

# Adult Social Care and Health Overview and Scrutiny Committee

8 November 2010

## Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK** on **MONDAY, 8 NOVEMBER 2010** at **10.00 a.m.**

The agenda will be: -

### 1. General

#### (1) Apologies

#### (2) Members' Disclosures of Personal and Prejudicial Interests.

Members are reminded that they should disclose 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'.

#### (3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 12 October 2010

#### (4) Chair's Announcements

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The public reports referred to are available on the Warwickshire Web  
[www.warwickshire.gov.uk/committee-papers](http://www.warwickshire.gov.uk/committee-papers)

## **2. Public Question Time (Standing Order 34)**

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.

For further information about public question time, please contact Ann Mawdsley on 01926 418079 or e-mail [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

## **3. Questions to the Portfolio Holders**

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.

## **Health items**

### **4. Banbury Obstetric, maternity and paediatric Services, Paul Maubach - NHS Warwickshire**

The Committee will receive an update from Paul Maubach, Director of Strategy and Commissioning, NHS Warwickshire on Banbury Obstetric, Maternity and Paediatric Services.

### **5. Transfer of Warwickshire Community Health - NHS Warwickshire**

The Committee will receive a report from Rachel Pearce, Director Compliance/Assistant Chief Executive, NHS Warwickshire on the transfer of Warwickshire Community Health.

### **6. The Future of Bramcote Hospital – NHS Warwickshire**

The Committee will receive a report from Rachel Pearce outlining the options for the future of Bramcote Hospital.

## **Adult Social Care items**

### **7. Telecare Progress Report**

Report of the Interim Director of Adult Services

This report provides the Overview and Scrutiny Committee with an update on the outcome of the Strategic Review of telecare in Warwickshire and the approved recommendations that are now being implemented in the county.

### **Recommendation**

It is recommended that the Overview and Scrutiny Committee consider and comment on the content and outcome of the strategic review of telecare in Warwickshire, and raise any considerations required for the implementation of the agreed recommendations.

For further information please contact Rachel Norwood, Lead Commissioner Housing Related Support (including Supporting People), Tel: 01926 743255 E-mail [rachelnorwood@warwickshire.gov.uk](mailto:rachelnorwood@warwickshire.gov.uk).

## **Joint Health and Adult Social Care items**

### **8. Work Programme 2010-11**

Report of the Chair of the Adult Social Care and Health Overview and Scrutiny Committee

This report contains the Work Programme for the Adult Social Care and Health Overview and Scrutiny Committee and review outlines for the proposed Task and Finish Groups.

### **Recommendation**

The Committee is recommended to agreed:

- i) the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year
- ii) the revised review outline for the proposed review in relation to Hospital Discharges and Reablement Services and forward it onto the Overview and Scrutiny Board for consideration.

For further information please contact Michelle McHugh, Overview and Scrutiny Manager, Tel: 01926 412144 E-mail [michellemchugh@warwickshire.gov.uk](mailto:michellemchugh@warwickshire.gov.uk).

### **9. 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 (Vice Chair), 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 Helen Haytor
Warwick District Council:	Councillor Michael Kinson OBE

**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 Ann Mawdsley on 01926 418079  
E-mail: [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

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

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**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE BRIEFING – 8<sup>TH</sup>**  
**NOVEMBER**

**Transfer of Warwickshire Community Health**

**1.0 The Requirement for Change – The NHS Operating Framework**

In June 2010, the Department of Health published the revised Operating Framework for the NHS in England 2010/11,  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091445](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445)

This stated that separating PCT commissioning from the provision of services remained a priority and must be achieved by April 2011. PCTs were instructed to develop and review proposals for the divestment of their directly-provided community services, ensuring that:

- They have been tested with GP commissioners and local authorities;
- Final proposals are consistent with the aims of the forthcoming NHS Strategy in strengthening the delivery of public health services and health services for children;
- They consider the implications for choice and competition;
- They consider a wide range of options, including the development and early delivery of Community Foundation Trusts and Social Enterprises, providing employee leadership and ownership;
- There has been effective engagement of staff and their representatives when considering options;
- Previous proposals for continued direct provision are reviewed and alternative options developed which secure separation; and
- Proposals should be capable of being implemented or substantial progress made towards implementation, by April 2011.

This new guidance required NHS Warwickshire's Board to reconsider its previous decisions on the destination and future organisational form for NHS Warwickshire's provider organisation, as these options did not include the previously identified preference of an Arms Length Provider Organisations (ALPO), or the retention by the PCT (except in the circumstance of exceptional delivery quality measured against clear Value for Money criterion). To assist the decision making process the SHA offered a small sub-set of acceptable options.

- Integration with an acute provider
- Integration with another community provider
- Social enterprise
- Contracting to a Private Provider
- Combination with an LA

The timeline for implementation of this new form is exceptionally challenging. The business transfer of provider services into the selected option should be substantially completed by April 2011.

The exclusion of an ALPO as an option has therefore required NHS Warwickshire to construct a new efficient, effective organisational form for Warwickshire Community Health that delivers improved patient outcomes whilst also creating a contestable market structure within the local health economy. This has involved an evaluation of; the local market drivers, the providers of local services', and the needs of the population to establish the best option for the future. Also due to the challenging timelines, this solution needs to be sufficiently robust to be implemented in a year.

## **2.0 The Context for Change**

The following key factors have influenced the decision about the destination of Community Services:

- Warwickshire is a relatively sparsely populated county and its population is spread across some 763 square miles (197,509 hectares).
- The County has a rapidly ageing population. The over 65 population level is currently 17.3% compared to 16.2% nationally).
- This rapid ageing is compounded by high levels of deprivation in the North of Warwickshire. These factors mean that many people need support with long term conditions.
- Health service funding levels per head of population in Warwickshire are low, since the pockets of extreme deprivation are mixed in with some of the most affluent populations in the country.
- This low level of funding has necessitated the extraction of many of the easy efficiencies that better funded PCTs have removed through this process. Risk sharing contracts with South Warwick Foundation Trust have been developed and the positioning of community services has led to a non-elective admission rate of 86.53 where the national average is 96.
- The low levels of funding has lead to the development of an efficient provider service which meets the needs of a population of circa 550,000 spread over a geographical area of more than 760 square miles with a spend of less than £60 million per annum to meet the needs of both adults and children in the county.

## **3.0 Selection of Preferred Providers**

All of the above NHS Acute providers, including PBC groups were invited to express an interest in taking on services provided by Warwickshire Community Health and PCTMS Practices by 17<sup>th</sup> February 2010. A rigorous process was put in place to identify a preferred provider. This included an intense options appraisal and robust selection criteria. As part of this process a joint agency panel event was held on 19<sup>th</sup> April 2010. The panel contained Executive and Non Executive Directors of NHS Warwickshire, the Assistant Chief Executive of Warwickshire County Council, the Chief Executive Officer of the PCT, and PBC leads. The process was observed by staff side officers, Independent Committee Members for Warwickshire Community Health,

the full time officer staff side (RCN) RCN representative and the Managing Director of WCH. The panel's decision was a unanimous decision that the majority of Warwickshire Community Services should transfer to South Warwick Foundation NHS Trust.

The selection process revealed however that there were a number of elements within provider services that did not sit comfortably within the SWFT structure. Specifically these were:

- **3 PCTMS GP Practices based in the North of Warwickshire**
- **Specialist Community Dentistry**
- **Public Health Services** (TB, Smoking Cessation and Smoking in Pregnancy)

As a result of this it was decided that an additional series of selection processes were needed to identify the most suitable destination for these services. These took place during the course of the summer and early Autumn of 2010. Each of process was built around the following core questions and issues.

Area	Challenges
<b>Quality Improvement</b>	Will the provider meet patient needs and deliver improved local health outcomes?
	Will the provider help maintain and improve patient experience?
	Will the provider improve the outcomes delivered?
	Will the provider deliver improvements in service integration and quality?
	Will the provider suitably engage with key stakeholders?
<b>Increased Efficiency of</b>	Will the provider be able to delivery substantial improvements in the technical and allocative efficiency of Community Specialist Dentistry?
	Will the provider maximise utilisation of own estate and / or
<b>Sustainability</b>	Will the provider be clinically and financially sustainable?
	Will the provider fit into and enable delivery of wider health economy service transformation and shifts in care?
<b>Overall</b>	Do you believe the provider has demonstrated that they are a suitable host for this service?

#### 4.0 Benefits of transferring services to South Warwickshire Foundation Trust

Services transferring from Warwickshire Community Health to South Warwickshire Foundation Trust can be categorised into the following TCS pathways.

- **Acute Care Close to Home** - Vertical integration with an acute provider in this pathway allows NHS Warwickshire to support the local QIPP programme for Admission avoidance /Nursing Home /LOS and Extended Community Team/specialist community LTC team
- **Long Term Conditions** - the linking of primary care, secondary care, and social care with community health provision to ensure that patients benefit from a

wider range of opportunities, can learn to self manage elements of their own care planning and receive care and support in a setting of their choosing

- **Rehabilitation** - This pathway truly benefits from vertical integration across all partners within the health and social care economy. NHS Warwickshire is working on this pathway in its 'Cutting the Costs of Frailty' programme.
- **End of Life Care** - Vertical integration with contributions from secondary care older age medicine specialists will deliver better supportive care planning (Liverpool Care Pathway and Community Pathway for Care in the last year of life). It also offers an opportunity to draw this specialism into the community to support primary care practitioners

South Warwickshire Foundation NHS Trust was also selected to temporarily host the Children and Young People's Services. Although there are high degrees of integration with the Local Authority provision in this area, no legal form is in place to support the transfer of children's services to the Local Authority in year. Extensive ongoing work with the local authority to ensure inclusion and the best form for children's services in the future will run alongside this transfer process.

The transfer of Warwickshire Community Health services to South Warwickshire Foundation NHS Trust will meet the requirements identified in the Operating Framework. It will also importantly provide:

- a more secure and stable management structure for the delivery of Acute Care Close to Home, Long Term Conditions, Rehabilitation, End of Life Care services
- a more appropriate base for the temporary hosting of Children Services. It is also crucially compatible with NHS Warwickshire's Strategy 'Best Health for Everyone'.

Finally the benefits of selecting a Foundation Trust to host Warwickshire Community Health services were considered. By working with a Trust that has already achieved this status, total focus can be applied to re-structuring community health services, rather than supporting a chosen partner to achieve this status.

The establishment of a trading arm for services outside of South Warwickshire will ensure that future contracts for Community Health services in North Warwickshire will not be tied to only one of the acute settings. Central to this is the development of a functional currency for community health and the streamlining of the handovers between services and organisations in the Warwickshire health economy.

This can be achieved by structuring a 3 year contract to recognise the functions that Warwickshire Community Health performs, the geographical boundaries of those services and align these against the needs of the local community and the available "pot of resources" whilst ensuring equality of access to health and community services for the all people of Warwickshire.

## **5.0 Benefits of transferring services to The George Elliot Hospital Trust**

In addition to primary and acute services, GEH also provides a number of community services for people both within Warwickshire and beyond the County



including Physiotherapy, Occupational Health, Community Midwifery, Respiratory Early Discharge Service, Smoking Cessation Services, Community Based Consultant Out -patient Services, Nursing Outreach Services.

A key advantage of selecting an acute provider such as GEH and developing a vertically integrated model of health service delivery is that it provides great potential to improve referral pathways. Having responsibility for key aspects of patient treatment will enable a better understanding to be developed of the relationship between and management across referral pathways. In practical terms this will, for example help reduce the need for patients to move between organisations, with the transaction costs and delays this can cause. GEH will be responsible for key aspects of the patient pathways and will therefore be in an ideal position to improve service and deliver efficiencies.

At a strategic level GEH has been working closely with NHSW to develop a future vision for the Trust and greater strategic and system alignment in services. This vision that has been developed is built around the concept of “a health promoting hospital” a description which is intended to emphasise GEH’s role in improving the health of the community. Critical to this vision is the drive to ensure services are safe and of a high quality and that GEH has a secure and viable future within the Local Health Economy.

## **6.0 Milestones and progress**

NHS Warwickshire has established a Programme Board and project steering group to oversee the transfer of services in the required timescales.

### **6.1 South Warwickshire Foundation Trust**

Confirmation has been received from the Cooperation and Competition Panel that the business case for the transfer will be reviewed as part of their fast track 10 day process with approval anticipated on 3<sup>rd</sup> November 2010.

A submission will then be made to Monitor in early December following SWFT Board approval of the due diligence findings in late November. The monitor approval process will take up to a maximum of 3 months with final approval from both SWFT and NHSW Boards planned for March.

### **6.2 The George Elliot Hospital**

A submission to the Cooperation and Competition Panel was made on 22<sup>nd</sup> October and it is anticipated that the business case for the transfer will be reviewed as part of 40 day process. A Due Diligence exercise will now commence. Final approval to the transfer will be made at both NHSW and the George Elliot Hospital Board meetings in March 2011.

Rachel Pearce

Director Compliance/Asst Chief Executive, NHS Warwickshire

October 2010

**REPORT TO NHS WARWICKSHIRE BOARD  
PUBLIC SESSION  
Date : 15<sup>th</sup> September 2010**

<b>Agenda Item:</b>	
<b>Subject:</b>	<b>The Future of Bramcote Hospital</b>
<b>Presented to the Board By:</b>	<b>Jill Freer Director of Quality &amp; Safety; Executive Nurse</b>
<b>Author:</b>	<b>Jill Freer – Director of Quality &amp; Safety; Executive Nurse Alison Hawley- Commissioning Manager Community Services Caron Williams – Associate Director Community Services Paul Jarvis – Deputy Director of Finance</b>

**PURPOSE OF THE REPORT:**

The paper outlines the options for the future of Bramcote Hospital

**KEY POINTS:**

The paper outlines the benefits and risks associated with four options for the future of Bramcote:

**Option 1**

Continue the service as now

**Option 2**

Use the hospital for admission prevention and rehabilitation

**Option 3**

Close Bramcote and re provide the current service by the purchase of care home beds and enhancing the intermediate care service. In addition, opening an additional 100 places on the virtual ward in North Warwickshire, available to all General Practitioners (GP) Practices

**RECOMMENDATIONS:**

The Board is asked to approve a 12 week Public Consultation on the proposals on the basis of the attached paper.

**APPROVED BY:**

<b>Committee</b>	<b>Date</b>

**IMPLICATIONS:**

Financial:	
HR / Personal:	
Healthcare / National Policy:	

## Executive Summary: The Future of Bramcote Hospital

### **Background:**

Bramcote is a Community Hospital in North Warwickshire. It provides a good standard of care within the National Performance Metric for this type of provision. Historically it has taken patients from George Eliot Hospital NHS Trust (GEH) whose 'acute' episode of care has been determined as complete across two pathways one medical, one orthopaedic. It is geographically isolated and has traditionally been subject to the extended lengths of stay associated with frail older people with no clear targets or goals set for their recovery prior to discharge from the acute hospital setting. Medical cover is provided by GEH consultants who are supported by General Practitioners (GP) who support the consultants working as clinical assistants.

These issues mean that Bramcote is often used to meet social care needs and can be subject to receiving referrals from GEH of patients who are still within tariff trimpoints. Therefore provision is vulnerable to cost duplication in both health and social care areas.

Following audits of bed usage which demonstrated more than half the beds were being used for social not health needs Bramcote bed capacity was reduced to 20 on 01/04/2010. This reduction coincided with the referral criteria being enforced by Warwickshire Community Health.

An additional visit of the facility was undertaken on Wednesday 7<sup>th</sup> April 2010. This visit found that the beds were still subject to the occupancy issues associated with winter pressures. Another snapshot review was undertaken in August. This illustrated that of the 15 patients admitted for rehabilitation only 7 required that to be delivered in a 24 hour nursing setting.

### **Options for the future**

1. Continuing to use the Bramcote Hospital facility in its current format.
2. Recommissioning the beds with GP medical cover to provide admission prevention and rehabilitation services.
3. Closing the Hospital, reprovding the current service by the purchase of care home beds, enhancing the Intermediate Care Service and opening an additional 100 places on the virtual ward, in North Warwickshire, available to all GP Practices.

There are advantages and disadvantages attached to all the available options outlined in the paper

## **Recommendation**

The Board is asked to approve a 12 week Public Consultation on the basis of the Consultation paper attached.

## The Future of Bramcote Hospital

### 1. Purpose

This paper outlines the options for the future of Bramcote Hospital. The Board is asked to approve a Public Consultation (paper attached) on these proposals.

### 2. Context

Bramcote is a Community Hospital in North Warwickshire. It provides a good standard of care within the National Performance Metric for this type of provision. It has historically taken patients from George Eliot Hospital NHS Trust (GEH) whose 'acute' episode of care has been determined as complete across two pathways one medical, one orthopaedic. It is geographically isolated and has traditionally been subject to the extended lengths of stay associated with frail older people with no clear targets or goals set for their recovery prior to discharge from the acute hospital setting.

The hospital is managed by Warwickshire Community Health (WCH). Medical cover is provided by GEH consultants who are supported by General Practitioners (GPs) at Spring Hill Medical centre who support the consultants working as clinical assistants.

In the recent past the inpatient service has comprised 41 beds across 2 wards. In April 2010 bed numbers were reduced to 20 following a patient census taken on one day in the previous year which showed that at least half the beds were not being used by patients who required 24 hour nursing care. Many were awaiting placement and/or had social care needs.

When the bed numbers were reduced it was on the understanding that full closure of Bramcote would be considered later this year.

### 3. Current Bed Use

Another census was done in August 2010 using the same data collection tool that was used last year.

A senior nurse, independent of Warwickshire Community Health, together with some of the Bramcote staff, identified that the patient had the following needs:

	<b>Classification of need</b>	<b>No of patients</b>	
On day	Rehabilitation/ongoing care needs	15	the of the
	Social Care – including family disputes	3	
	Continuing Health Care	1	
	In acute care – bed kept	1	
	Empty beds	0	
	<b>TOTAL</b>	<b>20</b>	

survey, 85% of patients were receiving daily (or more frequent) input from a therapist, 1 patient (5%) was receiving weekly input, 1 patient was going home that day and 1 was in George Eliot hospital (GEH).

Of the 15 patients admitted for rehabilitation, 7 needed 24 hour nursing care and a further 3 had nursing needs.

#### **4. Options for the future**

##### **Option 1: To continue the service as now**

This means 20 beds would remain designated for orthopaedic and medical rehabilitation for patients beginning their episode of care in George Eliot NHS Hospital (GEH).

##### **Benefits**

The census in August 2010 showed that since bed numbers have reduced and admission criteria are strictly adhered to the hospital has been running well. There is good leadership from WCH, lengths of stay have reduced and throughput has improved.

This option would mean there would be no redundancies of non clinical support staff. There are 19 people providing catering, domestic and portering services on the site.

##### **Risks**

However the service does not represent value for money. It equates to £285 per bed day which is more expensive than an acute bed day rate for patients on this tariff.

There are financial risks associated with this option: There is a danger that Commissioners pay twice for the episode of care, both on an acute setting and then again as the patient is moved from GEH to Bramcote under the contract with Warwickshire Community Health (WCH).

Finally choosing this option would mean a lost opportunity to reorganise community services in line with NHS Warwickshire's strategic aims to provide responsive, flexible care to people in their own homes, where appropriate, so that they have the opportunity to retain independence for as long as possible.

##### **Costs**

No additional costs.

Opportunity costs

- Continued potential for 'double payment' for episodes of care at GEH/Bramcote.
- Loss of potential savings from more streamlined alternative model of care.

##### **Option 2: To use Bramcote Hospital for admission prevention and rehabilitation**

This would mean that the 20 beds are used in a similar way to those at Ellen Badger Hospital in Shipston and on Arden Ward at Royal Leamington Spa Rehabilitation Hospital.

##### **Benefits**

As in Option 1 this would mean there would be no redundancies of support staff on the site.

The option gives the local population admission prevention beds which have previously not been available.

## **Risks**

However evidence from Shipston and Arden Ward does not demonstrate that admission prevention beds have an impact on the number of unplanned medical emergency admissions to acute hospitals. Often the beds become blocked by patients moved from acute care who are awaiting local authority assessments or nursing home placement.

This option does not support NHS Warwickshire's strategic intentions to transform community services in line with national guidance to deliver services as close to

home as possible. Patients cared for in their usual place of residence are more likely to retain their independence than if admitted to hospital. Also, rehabilitation after an acute episode of care is best achieved outside the hospital environment.

This would cost more than option 1. Re negotiation of medical cover for the hospital would increase the running costs of Bramcote, which are already high.

Potential exit costs of existing medical cover arrangements including GP cover. Costs up to £1m.

## **Costs**

Additional costs of enhanced Medical model for GP cover estimated at c£50k-£100K\*

Exit costs for existing medical cover arrangements, up to £1m\*

*\*There would be a requirement to decommission other elements of Warwickshire Community Health provision to cover this funding gap.*

## **Option 3: Close Bramcote Hospital and re provide the current service**

The care currently provided at Bramcote could be replicated by commissioning up to 8 nursing home beds and an extended Intermediate Care Service (ICS). The ICS would provide nursing and therapy support to patients in the nursing home beds or in their own homes. Nurses and Health Care Assistants (HCAs) would work in the ICS between 8.30am -10.00pm, 7 days a week. Therapists would work between 8.30am – 6.30pm, 7 days a week.

On the basis of this snapshot when 7 people were thought to need 24 hour nursing care it was felt that 8 nursing home places should be commissioned. However it may be that this number is too high and that once the service is established more people can be cared for in their homes and fewer beds will be required. Rugby, with a population of approximately 117,000 has 2 nursing home beds for admission prevention and there are no community hospital beds.

## **Benefits**

This reorganisation of services offers an opportunity to build the foundations of modernised community services in north Warwickshire. It is difficult to see how this could be achieved without closing Bramcote given the financial situation across the health economy at present.

The proposals support our commissioning strategy to transform community services and deliver care closer to home. Feedback from patients receiving care from the new virtual ward services in the community is overwhelmingly positive and a very strong endorsement that patients feel better able to manage their own care if they have confidence in the community support available,

The proposed service represents better value for money.

## **Risks**

It is intended that all clinical staff currently employed at Bramcote are redeployed within the health economy with many being given the opportunity to work in the new services being developed. Where possible, the 19 non-clinical support staff will also be redeployed. However some people in this staff group may be made redundant if these proposals are implemented.

## **Opening an extra 100 places on the virtual ward**

In addition to commissioning the existing service at Bramcote to be provided in a different way this option includes opening an additional 100 places in a virtual ward setting, to give 200 in total across the north accessible to all GP practices.

The Virtual Ward team targets people with long term conditions, at high risk of an acute admission to hospital, using the BUPA Healthdialog predictive risk tool. Those identified by the risk tool are offered assessment and support to help them manage their own condition at home. Last year pilots in the north and south of the County identified that people admitted to the ward had around 60% fewer emergency admissions than in the 12 months prior to them being admitted to the ward.

## **Benefits**

On the basis of a 12 week length of stay 200 places gives the opportunity for 600 high risk patients to be supported in the community.

## **Risks**

The savings predicted from avoided admissions do not materialise as the additional capacity released in GEH is replaced with other acute activity.

It is intended that clinical staff currently employed at Bramcote are redeployed within the health economy and where possible, non clinical staff will also be redeployed, however management of the redundancy risk and associated costs represent a key challenge of implementation of this option.

Failure to secure impairment cover (see below) would make the option unaffordable for the health economy.

## **Initial discussions with stakeholders**

Since April 2010 discussions have been held in North Warwickshire with the Nuneaton and Bedworth Older Peoples Forum. They support the re provision of the Bramcote service in the community and the extension of Virtual Ward beds provided sufficient beds are purchased for patients requiring 24 hour nursing care. Meetings to discuss the proposals have also been held with community groups, councillors and social care professionals.

## **Costs & savings**



**Savings**

Revenue savings from Bramcote Closure £2,079,000

Reduction in Acute admission associated with Virtual Ward £1,580,000

**Costs (Recurrent )**

Re-provisioned beds £292,000

Enhanced Intermediate Care service & related community service costs £428,000

Virtual Ward Costs £437,000

**Recurrent Savings Net Of Additional Costs            £2,502,000**

**Costs (Non Recurrent)**

Redundancy risk (medical staff)                                    £1,000,000\*

Redundancy Risk (Bramcote facility staff)                     £1,000,000\*

*\*estimates only*

**Impairment Costs**

Closure of the facility would necessitate financial impairment of the Bramcote premises asset at a cost of £3.2m.

Financial coverage of the impairment cost has been requested from the Department of Health.

Approval of this would be a pre-requisite of any decision to close the facility.

**Conclusion**

Bramcote Hospital is currently providing an efficient service, within the terms of the contractual agreement with NHS Warwickshire. However, there are alternative service models worth consideration, in order to meet NHS Warwickshire's strategy, intention to provide care, as close to home as possible, and provide best value for money.

**Recommendation**

The Board is asked to approve a 12 week public consultation on the options described in the consultation paper attached.

**Consultation document  
North Warwickshire  
Intermediate Care and  
Bramcote Hospital**

# What to do with this document

We have published this consultation paper so that you can give us your views on it. The consultation is running from 21 September - 14 December 2010. Any views you pass back to us during this period will have an influence on the final decisions we make.

The easiest way to let us know what you think is to simply write it on the document and send the whole thing back to us.

Just fold the back cover into three so that the reply address is showing, and sellotape down the ends. You can then pop in the post, and no stamp is necessary.

You can give us your details (right), or respond anonymously. If you give us your details, we will let you know the outcome of the consultation.

You can email [consultations@warwickshire.nhs.uk](mailto:consultations@warwickshire.nhs.uk) with your views.

You can also send us a letter free of charge, by writing to:

NHS Warwickshire  
Business Reply Service Licence No. LG 30  
Westgate House  
Market Street  
Warwick  
CV34 4DE

## Your details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

I am responding for myself

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## Introduction

NHS Warwickshire is seeking the views of local people on the provision of intermediate care in North Warwickshire and its implications for the future of Bramcote Hospital.

Intermediate care is healthcare for people who are not so ill that they need to be in hospital, but too ill for them to care for themselves at home. It is especially important for older people, whose general level of fitness and underlying health deteriorates sharply the longer they stay in an acute hospital. Effective intermediate care shortens stays in hospital and can prevent someone having to go into hospital in the first place. Intermediate care can now be provided through intermediate care nurses and therapists in a patient's home or through nursing homes

Care for those with long-term illnesses is provided for some patients in the Nuneaton area through a Virtual Ward. These wards involve dedicated care for patients in their own homes.

Bramcote Hospital is North Warwickshire's community hospital. Its patients are often frail older people and have historically been admitted from George Eliot Hospital NHS Trust when they no longer need acute care.

Experience and evidence suggests that the less time an older person spends away from their own home, the better their chances of complete recovery.

This consultation document is about how we invest in closest-to-home intermediate care, and what impact that may have on North Warwickshire's community hospital, Bramcote Hospital. With that in mind, we are asking the public to consider the following proposals:

## The Proposals

NHS Warwickshire proposes either that:

### **Option 1 – Bramcote Hospital continues in its current use**

20 beds in Bramcote Hospital used for orthopaedic and medical rehabilitation.

**Or**

### **Option 2 – Bramcote Hospital is used for admission prevention and rehabilitation**

20 beds in Bramcote Hospital used to prevent patients being admitted into an acute hospital and for rehabilitation.

**Or**

### **Option 3 – Intermediate Care services are provided in the community and the Virtual Ward is extended across North Warwickshire**

- Expanding the Intermediate Care Service by providing nursing and therapy support for patients in their own home or in nursing homes. Nursing care between 8.30am – 10pm, 7 days a week and therapists between 8.30am – 6pm, 7 days a week.
- Providing up to eight nursing home beds for patients needing 24 hour care.
- Extending the Virtual Ward to cover the whole of North Warwickshire by adding an extra 100 virtual beds.

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## **Bramcote Hospital**

Bramcote is a community hospital in North Warwickshire. It has historically admitted patients from George Eliot Hospital NHS Trust who no longer need acute care. The hospital has traditionally looked after frail older people for long lengths of stay. The hospital is managed by Warwickshire Community Health. Medical cover is provided by George Eliot Hospital consultants who are supported by GPs from Spring Hill Medical Centre working as clinical assistants.

In the last five years, Bramcote Hospital has comprised 41 beds across two wards. A review of Bramcote patients demonstrated that most could be cared for more appropriately at home by community nurses through the use of intermediate care. This review culminated in the piloting of the closure of 21 beds and the introduction of stricter admission criteria from 1st April 2010.

Bramcote Hospital currently has 20 beds and the standards of care are good. A census of patients in August 2010 demonstrated that most patients were being cared for due to a need for orthopaedic or falls rehabilitation, or were suffering from medical conditions as a result of a stroke. However, only 7 patients required this care to be in a 24/7 nursing setting.

## **Intermediate Care and the Virtual Ward**

During the review of Bramcote, clinical staff have confirmed that some of the patients currently being treated there could have been cared for elsewhere, whilst others could be supported in a nursing home or at home with community nursing and therapy support.

An Intermediate Care Service involving full-time nursing and therapist support is currently available between 8am and 6pm Monday-Friday with Health Care Assistants running the service until 10pm weekdays and at the weekend (fully qualified staff are on-call if required).

The Virtual Ward service targets patients with one or more complex long term conditions, such as lung disease, heart failure or diabetes, who are at high risk of an unplanned admission to hospital. It involves dedicated care from community nurses with back-up from local GPs. The service currently supports three GP practices in Nuneaton, equating to 100 virtual beds. In the first year, patients on the Virtual Ward experienced a 60% reduction in emergency admissions to hospital compared to the previous 12 months.

Patient feedback has shown that patients on the Virtual Ward feel reassured by having a point of contact whenever they need support or advice. 76% of patients felt more able to care for themselves and 97% felt more confident about being at home, with 69% of patients feeling that their health had improved under the care of the Virtual Ward.

This service currently only covers Nuneaton, but could be expanded to cover the whole of North Warwickshire.

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### **Option 1 – Bramcote Hospital continues in its current use**

This option means that the 20 beds at Bramcote Hospital would be used in exactly the same way as they are currently – looking after patients needing rehabilitation for orthopaedic and medical conditions after they have been discharged from an acute hospital.

Recent visits showed that since bed numbers have reduced and admission criteria are strictly adhered to, the hospital has been running well and lengths of stay have reduced.

Choosing this option does however mean that there will not be an opportunity to provide more care in people's homes through the expansion of the Intermediate Care Service and the Virtual Ward.

### **Option 2 – Bramcote Hospital is used for admission prevention and rehabilitation**

This option means that the 20 beds at Bramcote Hospital would be used in a slightly different way to the current use. Patients would be admitted to Bramcote Hospital to provide them with short term care, closer to home instead of being admitted to an acute hospital.

This approach would give an admission prevention service that is currently not available and is already being used in the county at Ellen Badger Hospital in Shipston and on Arden Ward at Royal Leamington Spa Rehabilitation Hospital.

However, the evidence from both of these services is that admission prevention beds do not have an impact on the numbers of people with long-term conditions who are admitted to hospital as an emergency.

Choosing this option does mean that there will be no opportunity to provide more care in people's homes through the expansion of the Intermediate Care Service and the Virtual Ward.

### **Option 3 – Intermediate Care services are provided in the community and the Virtual Ward is extended across North Warwickshire**

Extending the Intermediate Care Service would mean many of the patients currently being admitted to Bramcote Hospital could be cared for at home or in a nursing home. Care by nurses and healthcare assistants could be offered between 8.30am – 10pm, 7 days a week and therapists between 8.30am – 6pm, 7 days a week. The service would provide a rapid response (within 2 hours if necessary) should any problems arise. This service would for example support people who had suffered a fall, a urinary tract infection or heart failure.

For those patients who need 24 hour nursing care up to eight nursing home beds would be provided in North Warwickshire.

Extending the Virtual Ward would mean an additional 100 virtual beds in the community for North Warwickshire, providing 200 virtual beds in total. This means that approximately 600 patients could be seen on the Virtual Ward each year, preventing a significant number of emergency admissions to hospital.

However, this option would mean that the closure of Bramcote Hospital would be necessary in order to fund the expansion of the two services.

## **Cost implications**

### **Option 1**

Bramcote Hospital currently costs £2.079 million to run each year for the provision of 20 beds.

### **Option 2**

The cost would be the current cost of running Bramcote plus a one-off additional £1 million to change the medical cover. This totals £3.079 million – this must be found by decommissioning services elsewhere.

### **Option 3**

The proposed cost of the new service covering the extension of the Intermediate Care Service, up to eight nursing home beds and 100 additional Virtual Ward beds is £1.1 million. We would expect further savings as a result of the delivery of this service.

## **How the proposals have been tested**

Since the piloting of the closure of 21 beds at Bramcote Hospital in April 2010, a pre-consultation period began with NHS Warwickshire asking for views on the pilot. This has involved presentations to North Warwickshire community groups and older people's forums, engagement with social care professionals and Bramcote staff, and writing to NHS Warwickshire's Active Members. Feedback from these groups has been taken into account when drafting these proposals.

The Intermediate Care and Virtual Ward service have both been tried and tested in North Warwickshire with excellent feedback from patients and a good track record in reducing emergency admissions to hospital.

Under current guidance, proposals of this nature must be tested according to the following:

### **GP leadership**

Local GPs met to consider these proposals, and agreed that the options specified here should go to public consultation.

### **Enhanced public engagement**

This consultation forms part of the enhanced public engagement.

### **Clinical Safety**

The proposals have been assessed for clinical safety by a panel of specialists, and all three proposals will meet clinical safety standards.

### **Patient Choice**

Patient choice will be retained in all three options.

NHS Warwickshire's Board agreed that the proposals outlined in this document should be put to the public for consultation. The paper submitted to NHS Warwickshire's Board can be found at:

<https://consultations.warwickshire.nhs.uk>

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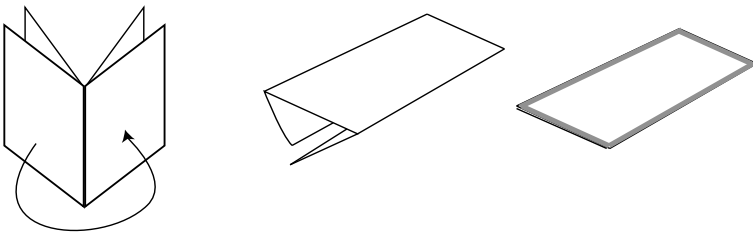
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**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Adult and Community Services Overview and Scrutiny Committee**

**Date of Committee**                      **8<sup>th</sup> November 2010**

**Report Title**                                **Telecare Progress Report**

**Summary**                                      This report provides the Overview and Scrutiny Committee with an update on the outcome of the Strategic Review of telecare in Warwickshire and the approved recommendations that are now being implemented in the county.

**For further information please contact:**                      Rachel Norwood – Lead Commissioner Housing Related Support (including Supporting People)  
Tel: 01926 743255

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

**Background papers**                                Strategic Direction Paper for Telecare in Warwickshire (available on request)

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

Other Committees                       .....

Local Member(s)                       Not Applicable

Other Elected Members                       Councillor L Caborn – “do not lose track of the fact that we have set up a task and finish group to look at low level services including telecare”  
Councillor D Shilton, Councillor S Tooth, Councillor K Rolfe, Councillor C Watson

Cabinet Member                       Councillor Mrs 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  AH&CS Directorate Leadership Team  
Warwickshire Housing Support Partnership

**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  .....

## Adult and Community Services Overview and Scrutiny Committee – 8<sup>th</sup> November 2010

### Telecare Progress Report

#### Report of the Interim Director of Adult Services

#### Recommendations

It is recommended that the Overview and Scrutiny Committee consider and comment on the content and outcome of the strategic review of telecare in Warwickshire, and raise any considerations required for the implementation of the agreed recommendations.

#### 1. Purpose of the Report

- 1.1 This report was requested by the Overview and Scrutiny Committee.
- 1.2 The purpose of this report is to provide the Overview and Scrutiny Committee with an update on the outcome of the Strategic Review of telecare in Warwickshire and the approved recommendations that are now being implemented in the county.

#### 2. Summary & Recommendations from the Strategic Review

##### 2.1 Introduction

Assistive technology is defined by the Audit Commission as ‘any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties.’

Telecare is an aspect of Assistive Technology and relates to a combination of equipment, monitoring and response and has been defined as the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. It can help individuals maintain independence, increase safety and confidence and support carers alongside traditional healthcare, social care and housing initiatives.

The range of sensors provides greater reassurance and protection by monitoring environmental risks; fire, flooding, carbon monoxide, natural gas, high and low temperatures as well as personal risks such as wandering, falling, inactivity, burglary, bogus callers and many more. Some of the potential benefits from this review are:

- Older and disabled people in Warwickshire who need and want a telecare service being better able to access provision.
- Increased take up of the service resulting in more older and disabled people being enabled to remain living in their own homes for longer with increased self determination and independence within their community. This includes people with a learning disability and dementia.
- Improved value for money.
- An improved understanding and knowledge of telecare amongst professional staff
- Cost benefits for Social Care and Health.
- A more equitable service across the County.
- Increased support and peace of mind for carers

## **2.2 Strategic Context**

Telecare is a key element of both national and local strategies and cuts across health, social care and housing. The national vision in Lifetime Homes, Lifetime Neighbourhoods and the local vision for the transformation of housing support services in Warwickshire both see telecare as an integral part in the range of housing options as part of a wider and more joined up approach to meeting housing need in order to support people to live independently.

A telecare service can contribute directly to meeting national and local targets and strategic priorities. For example, it can directly contribute to meeting specific telecare targets in relation to increasing the numbers of telecare customers. It can contribute directly to cost savings as an alternative to a more costly intervention. However, telecare is also seen an important service to contribute to meeting wider strategic priorities such as enabling people to live more independently at home, better support for carers, reducing hospital admission and delayed discharge, promoting independence, prevention and wellbeing.

There are clearly some common strategic priorities between agencies regarding increasing the use of telecare in the County and providing a more equitable service including coverage of Nuneaton and Bedworth. However, there appears to be a need for improved strategic alignment between agencies in the County and for jointly agreed targets.

Whilst WCC and NHS Warwickshire are currently progressing telecare and telehealth individually, due to the shared aims and desired outcomes, there may be benefit in seeking to produce a joint Assistive Technology Strategy in the longer term. There is a willingness from both agencies to progress this joint strategy; however, discussions with the regional telecare consultant suggest that producing a joint strategy should not take priority over providing good and equitable services individually with alignment in services where

possible. Once each agency 'has its own house in order' a joint strategy is the next sensible step.

The strategic context must underpin a future telecare service in Warwickshire. It is within this context that future commissioning of a telecare service should be decided upon. The Prevention Technology Grant enabled Warwickshire to develop its Telecare service with its District and Borough partners. With the Grant and contractual arrangements coming to an end there is a need for Warwickshire to progress and develop the service within available budgets to continue to meet required strategic outcomes.

### **2.3 Evidence of Need**

It is evident that Warwickshire will see a significant change in the profile of older people, with an increase in population and of numbers of people over the age of 70. This increase will also bring with it associated support and care needs for older people with more people living with dementia, learning disability and long-term limiting illness, and in some areas particularly the north of the County, older people living in deprivation. Stratford on Avon is likely to see the most significant change where the population of older people and older people with dementia is predicted to increase more than other areas of the county.

In light of the evidence of need, and with local and national policy drivers prioritising a telecare service and the provision of services that enable people to remain living independently in their own home for as long as they wish to do so, there is a need to consider how WCC and partners ensure that the future telecare service in Warwickshire is fit for purpose and ready to meet the anticipated increase in demand from across the County.

Consideration needs to be made of service provision for the rising numbers of people with critical and substantial need, where telecare may be part of an overall package of care and may reduce the need for more costly interventions. However, consideration also needs to be made of the large numbers of people with low and moderate needs who may benefit from the prevention element and reassurance that telecare can give, including to carers. Consideration also needs to be given to the need for a targeted service and equipment that will meet the sometimes specialist requirements of the increasing numbers of people living with dementia and their carers and people with a learning disability and their carers.

There has also been an increase in the non-white British population within the county, which suggests future service provision must take into account the diverse needs of the population.

Demographic projections and the profile of the population in Warwickshire will have significant implications for the provision of a telecare service for older and disabled people in Warwickshire, particularly in terms of the increase in demand for telecare and the types of equipment that will be required to best meet the needs of people wherever they live.

## **2.4 Warwickshire Telecare Service & Market Assessment**

The current telecare service in Warwickshire provides an equipment and installation, monitoring and telephone response service with a physical response service also available. There are some limitations within the current services such as inability to decontaminate and recycle all equipment as well as current limited storage space for equipment. The service is more costly in Stratford than the other Districts due to travel costs and there is no service in Nuneaton and Bedworth.

There are a number of different ways to provide a telecare service with some services providing the entire telecare service and a number of providers who can provide different elements of a telecare service such as equipment and installation or a monitoring service, some with a response service. It appears that some authorities do not have a physical response service available; however, Warwickshire is seen as being in a fortunate position to have a response service for those people who need it and needs to consider carefully how to provide this element of the service in the future. Although currently in Warwickshire this service is not available in Nuneaton and Bedworth. Consideration should also be given to the ability of providers to respond in the future to the growing telehealth agenda.

Warwickshire needs to ensure that telecare is an integral part of every assessment carried out otherwise it is unlikely to be making the most use and receiving the most benefits available through the use of telecare. The pilots in the care homes need to be evaluated to demonstrate any benefits from the use of telecare in reducing the numbers of people entering residential care.

Although there is a single point of access for the telecare service it may seem cumbersome to some people. There is not a comprehensive mechanism for people to receive an assessment or do their own assessment and purchase their equipment outside of the County Council service.

Warwickshire has so far made limited use of equipment that does not require a monitoring service, such as stand alone equipment or equipment that can be programmed to alert a family member or carer. The current service focuses on equipment that requires monitoring.

When considering the issues emerging from previous sections regarding the strategic priorities to increase the use of telecare and the anticipated rise in demand for a telecare service and equipment. Warwickshire has a good base from which to build but needs to ensure the future service is available countywide and is fit for purpose and geared up and able to respond to the increase in demand through a quality service, in the most efficient and cost effective way.

## **2.5 Benchmarking & Warwickshire Cost Benefit Analysis**

There are clearly differences in the cost to WCC between the districts and boroughs in Warwickshire and the report demonstrates where those differences in annual average unit cost arise from. Some reasons for this

include the higher charge to WCC for Stratford district.

Investigation with Partners will be required into reasons for differences including: differences in equipment costs, assessment, installation, monitoring and response costs in and higher handyperson costs. Through doing this it will become clear what the optimal average cost in Warwickshire should be.

Joint learning by providers and WCC, including sharing of practices and issues arising, would enable any future service to operate at an average unit cost that provides value for money. The information, along with the unit cost information from other local authorities will provide Warwickshire with a realistic unit cost that it could expect to pay for a telecare service, both overall and broken down into the areas of equipment and installation, monitoring and response.

The cost benefit analysis for Warwickshire indicates that there could be a cost benefit for Warwickshire through a telecare service, particularly for Health and social care. Further work is required with finance to produce a savings plan which incorporates the impact of telecare in order to ensure future funding at the required level for a telecare service in Warwickshire.

Warwickshire does not perform well against its comparator family group of local authorities and the future service should aim to improve this performance. As suggested in earlier sections of this report; by gearing the service up in the most effective way, in order that it is fit for the future to meet anticipated need, deliver cost savings and prevent costs occurring as well as deliver strategic and customer outcomes. It follows that Warwickshire's performance will improve.

## **2.6 Literature Review & Practices in other Local Authorities**

The literature review has some key points regarding telecare services:

- Telecare can achieve substantial cost savings for health and social care in particular reducing costs in nursing and residential care as well as in domiciliary care packages
- It meets customer and strategic outcomes in maintaining independence for older and disabled people in their own home safely.
- It gives a benefit to carers
- A telecare service must be appropriate and ethical
- Training is vital
- Good assessment process needed
- A service can be provided in many different ways with different service models

The examples of practices from other authorities demonstrate the range of service models in place. Local Authorities have different models dependent upon the local set up initially and local learning that has taken place to develop services. Some authorities have countywide services; some are district based or a partnership of different districts/providers. Some services provide the whole telecare service; others have split the service into different



elements of equipment, monitoring and response. Local Authorities have different eligibility criteria and charging policies, some offering free services within a criterion to provide a preventative service and others only providing a free service to those eligible under the Fact's criteria subject to a financial assessment.

Warwickshire must decide upon a service model, eligibility and charging structure that can meet identified need within Warwickshire but that is affordable to WCC, partners and customers. Where Warwickshire is unable to fund telecare to individuals, mechanisms need to be in place to enable self funders and their families to assess and purchase telecare equipment appropriately.

The key themes that Warwickshire must take into consideration are:

- 'Buy in' at a senior level
- Telecare services have evidenced positive outcomes and significant cost savings in social care and health
- Telecare is an important element in care assessments and reablement
- Mainstreaming telecare
- Investment is needed with consideration of the cost savings telecare services have evidenced.
- People need to believe in telecare and a culture change may be needed
- Good training to all is needed which involves partners as well
- Demonstrations of equipment – some have these in Independent Living Centres
- A good staff structure to deliver the service
- Benefits to carers
- An integrated approach
- Self funders – access to assessments, retail assessment centres, purchasing equipment appropriately
- Partner 'buy in' required
- The right response service is needed
- Supply and management of equipment is important – track, maintain, repair, recover and decontaminate.

There is a whole range of different service models and good practice in telecare services as well as studies and research supporting the use of telecare. This section along with previous sections, which evidenced strategic direction and needs in Warwickshire, demonstrate that Warwickshire requires a telecare service which is fit for the future and can meet and respond to demand as well as realise financial cost savings overall in social care and health and meet outcomes for customer and carers. Consideration of the key themes in this section as well as the next section from consultation is critical when making recommendations for Warwickshire.

## 2.7 Consultation

There is a huge amount of extremely valuable and useful feedback from customers (current and potential), carers, practitioners and providers. Those using the telecare service are on the whole very satisfied with the service, with positive outcomes identified. There are also very clear messages and themes that come through from the consultations that have been carried out. These need to be carried through from this report to the recommendation and implementation stages.

Key messages were on the following subjects:

- The cost of the service.
- When people should be able to access telecare i.e. people with critical/substantial needs and/or low/moderate needs
- Who should be able to access telecare and how should they access it including self funders
- The role of WCC in assessment, signposting, enabling etc
- Marketing and advertising the service
- Information available and range of formats available
- Referral routes and process through service including timescales
- After care service
- Training requirements
- Type of equipment available – capability and range
- Communication between WCC and providers – better joint working
- Social Care Assessment processes and telecare
- Requirement for a service that covers the County
- Requirements of a response service

## 2.8 Recommendations

### **General Recommendations:**

1. Align all relevant future strategies across Warwickshire County Council and partners in the District and Boroughs in relation to telecare and any targets.
2. Provide joint comprehensive rolling telecare training, linked to policy direction, across the County for service providers, practitioners and other appropriate teams and individuals within WCC also including Health. This will link to WCC workforce planning priorities and timescales.
3. That Warwickshire investigates further its options for equipment suppliers with regard for quality and compatibility, with consideration for the financial implications. That Warwickshire promotes the use of standalone equipment from different providers of equipment.
4. That Warwickshire continue to be involved in regional work exploring options for regional procurement of equipment.

5. That a comprehensive marketing and publicity campaign is launched when training is taking place and the future service is in place to provide a quality service that can meet demand.
6. The charging structure is reviewed to charge non FAC's eligible customers for the equipment and monitoring service without a 6 week free trial period. That charging methods are explored including; outright purchase, renting and renting equipment leading to eventual ownership. That targeted prevention through telecare is further investigated with regard to investing to save in the future.
7. FAC's eligible customers are provided with telecare equipment free of charge for equipment less than £1000 but charged for the monitoring and response service on a weekly basis subject to a fairer charging assessment. Further investigation into legislative requirements regarding charging for equipment is necessary.
8. Provide a telecare service with countywide coverage, including Nuneaton and Bedworth. That options for interim arrangements to provide a service in Nuneaton and Bedworth are investigated and implemented if feasible.
9. Open up referral routes into the telecare service with opportunities for self funders to access the service without going through WCC systems, for example a self assessment process. Fast track potential customers for a telecare service only without needing to go through different assessment processes. This could be considered within the Adult Customer Journey project in the Transformation of Social Care programme.
10. Ensure any future administrative processes with providers are as simple as possible.
11. Improve performance data collection and reporting, including outcomes and financial cost benefits.
12. Align the future service with Health and aim for a joint Assistive Technology strategy in the future.
13. Improve comparison performance data with other local authorities by ensuring Warwickshire reports in the same way as other local authorities.
14. Identify within existing WCC resources, a Strategic Manager with responsibility for Telecare with appropriate contract monitoring, implementation, service development, professional and administration support. Develop WCC Champions in each district and within learning disability and dementia client groups. The above will create close working relationships with telecare providers and practitioners to improve communication and provide a joined up service.
15. That a financial plan/budget statement is produced for telecare by WCC.

## **Service Pathways Recommendations:**

Adult Social Care in Warwickshire is progressing to a transformed care system based on a holistic approach outlined on 'Uses of Resources in Adult Social Care'.

### **1. Universal Services:**

- Develop a 'Retail Model' in Warwickshire through the developments with ADL Smartcare. This will provide information, advice, assessment and process for people to purchase their own equipment including telecare through approved retailers.

### **2. Targeted Interventions:**

- Complete the pilot in the short term respite and intermediate bed spaces within two Residential Care Homes and act on the evidence from the evaluation.
- For new users have a pathway for telecare in the re-ablement service including intermediate care. Telecare should be incorporated into the assessment process. There is a need to consider the links to the further investigation required into targeted prevention previously mentioned.
- Incorporate/align telecare into the Housing transformation programme with adaptations/DFG's, Home Improvement Agencies and supported housing.
- Review the links with WCC services for the deaf and the equipment provided through this service.

### **3. Care & Support:**

- Review existing customers. Begin with the 350 high cost packages and then incorporate into each annual review of need for all other customers.
- Roll out a targeted telecare service for people with a learning disability and the Just Checking service to people with dementia across the County. This will seek to include an application to IEWM for available funding towards these roll outs. Make clear links with a medication prompt service in Warwickshire
- Incorporate into the roll out of personal budgets across the County.

## **Service Model Options:**

A number of options have been considered, however drawing on evidence within the report, the preferred service model option is to have 3 components providing a countywide telecare service. This option and recommendations as to how this could be implemented in Warwickshire is as follows (the 3 elements below are required to make up the telecare service):

**1. Countywide Equipment and Installation service** – this could be provided countywide by the Integrated Community Equipment Service (ICES) partnership with health, under their current contract with NRS until March 2012. This will provide a countywide service with large storage facilities, vans and drivers, invoicing process, good performance monitoring systems, equipment tracking and monitoring systems, decontamination and recycling service. There is also internet access and an assessment centre. A 24/7 out

of hour's service would be required for out of hour's equipment problems. It can incorporate telecare into the Retail Model being developed by ICES and NRS and consider different purchasing options. It also has the potential to install telehealth equipment as ICES is a partnership with Health and WCC. Providers of telecare can become partners in the Retail Model in Warwickshire for self funders to choose from. To be taken forward this recommendation would need to be approved by the ICES Partnership Board and the current Section 75 agreement varied to incorporate it.

**2. Countywide coverage of a Monitoring and Telephone Response service by one or more providers.** The service(s) would have to meet minimum requirements including; comparable cost, performance reporting systems, countywide coverage, staff training, compatible lifeline equipment, quality standards and agreed telephone response service. A joint procurement with other Local Authorities may become an option in the future for this service.

**3. Localised Physical Response Service** – ideally this would be provided by a care provider such as a Home Care service, Ambulance service or one or more local Extra Care Housing schemes. This would be available for the limited number of people who cannot be provided for by the monitoring and telephone response service and do not have key holders or do not wish to utilise key holders.

This option would require good communication and agreed protocols between the services to ensure a joined up service was provided to customers. Any future commissioning and procurement of services must respond to the personalisation agenda and the impact of the roll out of personal budgets in the County.

### **3. Next Steps**

- 3.1 These approved recommendations from the strategic review are now being implemented through the governance structures of the Warwickshire Housing Support Partnership and the Social Care Transformation Programme.

JOHN BOLTON  
Interim Director of Adult Services

Shire Hall  
Warwick

October 2010

**AGENDA MANAGEMENT SHEET**

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

**Date of Committee**                      **8<sup>TH</sup> November**

**Report Title**                                **Work Programme and proposed Task and  
Finish Groups**

**Summary**                                      This report contains the Work Programme for the  
Adult Social Care and Health Overview and Scrutiny  
Committee and review outlines for the proposed Task  
and Finish Groups

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

**Background papers**                              None

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

- Other Committees                       .....
- Local Member(s)                       N/A
- Other Elected Members                       Cllrs Caborn, Rolfe, Shilton and Tooth
- Cabinet Member                       Cllrs Seccombe and Stevens (*For Information*)
- Chief Executive                       .....
- Legal                                       .....
- Finance                                       .....
- Other Strategic Directors                       John Bolton - Interim Director of Adult Services  
(*For information*)
- District Councils                       .....
- Health Authority                       .....

Police  .....

Other Bodies/Individuals  Kim Harlock - Head of Strategic Commissioning and Performance Management, Ron Williamson - Head of Communities and Well-Being / Resources  
*(For information)*

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by this Committee  .....

To Council  .....

To Cabinet  .....

To an O & S Committee  Review outlines for proposed Task and Finish Groups to be forwarded to the Overview and Scrutiny Board (10<sup>th</sup> Nov)

To an Area Committee  .....

Further Consultation  .....

## Agenda No

# Adult Social Care and Health Overview and Scrutiny Committee - 8<sup>th</sup> November 2010.

## Work Programme and proposed Task and Finish Groups

### Report of the Chair of the Adult Social Care and Health Overview and Scrutiny Committee

#### Recommendation

The Committee is recommended to agree

- i) the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year
- ii) the revised review outline for the proposed review in relation to Hospital Discharges and Reablement Services and forward it onto the Overview and Scrutiny Board for consideration.

#### 1. Summary

- 1.1 The Committee's Work Programme is attached as Appendix A. The Work Programme will be reviewed and reprioritised throughout the year so that the Committee can adopt a flexible approach and respond to issues as they emerge.
- 1.2 At its meeting on the 5<sup>th</sup> October 2010, the Overview and Scrutiny Board considered our proposals for scrutiny reviews in relation too:
  - Adult Social Care Low Level Prevention Services
  - Delayed Discharges and Reablement Services
- 1.3 The O+S Board commissioned the review into Adult Social Care Low Level Prevention Services, which is now underway.
- 1.4 The O+S Board requested that the proposed review outline in relation to Delayed Discharges and Reablement Services be extended to include consideration of the outcome of hospital discharges. A revised scope for this review is attached as Appendix B. This will need to be reconsidered by the O+S Board at its meeting on the 10<sup>th</sup> November.

CLLR CABORN  
Chair of the Adult Social Care  
and Health Overview and  
Scrutiny Committee



Shire Hall  
Warwick,  
27 August 2010

**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.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
8 Nov 2010	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Banbury Obstetric, maternity and paediatric Services, Paul Maubach (NHS Warwickshire)	Update			✓						
	Bramcote Hospital Consultation (Rachel Pearce, NHS Warwickshire)	To consider the Bramcote Hospital Consultation									
	Telecare Progress Report, Kim Harlock	To consider progress of implementing Telecare			✓			High			NI 124 People with long term condition supported to be independent
	Transfer of Community Services, NHS Warwickshire, Rachel Pearce	To consider proposed transfer of community services to South Warwickshire Foundation Trust and George Elliot Hospital and to consider how NHS Warwickshire has involved users in the process			✓	✓					
8 Dec 2010, 2pm	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									

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.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
8 Dec 2010 cont.	Report of the Antenatal and post-natal services for Teenage Parents Joint Scrutiny Review	To consider the proposed recommendations from the review			✓						
	Annual Performance Assessment (Adult Social Care) ratings 2009/10 (Andrew Sharp)	<p>The Care Quality Commission (CQC) undertake an annual performance assessment of all local authorities with adult social care responsibilities. The purpose of this assessment is to test the quality and effectiveness of the services provided and commissioned for adults in receipt of social care. The result of the annual assessment for the performance and financial year 2009/10 will be released by the CQC in November 2010.</p> <p>The results of the APA will provide a judgment of the quality of adult social care services overall and specific levels of performance against a range of outcomes for our customers.</p>									
	Long-term reduction in acute beds, Paul Maubach (NHS Warwickshire)	To consider NHS Warwickshire's approach to reducing the demand for hospital beds					High				
	NHS Update Paul Maubach (NHS Warwickshire)	Update on NHS progress made following decisions to reduce activity and commissioning plan for 2011/12									

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	Dementia Strategy, Lorna Ferguson, Lead Commissioner – Mental Health	To consider the proposed Dementia Strategy			✓			High			
24 Jan 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Links –Progress Report, Councillor Roodhouse and Nick Gower-Johnson)	To consider the work and progress of the LINK and their future	✓			✓		Med			
	The future of WCC’s residential care homes for older people, Ron Williamson	To consider the outcomes of the consultation on the future of WCC’s residential care homes for older people, prior to Cabinet consideration.		✓	✓			High			
	Adult Social Care Low Level Prevention Services, Cllr Warson	To consider the final report and recommendations from the Task and Finish Group established to scrutinise low level prevention services			✓			High			
13 <sup>th</sup> April 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
22 <sup>nd</sup> June 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									

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.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
7 <sup>th</sup> Sept 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
19 <sup>th</sup> Oct 2011	Fairer Charging and Contributions, Ron Williamson	To consider impact of changes to charges and contributions						High			
Dates to be set	Learning Disability Consultation	Requested by the Committee on 12/10/10									

BRIEFING NOTES		
Excess Winter Deaths and Fuel Poverty	Update on summit ( <i>Cllr Clare Watson</i> )	
Lighthorne Heath GP	To update the committee on progress in Lighthorne Heath Surgery ( <i>Rachel Pearce, NHS Warwickshire</i> )	Requested by end of Sept
Older Adults Mental Health Services in Rugby	To receive an update on the implementation and impact of changes to older adult mental health services in Rugby and impact of changes for services in Nuneaton (Stanely and Pembleton)	
West Midlands Ambulance Service – re-modernisation	To receive an update on the implementation of the re-modernisation programme (requested at meeting on 12/10/10)	Requested by end of Jan 2011

Proposed Scrutiny Review Outline

<b>Review Topic</b> (Name of review)	<b>Hospital Discharges (delays and outcomes) and Reablement Services</b>
<b>Panel/Working Group etc – Members</b>	TBA
<b>Key Officer Contact</b>	TBA
<b>Relevant Portfolio Holder(s)</b>	Cllr Izzi Seccombe; Adult Social Care Cllr Bob Stevens, Health
<b>Relevant Corporate/LAA Priorities/Targets</b>	Corporate Priority 2 – Maximising independence for adults and older people with disabilities more choice and control in their life, the right help at the right time, easy access to information, advice, support and advocacy. <ul style="list-style-type: none"> <li>• Supporting people to remain at home living independently</li> <li>• Decrease ongoing home care packages due to the introduction of prevention and early intervention including reablement</li> <li>• Narrowing the gaps and sustainable affordable services fit for the future.</li> </ul>
<b>Timing Issues</b>	Reablement services are currently being rolled out across the County, the services are currently operational in 3 areas (Nuneaton and Bedworth, Stratford and North Warwickshire). The service will be introduced in Warwick District during October and then in Rugby by the end of November. During the roll out process the referral criteria has been extended to include hospital discharge. It is likely to be a few months before information about reablement of hospital discharge patients can be provided. Therefore, it is thought that January 2011 would be an appropriate time for the review to commence. This will enable the review to consider the impact the new way of working has had on hospital discharge.
<b>Type of Review</b>	In depth review
<b>Resource Estimate</b>	If commissioned this review is likely to take somewhere between 3-4 months to complete the review i.e. up to having an agreed final report ready for submission to committee. This is potentially a complex review. A provisional estimate of scrutiny officer support is between 288 to 312 hours or 48-52 days depending on the actual methodology used by the review. This assumes a review planning meeting, 4 evidence sessions, evidence review meeting, meeting to develop conclusions and recommendations and between 4-5 local site visits (a best practice visit outside the county is not included). The resource estimate includes arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.

**Rationale**

(Key issues and/or reason for doing the review)

The longer people remain in hospital the more dependant they become and the more difficult it becomes to rehabilitate back to independent living, creating an increased pressure on adult social care services.

Getting people out of hospital and back into independent living at the earliest opportunity is cost effective for both health and adult social care services and a better outcome for the individual. Whilst it is important to ensure that discharges are timely, it is also fundamentally important to ensure that the outcome of the discharge is appropriate to individual needs. Government guidance states that no one should be admitted to residential care directly from hospital. Currently, it is thought that the numbers of people admitted to residential care direct from hospital in Warwickshire is too high. There is a need to ensure that health and social care services are working effectively in partnership to ensure timely discharges and appropriate discharge outcomes.

Outturn performance for 2009/10 comments on two key areas for improvement

We have missed our target to reduce the number of **delays of transferring patients from hospital to care**. This is an important partnership issue because although social care delays remain very low, delays that are the responsibility of the NHS make up over three quarters of the outturn for this indicator. Positive work has been undertaken with acute hospital trusts to identify and resolve delays across the health and social care system; both at an operational and strategic level such as transforming community based services. This is an important measure because it can impact on some of the most vulnerable and frail people in the County, who are caught up in the complex issues involved.

We also need to continue to rollout the ‘**Reablement**’ service across the County. The service is designed to help people to regain the skills and confidence they need to live independently at home, particularly after an illness or spell in hospital. We will need to work with colleagues in the PCT to ensure the service forms part of a single or coordinated intermediate care service.

<p><b>Objectives of Review</b> (Specify exactly what the review should achieve)</p>	<ol style="list-style-type: none"> <li>1) To establish how effectively health and social care services are working in partnership to ensure timely discharges and appropriate discharge outcomes</li> <li>2) To identify the factors which cause delays in discharging people from hospital and lead to inappropriate discharge outcomes and to consider the effectiveness of any plans/actions which have been taken to address the issues.</li> <li>3) To identify the barriers to improve hospital discharges (process and outcomes) and the affordable options or solutions which would enable improved outcomes for people</li> <li>4) To assess the impact the reablement services has had on hospital discharges and outcomes</li> <li>5) To identify whether there are inequalities across the county, differential waiting/assessment times or differential outcomes.</li> <li>6) To identify whether there are areas where improved working with partners could improve the outcomes for people and reduce demands on resources.</li> <li>7) To reduce the number of delayed discharges from hospital</li> <li>8) To reduce the number of people admitted directly to residential care from hospital</li> </ol>
<p><b>Scope of the Topic</b> (What is specifically to be included/excluded)</p>	<p><u>Include</u> The following is included in the scope of the review:</p> <ul style="list-style-type: none"> <li>• TBC</li> </ul> <p><u>Excluded</u> The following falls outside the scope of the review:</p> <ul style="list-style-type: none"> <li>• TBC</li> </ul>
<p><b>Indicators of Success – Outputs</b> (What factors would tell you what a good review should look like?)</p>	<ul style="list-style-type: none"> <li>• Recommendations accepted and implemented to deliver improvements</li> </ul>
<p><b>Indicators of Success – Outcomes</b> (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<ul style="list-style-type: none"> <li>• Recognisable improvements in discharge processes and outcomes</li> <li>• Reduction in number of delayed hospital discharges</li> <li>• Reduction in number of people admitted to directly to residential care from hospital</li> </ul>
<p><b>Other Work Being Undertaken</b> (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)</p>	