sure that independent advocates are available throughout the consultation process
- Put communication boards with names and pictures of who's who, important news and dates and a central telephone number for queries in each home and place 'Tell Me' Boxes in each home.
- Use different formats and ways of communicating with people with complex needs,, eg; dementia
- Get residents involved in monitoring progress and being involved in planning, designing their new homes

Additionally and to fulfil legal requirements each resident will have their needs reviewed and/or assessed. A specific team of qualified staff have been appointed to the project to ensure that all residents affected by change have a thorough assessment of their needs before any key decisions are made.

Relative/Carers

Providing relatives with good information and consulting them at each stage of the change programme will be a key component of the project. This is particularly relevant at the beginning of the process because relatives will become anxious if any formal consultation progresses without their knowledge. Every effort will be made, by the consultation officers, to establish clear lines of communication and engagement with relatives and to build their confidence and trust in the consultation process.

Ongoing communication is a factor so the County Council website will be central resource to keep relatives informed and involved.

We will:

- Hold relative/carer 'twilight' meetings
- Produce questionnaire with a freepost reply
- Have a website/discussion board/email address available throughout consultation stages
- Produce updates and information to keep relatives informed

Care and Choice Accommodation Programme 22 July 2010 Cabinet Report – Appendix A

- Invite representatives to join the advisory/monitoring group for each phase of the programme

Staff

There will inevitably be anxieties amongst staff across both the WCC and WCS homes. This needs to be managed. Additionally, staff have a wealth of knowledge and expertise that needs to be incorporated in the change programme. This is a real opportunity to engage with staff to help shape and influence future care provision. To do this a staff stakeholder event will be held to enable them to inform how care will be delivered in the future.

The key messages of this change programme need to be consistently given to staff one of which is that ultimately this means 'more not less'.

We will:

- Hold a staff stakeholder event for staff
- Hold staff meetings followed through by staff focus groups
- Establish a line of communication; eg through email/discussion board/freepost/telephone
- Consult union representatives
- Identify future strategies for developing the workforce for the 21st century and how staff can engage in changing needs and expectations of the workforce.
- Produce a newsletter for staff (ask staff to be involved in editing this) to keep them informed of progress
- Support the development of HR surgeries (if required)

Local communities and the wider public

This modernisation programme has the potential to impact on a large proportion of residents in Warwickshire either now or in the future. Local communities and the wider public should therefore have the opportunity to input into the modernisation programme. This will be achieved through open public meetings in each District/Borough. During each phase it is important that local communities are invited to participate and this will be done through visioning focus groups as the programme evolves.

We will:

- Hold open public meetings
- Engage the local community through visioning focus groups about the overall Care & Choices programme
- Use information/material about local issues to influence planning decisions
- Inform local communities about the difference their involvement has made and
- How they can continue to be involved eg; a local representative to work as part of the advisory group to the planning process

Provider Services

Providers will receive technical information, with questionnaires, to enable a robust process for their engagement in the Care & Choice Programme. A copy of this is available on request.

Appendix 2 outlines the key activities of the consultation timetable.

Engaging people with complex needs

Communicating with people with complex needs, for example people with dementia, is very difficult. We are keen to be as inclusive as possible. To make sure that we incorporate as many comments as possible we will be developing a range of ways of communicating with and consulting residents. These include:

- Any information available on tape, in large print, in Braille and in other languages.
- The use of pictures and images in discussions
- We will loan, or buy, a portable hearing loop
- We will make sure that we have equipment. Such as an amplifier so that those speaking can be heard.

Importantly we will engage with experts in the field of communicating with people with dementia, such as Alzheimer UK and the University of Bradford to explore better ways of communicating with and involving people with confusion and/or dementia.

Method of Engagement

Given the range and complexities of the Care & Choice Programme, there will be a number of consultation methods that will be used to respond to each audience group. This will include the use of:

- Questionnaires, including on line questionnaire
- Semi structured interviews
- Groups Q & A sessions using specialist IT equipment – Keepad.
- Focus Groups
- Visioning Focus group
- Feedback Forms

Generic Questionnaires

A general questionnaire will be used to consult with a wide range of stake holders and interested people; older people themselves, relatives and carers, local communities and the wider public. Appendix 3

Site Specific Semi-structured Questionnaire

A semi structured approach to individual consultation meetings with residents and relatives/carers will be the basis of capturing key information at homes that will be affected by change. This will compliment the individual needs assessments that will be carried out by the local commissioning team. Appendix 4

The main focus of the consultation interviews will be to capture people's responses to the changes being made within individual homes. Each individual interview will be recorded, logged and interpreted using a quantitative and qualitative approach.

Ethical issues

There are 3 main ethical issues that need to be given due consideration throughout the consultation programme;

- The health and well being of those taking part
- The cognition of some residents
- The role of the consultation officer (interview)

Care and Choice Accommodation Programme 22 July 2010 Cabinet Report – Appendix A

Seeking the views of older people within a residential setting needs to consider the health and well being of those taking part. Some may be feeling unwell or have deteriorating health. It will be important to ensure that they are not placed under undue pressure to take part in the consultation programme if they choose not to do so. Close collaboration with staff within the home will be key to determine those unlikely or unable to take part.

A second consideration is the ability of some residents to actively and meaningfully take part. This was discussed earlier but the consultation process must take account of the need to involve those with complex needs, such as residents with dementia. To ensure that the consultation process is meaningful to people with complex needs, further specialist advice will be sought to clarify and ensure that any approach used is meaningful to those taking part thus reducing the risk of tokenism.

A final consideration involves the role of the consultation officer. Listening to personal and emotional experiences of individuals can act as a 'pull in' for the consultation officer. Some individuals may ask the consultation officer to advocate on their behalf, some may confide in the consultation officer that they have/had experienced poor quality services.

These issues have been considered and regular and ongoing supervision will be used to ensure that the consultation officer maintains an objective approach throughout the consultation process.

Managing Risks and Challenges within a consultation process

There are inevitably risks and challenges within any change programme. With such an extensive range of consultation any risks and challenges will need to be identified and managed throughout the lifetime of the programme.

Some of the anticipated risks and challenges include:

- The vulnerability and capacity of individuals to consider and engage meaningfully in a) the review programme and b) the consultation stage.
- Negative and/or sensationalist responses
- People's reluctance to embrace change
- Engaging positively with the wider public, in particular with local communities
- Time scales to ensure consultation is meaningful for all those involved

Many of the residents will be hard of hearing, sight-impaired or confused. Many relative themselves, will also be elderly. One-to-one sessions would seem to be the most appropriate approach. We will also make sure that 'advocates' are available for those who need them.

All identified risks will be logged within the overall programme risk register. A sub risk register will be administered through the consultation officer with their line manager and any exceptions will be reported to the project team.

Attached as appendix 3 is the risk register for the consultation strategy. Elements from this will be incorporated into each risk register for each site as the programme evolves.

Conclusion

This Engagement Plan has been developed as part of the Care & Choice (accommodation) Programme. It embodies key principles of engagement and makes it clear what, when and how a wide range of people can be involved in the programme.

It incorporates the need to be mindful of working with and engaging older people, particularly those with complex needs, such as those with dementia and recognises the need to be mindful of ethical issues when working with older people.

Particular emphasis is being paid to involve as wide a range of people as possible. Given the complexity and range of this programme, it is recommended that an evaluation is completed as part of the programme so that key lessons can be taken forward into future work.

CONSULTATION PLAN (Appendix B)

Understanding resident and relatives views on the impact of any proposals to close Warwickshire County Council homes



August 2010 – Draft V.01

Consultation Plan Outline

During the consultation we are seeking to;

- Understand the impact on individuals and how we might reduce this in making our plans
- Decide if some or all of the homes can be closed and over a specified period to ensure good alternative supply – including the additional option of extra care housing in the future.

We will make sure that all residents are consulted and/or given the opportunity to express their views, paying particular attention to those customers who have reduced mental capacity and/or do not have relatives or friends to speak on their behalf. We will appoint individual advocates, including Independent Mental Capacity Advocates to aid this process.

With residents we will:

- Conduct one to one semi structured interviews with all residents
- Appoint independent advocates for those residents who need additional support to express their views
- Use talking mats (where picture cards and symbols are used as a visual method of communication) for residents with dementia

With relatives we will:

- Inform relatives about the consultation process prior to any engagement with each individual home.
- Hold twilight (4.pm – 8.pm) meetings in all of the homes
- Use a questionnaire (based on the semi structured questions detailed below) including an on line questionnaire.
- Structured interviews (either in their own homes or via telephone) for those relatives who are unable to attend meetings or would prefer privacy in giving their views

Consultation Approach

To do this we will:

- Produce a fact sheet setting out the proposals and an on line questionnaire (which will form the basis of a semi structured interview schedule)
- Produce a Question and Answer leaflet
- Appoint individual advocates

- Appoint Independent Mental Capacity Advocates (IMCA) for those residents who lack capacity
- Use Communication Boards in each home (these give details of officers involved in the consultation process; pictures, contact details and copies of any material used throughout the consultation).
- Place 'Views Boxes' in each home. (This is simply a box for individual residents to place their comments which may emerge throughout the consultation period.)
- Set up telephone query line
- Work with translation and interpreting team to ensure effective communication with diverse users groups.
- Produce a web page within Warwickshire County Councils website
- Use talking mats with people with dementia
- Produce information in range of formats and different languages where requested

Timetable of Consultation

Once approval has been sought this section will be populated with the dates each home will be visited for residents, and for relatives, the date and times of the twilight meetings.

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Consultation Framework including semi- structured questions

Content for Fact Sheet (plain language will be used in final version)

Demographic pressure on the services that we provide and commission is a very important and national issue for adult social care and one which covers not only the increase in numbers of older people who are in need of support but the growing expectations of those customers.

The population of older people in Warwickshire will increase a great deal over the next fifteen years. By 2025 the population of older people (people aged over 65 years) in Warwickshire is due to increase by 43% from 94,200 to 134,500.

In order to address the needs of the growing older population, Warwickshire Council needs to change the way that it runs its services. The Council is striving to put in place more efficient personalised services which support customers to live more independently.

Warwickshire County Council currently owns and runs ten traditional residential care homes, most of which were built more than 30 years ago. Current figures suggest that maintaining the 'in house' residential services costs 40% more than homes run by the independent sector.

Warwickshire County Council needs to find a much better approach to care and housing to meet the needs of older people in the future.

Warwickshire County Council spends a high percentage of its Older Peoples social care expenditure on residential care. Even with the anticipated increase in the population of older people in Warwickshire over the next fifteen years, effective and efficient reablement services will reduce the need for residential care in the future especially for people who are physically frail.

In order to meet 21st century aspirations Warwickshire County Council needs to change what it commissions in the future. Warwickshire County Council needs to:

- Develop a programme of change that reframes current provision to better meet current and expected future needs
- Create a model of provision with flexible services
- Create accessible care alternatives closer to home
- To have better outcomes at lower costs
- To be ready for the demographic changes with an ageing population
- To build capacity to meet the rising expectations around personalised care
- To have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their own homes in order to fund their ongoing care costs.

Following a review of the costs associated with 'in house' residential care in Warwickshire and the need to change the model of care that is fit for the future as described above, Warwickshire County Council wants to better understand what the impact will be on any current residents and their relatives on any possibility of a planned programme of closure of some or all of Warwickshire County Council residential homes over a specified period; e.g. 5 years.

How do I make my views known?

There are several ways to give your views:

Website:

Online questionnaire available at: [Warwickshire.gov.uk/.....???](#)

Email:

customerfirst@warwickshire.gov.uk

Telephone Queryline:

01926 74?????. (Staff will be available to answer your queries Monday to Friday from 9.30am to 5.00pm)

Meetings:

Twilight meetings (4 p.m.-8 p.m.) will be held in all council owned residential homes for relatives or representatives to attend and give their views.

Post:

If you prefer to write to us, the **address** is:

Carer & Customer First Team
Adult Health & Community Services
Warwickshire County Council
Saltisford Office Park
Ansell Way,
Warwick
CV34 4UL

The questionnaire and supporting information can be made available in different format and language on request. Please use the contact details above if you would like information in a different format or language.

What will happen with all of the information gathered?

All comments and feedback received will be recorded and included in a detailed report that will be presented to Cabinet for inclusion in their considerations before any final decision is made.

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Questions to be used for the Questionnaire and the Semi-Structured interviews with residents

Below, is the proposed framework for the consultation with residents and relatives. Some will be more relevant to residents than relatives and vice versa.

Warwickshire County Council wants to better understand what the impact will be on any current residents and their relatives on any possibility of a planned programme of closure of some or all of Warwickshire County Council residential homes over a specified period; e.g. 5 years.

We want to know how these proposals might impact on you.

What are your first thoughts and feelings about this?

Tell me what concerns you the most about these proposals?

How does this make you feel?

If these changes were to go ahead, what impact would this have on you as an individual?

What would we need to do to reduce any impact on you?

Is there one key message about these proposals that you would like to give to councillors?

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ADDITIONAL QUESTIONS FOR RELATIVE/REPRESENTATIVE:

Q: As a relative, what are your first thoughts about these proposals?

Q: What are your main concerns?

As a relative, what would the impact be on you?

What would we need to do to reduce any impact on you as a relative?

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Please tell us if you are responding to this consultation mainly as a:
(please tick as many as apply)

- Resident** living in a council owned residential home
- Part of an organisation working with people in Warwickshire
- A relative or representative of a resident living in council owned residential care
- None of the above/member of the public

Which of these groups do you consider you belong to?

- White- British*
- White- Irish*
- White - Any other white background*
- Mixed- White and Black Caribbean*
- Mixed- White and Black African*
- Mixed- White and Asian*
- Mixed- Any other mixed background*
- Asian or Asian British- Indian*
- Asian or Asian British- Pakistani*
- Asian or Asian British- Bangladeshi*
- Asian or Asian British- Any other Asian Background*
- Black or Black British- Caribbean*
- Black or Black British- African*
- Black or Black British- Any other Black Background*
- Chinese or other ethnic group - Chinese*
- Any other Ethnic Group*

Are you?

- Male*
- Female*

How old are you?

- Under 18*
- 18 - 29*
- 30 - 44*
- 45 - 59*
- 60 or over*

Do you have any long-term illness, health problem or disability which limits your activities or the work you can do?

No

Yes

Please state:

Which District / Borough area do you live in?

North Warwickshire

Stratford -On-Avon

Nuneaton & Bedworth

Warwick

Rugby

None of the above

Thank you for completing these questions.

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AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**

Date of Committee **14th July 2010**

Report Title **Fair Access to Care Services (FACS) 2010**

Summary A copy of the report to Cabinet on 22 July 2010, recommending changes in the application of the FACS criteria. The Chair of the Committee requested that a copy of the report be brought to this Committee for consideration and comment on the proposals with a view to making recommendations to Cabinet

For further information please contact: Jane Pollard
Democratic Services
Manager
Tel: 01926 412565
janepollard@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils

- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet 22 July 2010
- To an O & S Committee
- To an Area Committee
- Further Consultation

AGENDA MANAGEMENT SHEET

Name of Committee Cabinet
Date of Committee 22nd July 2010
Report Title Fair Access to Care Services (FACS) 2010

Summary
 The Fair Access to Care Services (FACS) framework was introduced in 2003 to address inconsistencies across the country about who gets support in order to provide a fairer and more transparent system for the allocation of social care services. Warwickshire County council set its threshold to meet critical and substantial social care needs. In April 2010 new guidance was issued to assist councils in determining eligibility for adult social care accounting for the needs of their local community as a whole as well as individuals need for support. The report will highlight changes that will impact on social care provision.

For further information Please contact:
 Diana King
 Performance Improvement Manager
 Tel: 01926 736430

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers
 Prioritising need in the context of Putting People First: A Whole system Approach to Eligibility for Social Care.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s) Not Applicable
- Other Elected Members Councillor L Caborn, Councillor B Longden, Councillor T May, Councillor K Rolfe
- Cabinet Member Councillor I Seccombe
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team

Leader

- Finance Chris Norton, Strategic Finance Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals Janet Purcell, Cabinet Manager

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Cabinet– 22nd July 2010

Fair Access to Care Services [FACS]

Report of the Interim Director of Adult Services

Recommendation

It is recommended that Cabinet:

- Agrees that FACS is applied in accordance with the guidance and application of the framework set out in this report
- Agrees to continue to set the FACS eligibility criteria for services at critical and substantial need
- Agrees that services are not provided to individuals who do not meet or no longer meet the agreed criteria
- Supports a strict interpretation and application of FACS
- Supports the development in adult social care of those measures that help people retain their independence with less reliance on social care – re-ablement, recovery and rehabilitation services; housing based services (including adaptations) and the wider use of assistive technologies.

1. Context

- 1.1 The government's Fair Access to Care Services (FACS) Guidance was introduced in 2003 to address inconsistencies across the Country about who gets support, in order to provide a fairer and more transparent system for the allocation of Social Care Services. Its aim was to provide a framework to enable Councils to stratify need for Social Care Support in a way that is fair and proportionate to the Community, taking into account local budgetary considerations.
- 1.2 The FACS Guidance sets out four levels of risk to independence, health safety and well being (critical, substantial, moderate and low) and Councils make a local decision about their eligibility criteria – the level of risk at which a person will become eligible for support..
- 1.3 Public funding for Social Care will always be limited in the face of demand and there is evidence that financial pressures have influenced local authorities to shift their focus towards those groups with the highest needs. Many councils have raised the level of their eligibility threshold despite evidence indicating that limiting access through this means has only a modest and short term effect on expenditure. The vast majority of councils have now set their thresholds so as to support people with critical and substantial needs only. One West Midlands Council is currently considering a move to

“critical only” in the light of their financial challenges.

- 1.4 As many Councils have been seeking to manage their resources by raising the eligibility threshold, a reform programme of Social Care has been introduced. Putting People First sets out a shared ambition for radical reform of public services promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities.
- 1.5 In 2003 Warwickshire County Council set its FACS threshold at substantial and critical need only.
- 1.6 A report to Cabinet in November 2005 proposed to extend eligibility to some customers with moderate needs subject to money being made available. A budget bid was made through the budget setting process but the bid was not successful. The extension to the eligibility criteria to meet moderate needs was therefore not implemented.
- 1.7 At the same time a budget allocation of £500k was made for prevention and well-being services which was spent on the PHILLIS (Promoting Health and Independence through Low Level Integrated Support) service. The result of this has been the development of a “wellbeing threshold” which has been the driver in funding some people with non FACS eligible needs. Hence the need to clarify and re-iterate current policy.

2. Updated FACS Guidance

- 2.1 The DH has issued updated FACS guidance to reflect some of the themes of Putting People First.
- 2.2 FACS 2010 Guidance reflects the principals of Personalisation, putting people at the centre of the assessment process. Personalisation focuses on the outcomes people want to achieve and the solutions that best fit their lives. Personalisation recognises that support from family, friends and Adult Social Care can be enhanced by support from neighbourhoods and communities. FACS 2010 places emphasis on thinking beyond the services that Adult Social Care is able to provide and to consider the more flexible and imaginative community and neighbourhood resources available. This affords greater choice and control for individuals and their carers.
- 2.3 The guidance indicates that councils should ensure that the application of eligibility criteria is firmly situated within this wider context of Personalisation including a strong emphasis on prevention early intervention and support for carers. This helps people live at home independently preventing them from needing social care support for as long as possible and potentially creating future cost efficiencies.
- 2.4 The 2010 FACS guidance recognises that whilst councils may not be in a financial position to invest large amounts in prevention and early intervention schemes, it is hoped that councils and those applying eligibility guidance will consider prevention and early intervention beyond that which is provided by

Adult Social Services. Suitably adapted housing, smart technology and equipment (Telecare), Extra Care Housing and reablement services can all help delay or avoid the need for residential or other community care services completely.

- 2.5 Warwickshire Adult Social Care has recently introduced a Reablement Service which will be Countywide by Autumn 2010 for eligible individuals for a period of up to 6 weeks. Early evidence suggests that investment in homecare reablement services can reduce the number of older people requiring ongoing social care support. If we continue to develop this service with our health partners we will also need to ensure that access to this service is not related to social care eligibility and is open to anyone who has a need that will benefit from the service.

3. Determining Eligibility for Social Care

- 3.1 Before proceeding to determine eligible needs Councils should consider whether an individual might benefit from a short period of reablement to increase what they are able to do for themselves before an assessment of longer-term need is taken. The Council might also explore whether using assistive technology, offering new housing options or getting the right equipment would help reduce the person's need for personal care.
- 3.2 A council's eligibility criteria must describe the full range of eligible needs that will be met by Councils taking their resources into account. Practitioners should work with individuals to identify the outcomes they wish to achieve and to identify but not necessarily meet unmet needs that are preventing the realisation of such outcomes. These unmet needs are those ineligible for Council support.
- 3.3 The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed. The four bands are as follows:

Critical – when

- life is, or will be threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial – when

- there is, or will be, only partial choice and control over the immediate

- environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

- Moderate – when**
- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
 - involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
 - several social support systems and relationships cannot or will not be sustained; and/or
 - several family and other social roles and responsibilities cannot or will not be undertaken.

- Low – when**
- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
 - involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
 - one or two social support systems and relationships cannot or will not be sustained; and/or
 - one or two family and other social roles and responsibilities cannot or will not be undertaken.

4. Applying the Eligibility Framework in Warwickshire

- 4.1 The financial context indicates that as a council we should be focusing our reducing resources on those most in need. We should therefore continue to set the FACS eligibility criteria for services at the level of critical and substantial need.
- 4.2 In addition we need to apply a stricter interpretation of the eligibility criteria. Evidence from Social Care Assessments carried out by practitioners in Warwickshire highlights that staff are not taking into account timescales when applying eligibility for services. Consequently over 50% of all current cases are banded as critical against a national picture of one third critical and two thirds substantial.
- 4.3 Although the FACS 2010 does not offer any new guidance on determining timescales the 2003 FACS guidance suggests that a critical need will occur typically within two weeks and substantial need typically within 6 weeks.
- 4.4 Evidence is also emerging that practitioners may be applying the eligibility

framework in a generous way. This may mean that some people with moderate or low needs are being supported. Practitioners are currently receiving training on the updated guidance and a practice guide to applying the framework is being developed. Staff will be required to evidence why they have banded an individual as critical or substantial and there will be no exemptions to provide care at a lower banding.

- 4.5 When an individual is reviewed some people may lose some or all services as a result of our stricter interpretation and application of the eligibility framework. Custom and practice in our assessment and care management teams has meant that it has not usually been made clear how long the Council will provide support to individuals, thus leading to an expectation that a care package will be provided for an unlimited period. This leads to difficulties in withdrawing services at point of review leading to complaints and representations to teams, elected members and Members of Parliament. In the future we must be robust in our application of the criteria and if someone is no longer eligible the subsidy they receive from the council for the services they receive will be withdrawn.
- 4.6 The FACS Guidance indicates that where a person is no longer eligible, Councils should record the reasons for ceasing to provide support and share those with the individual both verbally and in writing. Councils should also offer information about forms of support that may be available to the individual in the community. They should also be certain that needs will not worsen or increase in the short term and the individual become eligible for help again as independence and/or well-being are undermined.

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