

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Adult Social Care & Health OSC**

**Date of Committee**                      **24th January 2011**

**Report Title**                                **The Report of the Adult Social Care  
Prevention Services Task and Finish  
Group**

**Summary**                                      This review was commissioned to look at the low level prevention services currently available, provision across the county, whether there are services not currently available that can be offered, access to aids, adaptations and ‘telecare’, partnership working, to secure better outcomes for people and make recommendations for improvement. This is a report on the findings and recommendations of the Task and Finish Group

**For further information please contact:**

Alwin McGibbon Overview & Scrutiny Officer Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk	Michelle McHugh Overview & Scrutiny Manager Tel: 01926 412144 michellemchugh@warwickshire.gov.uk
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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               Cllr Les Caborn, Cllr David Shilton, Cllr Sid Tooth, Cllr Kate Rolfe
- Cabinet Member                       Cllr Bob Stevens, Cllr Izzi Seccombe
- Chief Executive                       .....
- Legal                                       Alison Hallworth

- Finance  .....
- Other Strategic Directors  Wendy Fabbro
- 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
- To an O & S Committee  .....
- To an Area Committee  .....
- Further Consultation  .....

## Agenda No

### Adult Social Care & Health OSC - 24th January 2011.

#### The Report of the Adult Social Care Prevention Services Task and Finish Group

#### Report of the Strategic Director Customers, Workforce and Governance

##### **Recommendation**

The Committee to:

1. Consider the Task and Finish Group's report on Adult Social Care Prevention Services.
2. Consider and agree the recommendations of the Task and Finish Group
3. To forward the recommendations to Cabinet & appropriate partners for consideration.

#### **I. Introduction**

- 1.1 A Task and Finish Group of councillors was set up to look at the future of Adult Social Care Prevention Services. This is a report on their findings and their recommendations.

CLLR CLAIRE WATSON  
Chair of Adult Social Care  
Prevention Services Task &  
Finish Group

Shire Hall  
Warwick

23 December 2010

# **The Report of the Adult Social Care Prevention Services Task and Finish Group**

	<b>Page</b>
<b>Executive Summary</b>	7
<b>Index</b>	
1. Introduction	11
2. Warwickshire’s Vision	12
3. Prevention Services Adult Social Care	18
3.1 Telecare	18
3.2 Falls Prevention	19
3.3 Housing Related Support	21
3.4 Aids and Adaptations	22
3.5 Extra Care	23
3.6 Low Level Prevention Services	24
3.7 Stroke services	25
3.8 Mental Health & Dementia Services	26
4. Prevention Services and the Third Sector	27
5. Age Concern Warwickshire (Age UK)	29
6. Community Meals & Lunch Clubs	30
7. Warwickshire Community & Voluntary Action (WCAVA)	31
8. Community Services	32
9. BME Services & Race Equality Partnership	32
10. Winter Warmth	33
11. PHILLIS (Promoting Health & Independence through Low Level Integrated Support)	35
12. Findings	36
13. Recommendations	37
Appendix A - Scope	39

### **Acknowledgements**

The Task and Finish Group would like to thank all those below that helped contribute to the review of ‘Adult Social Care Prevention Service in Warwickshire’:

Jon Reading, WCC	Julie Humphries - WCC
Rachel Norwood, WCC	Elizabeth Phillips, Age UK Warwickshire
Harm Gordijn, NHS Warwickshire	Jayne Longfield, Age UK Warwickshire
Tim Willis, WCC	Kate Richmond, Age UK Warwickshire
Denise Cross, NHS Warwickshire	Jane Coleman – County Enterprise Foods
Parmjit Dhaliwal, WCC	Paul Tolley, WCAVA
Emily Smith, WCC & NHS Warwickshire	Helal Shalid, Warwickshire Race Equality Partnership
Lorna Ferguson, WCC	Tejay De Kretser, WCC
Nick Darwen, WCC	Maggie Marshall, WCC
Andy Clayton	& finally the Telecare user’s family

## Foreword by Councillor Claire Watson



Prevention Services provided by Warwickshire County Councils Adult Social Care and voluntary & community sector will be a key component of any strategy adopted by the County Council in meeting its twin challenges of budgetary constraints and demographic growth, whilst at the same time trying to meet people's expectations and providing sustainable services in the future.

These services will also have a large role in the Government's "Vision for Adult Social Care" by keeping people out of the social care system or delaying their entry into the system.

The Task and Finish Group's aim was to examine the services available to secure better outcomes for people, more choice and control and reduce the need to rely on the social care system and remain independent for longer.

This review has highlighted the similarities and differences in provision of prevention services in different parts of Warwickshire and the similarities and differences between WCC's Adult Social Care and voluntary & community sector. This review also identified the importance of people being aware of the services available and the importance of reducing duplication wherever possible to ensure services are effective and sustainable in the future, whilst maximising the use of available public funding.

Councillors from the Task and Finish Group were very impressed with the hugely varied services available and the strong commitment to ensure these services meets the needs of users and carers now and in the future.

I am confident the findings and recommendations in this report will go some way to achieve the aims above and ensure that prevention services, whether provided by the County Council or voluntary & community sector remain sustainable.

I would like to thank my fellow councillors and all the individuals from the County Council, the Third Sector and especially the user of the "telecare" services who supported and contributed to this review.

## Executive Summary

Faced with long term demographic change with an aging population, the current system of social care delivery will have to be fundamentally re-engineered and modernised in order to respond to increased expectations and the pressures being placed on it.

The Government's vision for the future is to keep people out of the social care system or to delay their need to enter the system. This will be a key component of any strategy adopted by the County Council to meet the twin challenges of budgetary constraints and demographic growth whilst at the same time trying to meet the public's expectations and providing sustainable services in the future. It is also the intention that the County Council will use no more than 40% of its social care budget for people in residential or nursing care in the future in its move towards more personalised services.

The vision for County Council is to ensure people can maximise all opportunities to live independently. The County's mantra is 'recovery, rehabilitation and 'reablement' where when people need care they can have this delivered in the most personalised and cost effective way.

The main differences between what the County Council are doing now and the vision for the future is the move away from treating illness and ill health to the promotion of health, wellbeing and independence, from doing things to/for people towards people doing things for themselves and away from the focus on inputs and processes towards outputs and outcomes.

A 'scrutiny' Task and Finish Group of councillors was set up to look at the County Council's 'Vision for the Future and Action Plan' taking into consideration the reduction in funding following the Comprehensive Spending Review and the demographic changes that indicates there will be a rise of 43% in the population of older people in Warwickshire by 2025. The councillors on this Task and Finish Group were:

Councillor Claire Watson (Chair)  
Councillor Sid Tooth  
Councillor Martyn Ashford  
Councillor Jose Compton  
Councillor Jeff Clarke

The Task and Finish Group held a planning meeting on the 26<sup>th</sup> October 2010 where they agreed the scope of the review (**Appendix A**). The following is a report on their findings and their recommendations for Adult Social Care Services 'Vision for the Future and Action Plan' to ensure prevention services best meet the needs of Warwickshire residents.

## Findings

### The Task & Finish Group:

1. Learned about the wide range of prevention services available, the importance in helping people to remain independent and the need for services to change to meet the challenges due to the current financial constraints and demographic changes leading to a significant increase in the number of older people in Warwickshire.
2. Appreciated the importance of the new assistive technologies available such as 'telecare' and how these help not only users to remain independent, but carers as well in enabling them to continue working, or do everyday tasks knowing that they can be contacted if there was an emergency.
3. Recognised there were a large number of prevention services available but consider that these were not widely publicised enough with the public.
4. Were concerned about the lack of 'telecare' services in the Nuneaton and Bedworth area especially when it was considered so beneficial for both users and carers. It was considered important to have equitable access to this service for all Warwickshire residents.
5. Recognised the importance of publicising 'telecare' services to ensure people remain independent for longer in their own homes and supporting carers so they can continue in their own daily activities such as going out to work.
6. Were made aware that the falls assessment tool should take account the environmental setting where the fall occurs such as whether it was loose rugs in the home, walking aids being used inappropriately in a care home or loose cables or equipment in a hospital.
7. Learned about the systems thinking approach to improve waiting times to provide assessments and aids/adaptations for help people to remain in their own homes. They have real concerns that the current waiting times are far too long and feel this should be addressed as a matter of urgency to ensure that those requiring these services do not end up requiring longer term care, which is a far more costly.
8. Learned about the current role of the Warwickshire Community and Voluntary Action (WCAVA) and community groups (Third Sector) in providing older people's prevention services, and the plans in the future where the County Council intend to commission relevant prevention services from this sector. However it raised concerns that smaller community groups could experience cash flow problems with the move to direct payments and the changes in VAT in 2011.
9. Were made aware that £100 million has been made available nationally for voluntary and community groups during the transitional arrangements from being publically funded to becoming self sustainable, This is likely to £1 million for Warwickshire and will support the community groups that are likely



to be affected by the reduction in local authority funding. However to obtain funding these groups will need to meet strict eligibility criteria.

10. Were made aware that BME services needed to become self funding and self sufficient to ensure they can continue to provide services. They recognised that this would be difficult for smaller groups but consider it may be possible for some to join larger groups or larger organisations.
11. Learned of the progress being made following the Winter Deaths and Fuel Poverty Review in raising awareness and the importance of older people in keeping warm and well in winter. A GP surgery was consider a mainstay for older people in obtaining flu jabs, and other related medical services. It was considered important that GP's and nurses were made aware of the services Action on Energy can provide in helping older people keep warm.

## Recommendations

The Task & Finish Group made the following recommendations

1. They support the intention that risk assessments will be carried out to consider the impact of the proposals being suggested and recommend that this should be implemented as a priority. This should take into account the future demographic pressures and the likelihood that there will be potentially a large number of older people requiring higher levels of care as they get older.
2. They support the joined up approach to provide an easier access to assistive technology services by providing an open front door policy - one stop shop service and recommend that this is implemented as a matter of priority. However, they suggest that this goes one stage further to include signposting to all other prevention services provided by the County Council, NHS Warwickshire, Community Health Teams and the voluntary & community groups. This would support the proposed plan to have an integrated corporate information and advice service in place by 2012.
3. That Adult, Health & Community Services Directorate work with the voluntary & community groups, NHS Warwickshire and Community Health Teams to consider how assistive technology services and prevention services could be publicised with the general public to improve access and the take up of these services.
4. When re-tendering for telecare services that Adult, Health and Communities Directorate ensure there is a 'telecare' service for each of the Boroughs and Districts to ensure equitable access for all residents
5. They support the proposal to raise awareness of the 'telecare' service through the County's communication and media team and recommend that this is implemented as a matter of priority.
6. They support the preventive measures being taken to reduce falls. However, they recommend Warwickshire Falls Prevention Service, Adult Social Care Directorate and NHS Warwickshire work in partnership to ensure the new

assessment tool better reflects the environmental setting in which a fall occurs.

7. They support in principle the systems thinking approach in providing aids and adaptations but would like to receive a progress report showing whether the expected improvements in waiting times for assessments and receiving adaptations are being achieved.
8. That WCAVA work with the County Council and Community Groups to consider the concerns raised and seek a solution regarding the potential cash flow problem that smaller community groups may face relating to direct payments and changes to VAT. To then consider how this information and advice will be disseminated.
9. A progress report to be provided to Adult Social Care & Health OSC on how the transitional funding to support community groups and the Third Sector to enable them to become more self-sufficient, will be used.
10. That smaller BME groups are encouraged to merge with other groups providing similar services or come under the wing of larger organisations such as Age Concern to help them to become self financing and self sufficient.
11. That NHS Warwickshire raise GPs awareness of the role of Act on Energy. This will also help reinforce public health's role in promoting health and wellbeing.
12. That a briefing be provided to Adult Social Care and Health OSC in 6 months time on the review PHILLIS is currently undertaking.

## 1. Introduction

- 1.1 Making a strategic shift towards prevention and early intervention is one of the central objectives of Dept of Health's publication "Putting people first a shared vision and commitment to the transformation of adult social care" and the Local Authority Circular "Transforming Social Care" which sets out a clear direction "to make a strategic shift towards early intervention and prevention, the cornerstone of public services".
- 1.2 The vision for the future will be to keep people out of the social care system or to delay their need to enter the system by using early intervention and prevention services such as using aids and adaptations to prevent falls. This will be a key component of any strategy adopted by the County Council to meet the twin challenges of budgetary constraints, rapidly reducing resources and the increase in demand for services due to demographic growth, whilst at the same time trying to meet the public's expectations and providing sustainable services in the future. The rationale for the future is that there will also be no more than 40% of the County Council's adult social care's budget will support people in residential or nursing care, the remainder 60% will be used to provide services in the community.
- 1.3 "Putting People First" requires a whole system approach which encompasses four key themes:
- Facilitating access to universal services
  - Building social capital within local communities
  - Ensuring people have greater choice and control over meeting their needs
  - Making a strategic shift to **prevention and early intervention** – this last element is the primary focus of this T & F Group, to review what is done now, the plans for adult social care in the future nationally and locally, and to promote partnership working with the NHS & Public Health.
- 1.4 "Putting People First" and "Transforming Social Care" are clear that the strategic shift required to deliver transformation must be wide ranging and cannot just be limited to those who are "Fair Access to Care Services", (FACS) eligible. This is supported by the Department of Health's Partnerships for Older People Projects (POPP) programme and the Department of Work and Pensions Linkage Plus programme and has shown that there is a need for interventions which address the whole population of older people – not just the 15% who come into contact with social services.
- 1.5 With the changes outlined above the objectives of the Task & Finish Group was to:
- a) Establish whether the well-being threshold is working as intended, whether it needs to be renewed or refreshed to meet the changing context
  - b) Understand the services currently within the scope of low level/high level prevention services - what is currently being offered, what model/services are being proposed in the future and how they differ to current arrangements

- c) Identify whether there are inequalities in provision across the county, differential waiting/assessment times or gaps in provision and any plans to address any issues and any affordable options to improve consistency.
- d) Ascertain whether there are other services provided by ourselves or partners that should fall within the scope i.e. can we improve the offer?
- e) Identify whether there are areas where improved working with partners and the Third Sector could improve the offer or its affordability.
- f) Identify whether there could be improvements in access to aids, adaptations, and 'telecare' to better support a prevention strategy.
- g) Assess the appropriateness of proposed prevention strategy whether it will meet the needs of customers and challenging financial situation.
- h) Promote user/carer confidence in user's abilities to manage their own care needs without recourse to the social care system
- i) Ultimately to secure better outcomes for people, more choice and control and reduce the need to rely on the social care system and remain independent for longer
- j) Make recommendations for improvements which are both affordable and sustainable and maximise the use of available public service funding taking into account current budgetary constraints
- k) Ensure the proposed services to promote independent living commissioned from the Third Sector remain sustainable and there are appropriate performance management arrangements in place

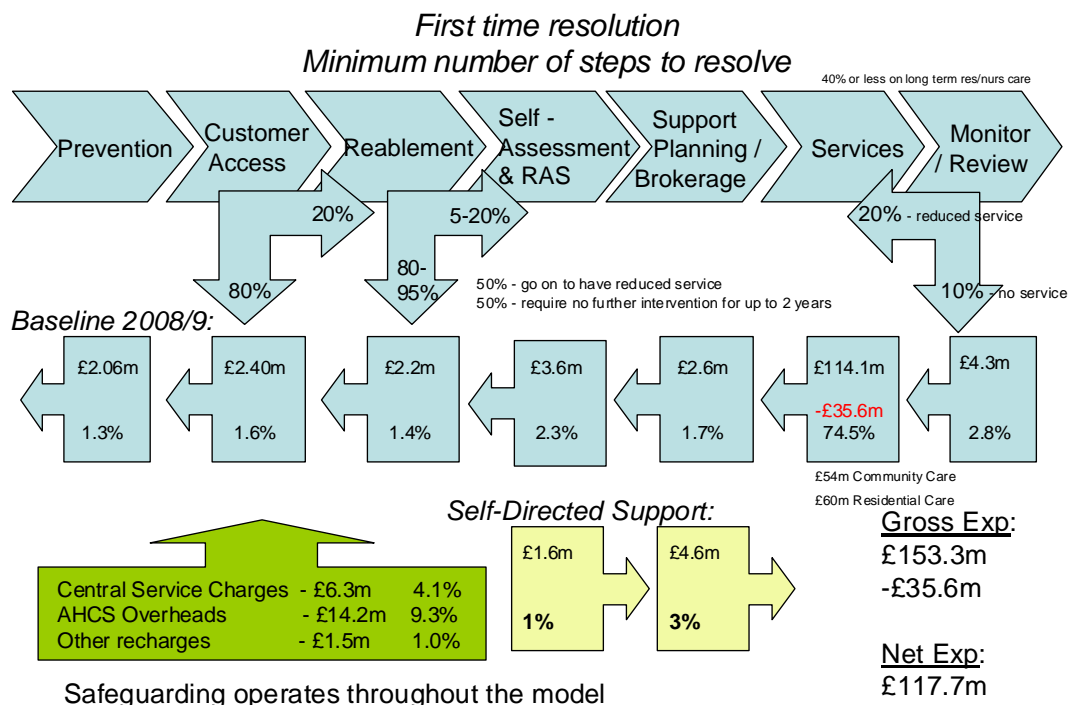
1.6 The Task and finish Group met on three occasions with representatives from WCC Adult Social Care, voluntary and community groups. They visited the Integrated Community Equipment Store (ICES), telecare flat and control centre and a user of telecare services.

## **2. Warwickshire's Vision**

2.1 Warwickshire's Benefits Realisation Model's (below) main focus is based on primary prevention such as healthy lifestyles, wellbeing and emotional health. The first port of call would be customer access and 80% of customers would have their needs met at this stage. The remainder (20%) would move onto the reablement stage (this stage would only be available for new customers as those in the system would have already had an assessment and would be already receiving services). Of those receiving 'reablement' around 74% will leave the service after 4 weeks without the need for further specialist care.

2.2 The model below includes a baseline assessment for 2008/9. The methodology used in determining funding for the realisation model was set by the County Council's adult social care management teams.

# Benefits Realisation



2.3 The rationale for the future of WCC's adult social care is that there should be no more than 40% of its budget providing support for people in residential or nursing care, but even if they are in care people will continue to be reviewed as some people do get better and would no longer require this level of care.

2.4 The T & F Group learned that there is not always an agreement on what is meant by prevention but there are three main examples:

1. Primary prevention/promoting wellbeing – for those that have little or no particular social care need
2. Secondary prevention/early intervention – aims to identify people at risk, to halt and slow down any deterioration
3. Tertiary prevention – aims to minimise disability or deterioration from established health conditions. A classic example of tertiary care would be people with dementia you cannot halt the illness but can slow the decline.

2.5 Cost effectiveness is considered key in providing adult social care and the Institute of Public Care have identified key four areas for prevention – falls, stroke, continence and dementia. This is not a definitive list and another study has listed top ten interventions, which include; promoting health lifestyles; vaccination; screening; falls prevention, housing adaptations & practical support; 'telecare' & technology; intermediate care; reablement; partnership working between health & social care and personalisation

- 2.6 There were also a number of core principles to take into consideration, these were:
- Provision of accessible information and support that promotes independence and wellbeing with choice and control for all
  - Promoting and protecting people’s health and wellbeing and supporting them to maintain their independence
  - Taking a person centred approach providing people with affordable choice, self determination and control in their care and support
  - Enabling independence through early intervention, a focus on rehabilitation and recovery and supporting people to lead independent, fulfilling lifestyles and reducing the requirement for more costly support from health and social care
  - Supporting carers, recognising their contribution and ensuring that they have the support necessary to continue in their caring role.
  - Reducing health inequalities and “narrowing the gap” between the most and least disadvantaged citizens of Warwickshire.
  - Delivering ‘Value for Money’ and achieving better outcomes at lower cost – affordable choice
- 2.7 To achieve better outcomes will require a major change in the way services are delivered. The County Council considered it was important that there were other key support systems in place rather than longer term care packages. The intention will be to reduce the level of funding provided to care homes by the County Council, which currently stands at 47%. This is higher than neighbouring authorities.

Figure 1 Populations and provision for health and social care prevention			
Universal populations	Vulnerable populations	Targeted populations	Deferred populations
<p><i>Broad based provision that has an impact on health and social care but is available to an entire community.</i></p> <p><i>It may also represent the health and social care impact of particular policies and interventions by public bodies, e.g., local government, police.</i></p>	<p><i>Low intensity services that have a solely health and social care focus.</i></p> <p><i>Many of these services are provided by voluntary organisations or private companies.</i></p>	<p><i>Health and social care services targeted on specific problems or issues which if unaddressed would have a considerable likelihood of leading to high intensity health and social care provision.</i></p>	<p><i>Services that defer from or often more likely, delay further high intensity provision.</i></p> <p><i>These populations may already have had ‘a taste’ of high end provision, perhaps through respite or intermediate care.</i></p> <p><i>This group may also include those who receive high intensity provision from family carers.</i></p>

2.8 The Institute of Public Care in 2009 developed a classification of populations and interventions illustrated in Figure 1 table above. The four parameters of

prevention are universal, vulnerable, targeted and deferred, which identifies where to focus preventative effort to predict and target those who may need higher intensity health and social care. The T & F Group were made aware that those who receive universal services are harder to predict than those that may need higher intensity interventions or those at the other end of the scale.

- 2.9 In the vast majority of local authorities all four of these domains will be occurring, however not all interventions will be provided or funded by the local authority and many will be provided by the voluntary sector. The initial focus of the WCC adult social care will be on reducing the reliance on high cost service packages.
- 2.10 The County Council is currently working on key actions to deliver significant improvements such as:
- **Mapping** current provision against the 4 domains of prevention by provider sector location and cost plus an indication of whether the intervention is likely to promote independence or dependency and what alternatives might be available
  - On the basis of this evidence decide on what to **target** why and what the potential return might be if successful.
  - On the basis of what works, determine which **provider(s)** with what skills should deliver the methodology or approach at what **cost and benefit**.
  - Implementing the County Council's '**telecare**' strategy and action plan to increase the availability of equipment to achieve better outcomes at reduced costs including maximise benefits of the **Joint Health and Social Care Integrated Community Equipment Service (ICES)** and the development of the "**hybrid retail model**" to enable people to purchase equipment including telecare equipment.
  - Develop **Fast Response** services (including those linked to 'telecare') and linked to domiciliary care or intermediate care arrangements
  - Progressing and implementing the work on the **assured pathway** of care for people with **dementia**.
  - Ensuring delivery of an **assured pathway** of care for **stroke** including plans for the deployment of local authority grant funding
  - Exploring the impact of **continence** services and how improved access might reduce triggers for institutional admission.
  - Understanding which **Falls** interventions are cost effective and under what circumstances and make the case for investment/disinvestment
  - Continuing to develop our approach to **housing improvements/adaptations/accessible housing** and housing related support including preventative aspects of suitable housing

- 2.11 'Reablement' and hospital admissions will be part of this action plan. However this is outside the scope of the ASC Prevention T & F Group's remit and will be considered by the Hospital Discharges and 'Reablement' T & F Group early in 2011.
- 2.12 The future focus will be on developing a broader more **inclusive prevention strategy** and implementation plan across the health, social care and broader local authority and independent sector landscape with appropriate member and Cabinet endorsement. Also the intention is to join the County Council's '**telecare**' initiatives with '**telehealth**' and '**telemedicine**' solutions to combine as more joined up assistive technology approach.
- 2.13 However the above action plan still requires more work to:
- Agree this vision and high level plan
  - Agree high level milestones
  - Agree measures, indicators and targets with timescales
  - Agree detailed action plan products and timescales
  - Complete risk analysis.

#### **Recommendation 1**

The T & F Group supports the intention that a risk assessments will be carried out to consider the impact of the proposals being suggested and recommend this should be implemented as a priority. This should take into account the future demographic pressures and the likelihood that there will be potentially a large number of older people requiring higher levels of care as they get older.

- 2.14 The T & F Group was informed that the £660,000 'reablement' budget has been given to the PCT and the County Council has been involved in plans on how this money will be deployed. This again is outside of the scope of this T & F Group and will be considered by the Hospital Discharges and 'Reablement' T & F Group in 2011.
- 2.15 With the shift from Primary Care Trusts to GP Consortia there are a lot of unknowns regarding how adult social care will be taken forward, but NHS Warwickshire intends to work with the GP consortia before it is disbanded to help ease the transition.
- 2.16 A one stop shop approach has been agreed where the public will be able to access the services they need locally, but the mechanics are still to be developed with Healthline, the County Council and the borough & district councils.



**Recommendation 2**

The T & F Group supports this integrated approach to provide an easier access to assistive technology services by providing an open front door policy/a one stop service and recommend that this is implemented as a matter of priority. However, they suggest that this goes one stage further to include signposting to all other prevention services provided by the County Council, NHS Warwickshire, Community Health Teams and the community & voluntary sector. This would support the plan to have an integrated corporate information and advice service in place by 2012.

**Recommendation 3**

That Adult, Health & Community Services Directorate work with the community & voluntary sector, NHS Warwickshire and Community Health Teams to consider how assistive technology services and prevention services could be publicised to the public to improve access and the take up of these services.

- 2.17 The T & F Group learned that people above the income threshold are entitled to both an assessment and access to 'reablement' services. Although reablement is outside the scope of this T & F Group the assessment process may identify that they require access to prevention services to enable them to remain independent. It was considered important that they received the correct advice to stop them feeling they ought to go into a care home, having money worries about paying for equipment or whether they ought to keep their money for a care home later. The County Council will continue to provide for those requiring critical or substantial care.
- 2.18 As a key area the vision is currently looking at care home admissions and repeat hospital admissions. They have completed a considerable amount of work on assured pathways of care - this is about 85 - 90% complete. However there is still a problem with waiting times for housing improvements adaptations and insufficient county-wide Extra Care Housing.
- 2.19 The future focus will be to develop a broader more inclusive prevention strategy with an implementation plan across health, social care and broader local authority and independent landscape. Secondly the intention is to combine the County Council's 'telecare' initiatives with 'telehealth' and 'telemedicine' as a more joined up approach to assistive technology. Councillors learned that 'telehealth' is an assistive technology that incorporates monitors for blood pressure, diabetes and 'telecare' and welcome the linking of the three 'tele' services.
- 2.20 The T & F were made aware that with the reductions in resources face to face services were being protected, but the back office functions would be reduced. It was not known what effect this will have on frontline staff's core business, especially if they ended up doing more administrative work.

### 3. Prevention Services - Adult Social Care

#### 3.1 'Telecare'

- 3.1.1 The T & F Group learned there were three elements to 'telecare' - a lifeline service, equipment installation and monitoring service equipment provision and installation, monitoring service and a response service. Telecare was 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 costs the County Council £3.57 per person per week.
- 3.1.2 The T & F Group were made aware that although the County Council did tender for 'telecare' services for the whole of the county they unfortunately did not receive any expressions of interest in Nuneaton and Bedworth despite trying to encourage other providers elsewhere in the county to provide this service. Warwick District provided 'telecare' services for Stratford District, but this has led to costs being higher in Stratford than elsewhere due to the extra travel required to install equipment.

#### **Recommendation 4**

The T & F Group recommend that when re-tendering for telecare services that Adult Health & Communities Directorate to ensure there is a "telecare" service for each of the Boroughs and Districts to ensure equitable access for all residents

- 3.1.3 The T & F Group was informed that a strategic review of 'telecare' services was undertaken and completed in 2010. The recommendations from this review are now being implemented. The intention is to have the new services up and running by October 2011 although there will be developments and improvements to take into consideration between now and then.
- 3.1.4 There were several key issues identified in the review such as limited choice and equipment, low take up, lack of publicity and awareness raising, no system for self assessment or opportunities for people to purchase their own equipment. However, the positives identified through the review were that 'telecare' could achieve substantial cost savings for health and social care by preventing more intensive care, it could significantly improve the life of carers and it met customer and strategic outcomes in maintaining independence.
- 3.1.5 A regional toolkit was used to analyse the cost effectiveness of 'telecare' services in Warwickshire. It was estimated that savings of £313,718 were achieved for health and social care over previous four years (it started with 2 clients in year 1 with 28 in year 4).
- 3.1.6 The 'telecare' contracts have been extended to 2011 to enable these to be further reviewed and there will be an interim service starting in 2011 for FACs eligible residents in Nuneaton and Bedworth.

3.1.7 To raise the awareness of the 'telecare' service the County Council's communications and media team with the borough & district partners are actively working on this. They are looking at different ways of publicising the service, but consider it important that the service is in place before this is done.

#### **Recommendation 5**

The T & F Group fully support the proposal to raise awareness of the 'telecare' service through the County's communication and media team and recommend that this is implemented as a matter of priority but suggest this publicity should include links to assistive technology services as a whole.

3.1.8 The review made several recommendations and some of the key priorities Adult Social Care intend to take forward are:

- To develop a retail model in Warwickshire through ADL Smartcare - this will provide information, advice, assessment and process online to enable people to purchase their own equipment including "telecare" services through approved retailers.
- Complete a pilot on short term respite and intermediate bed spaces within two Residential Care Homes and act on the evidence from the evaluation. This will be completed in 2011.
- To review the charging structure to charge non FACs eligible customers for equipment and monitoring service and remove the 6 week free trial period
- Align future services with health and aim for joint assistive technology strategy in the future.

3.1.9 Two councillors from the T & F Group visited the home of a 'telecare' user and saw first hand the equipment on site. The carer was keen to let them know how this equipment had truly turned their world around making it possible for them to return to work with the knowledge that if anything occurred to their relative they would be informed at once. The carer added that they had been facing a number of problems before but had regained their freedom since the equipment had been installed, which was not at all intrusive or onerous and was very welcome.

## **3.2 Falls Prevention**

3.2.1 People of 65 years and over have a one in three chance of having a fall and this increases to one in two for those of 85 years and over.

3.2.2 To reduce the incidence of falls the general advice given is to exercise, check medication and vision, check bone health and conduct an environmental assessments of the home such as making sure loose carpets are tacked down. Many people do go into older people's homes such as community teams where they have an opportunity to look at hazards when they provide services. The falls prevention service considered it was essential that they continue to promote risk reduction in the home. They are working to encourage other professionals that visit older people's homes to report any

potential falls hazard to the falls service or an appropriate person to be called to correct the problem.

- 3.2.3 Adaptations and equipment is made available such as rising chairs, grab rails, stair rails for people in care homes and in their own home. The reablement service is also contributing to bringing back confidence to those that have experienced a fall.
- 3.2.4 It is considered important that a patient's history is taken to establish why they have fallen so they can target interventions such as primary prevention and to use a self assessment tool to go through the many types of intervention available. This has led to improvements with onward referrals to a GP such as those that have experienced a blackout and not a fall.
- 3.2.5 The T & F Group were made aware that there is a move away from the national strategy of providing services at falls clinic because of variation on what is being provided with some clinics being more medically driven than others.
- 3.2.6 Training is being provided by Warwickshire Community Health for staff in care homes and sheltered accommodation to make sure that residents are using their own or correct equipment and spectacles are cleaned regularly to aid vision. A concern was raised about the new risk assessment tool that it ought to reflect whether environmental factors that cause a fall are in a community or hospital setting, which is missing at the moment.
- 3.2.7 The 'Falls and Bone Health Service', are currently participating in a national clinical audit and this will be completed by April 2011. They are also gathering information on what factors has been the cause of a fall to see if there is a common cause or trend. Warwickshire GPs have been provided with a Fracture Risk Assessment Tool (FRATs).
- 3.2.8 The Falls Prevention Team's plan is to reduce duplication and to use an appropriate professional such as a nurse to judge whether a patient's nutritional needs is a factor, but this is not included in the falls assessment at the moment. Their intention is to change the skill mix of the team. It used to be only qualified staff, but it's recognised that strength and balance exercises can be provided, with training, by other staff.
- 3.2.9 It is still the intention of the falls prevention service to deliver a countywide service. However, the service is facing barriers such as having community facilities to provide the services or prevention programmes such as exercise classes and being able to transport those affected to where these services or prevention programmes are being held.

### **Recommendation 6**

The T & F Group fully support the preventive measures being taken to reduce falls. However, they recommend Warwickshire Falls Prevention Service, Adult Social Care Directorate and NHS Warwickshire work in partnership to ensure the new assessment tool better reflects the environmental setting in which a falls occur.

## **3.3 Housing Related Support**

3.3.1 Housing related support enables people to live independently within their home environment by providing the following services:

- **Countywide Handyperson Service** – contracted out to Age Concern Warwickshire. It provides a team of skilled and vetted handypersons to do small jobs and minor adaptations in people's homes such as easing doors, fitting key safes, grab rails, moving furniture, changing light bulbs fixing loose carpets, etc.
- **Housing options for Older People Service** – Firststop Warwickshire provides information and advice to enable people to live in their own homes. This is through a specialist telephone housing and care service and a comprehensive Firststop Warwickshire written guide with information for older people living in Warwickshire, their families and carers and professionals.
- **Home Safety Check Scheme (HSCS)** – This is contracted to provide a home safety check service for older and disabled people in each borough and district annually. This is done via Orbit Care & Repair for Rugby, Nuneaton and Bedworth Borough Council, Stratford District Council, Warwick District Council and Age Concern Warwickshire for North Warwickshire.
- **Accessible Housing and Home Improvement Agency Project** – This is a streamlined service to help older, disabled, vulnerable homeowners and tenants to repair, improve, maintain or adapt their own homes.

3.3.2 The County Council manages the programme and pays agencies such as housing associations, borough & district councils, charities and voluntary groups to provide housing support services. It is a partnership between County Council, District & Borough Councils, The Probation Service, Health Services, Voluntary and community Agencies, Service Users and Service Providers. It receives £10.1 million currently within the Area Based Grant.

3.3.3 It is a geographically redistributive service, so there may be less support in one district to meet the needs of another.

3.3.4 Efficiency savings have been made by redistributing to new services and taking a countywide approach.

3.3.5 To improve waiting times for home improvements it was recognised there was a need to reduce the complex contracting arrangements with the boroughs and districts. A project team using a whole systems approach has been set up to look at ways of reducing waiting times. .

### **3.4 Aids and Adaptations**

- 3.4.1 The T & F Group learned that the Integrated Community Equipment Services (ICES) store became fully operational in 2004/05. They have established a good partnership with Nottingham Rehab Supply (NRS) to supply the service which has helped to keep control over the budget. The store provides aids such as raised toilet seats and bespoke adapted equipment to suit the needs of children and those of larger than average size.
- 3.4.2 The recycling rates were 80% for the first six months of this year which helps to get equipment back into stock to be reused. The equipment is decontaminated and meets all the infection control standards.
- 3.4.3 The store has a repair and maintenance service for equipment including electrical items.
- 3.4.4 Users are trained in how to use the equipment properly, this is considered very important. As well as occupational therapists, others within the service can provide equipment demonstrations to clients and carers.
- 3.4.5 WCC Adult Social Care is working with NRS in developing a retail model. There is a demonstration centre where people can use the equipment such as the vertical lift or walk in shower. These are fully functional. Seeing the equipment first hand can help users with information on what building works may be required such as ensuring the walk in shower floor is level (without any step up).
- 3.4.6 Newcastle University is working to add extra training modules such as risk assessment tools for falls prevention. They are also working with Newcastle University on major adaptations.
- 3.4.7 There is an agreement that ICES may supply a 'telecare' equipment and installation.
- 3.4.8 The wheelchair service went out to tender for the repair and maintenance service and went live June 2011. NRS will be providing a countywide service. This will be beneficial as there will be only one provider and one contact point. Originally there were two providers which was more complicated to monitor.
- 3.4.9 There has been a remodelling of the Occupational Therapist Service within Social Care with the 3 specialties - reablement, long term (stroke, severe arthritis) and housing (looking at rented both housing associations and private). Adaptations are also important for carers in protecting them from injury.
- 3.4.10 Occupational therapists (OTs) in the housing speciality have been co-located with district and borough housing colleagues. This has been of immense benefit because OTs are gaining knowledge of what adaptations are best in certain houses – what can/cannot be done. It is also developing excellent partnership working arrangements, although it is accepted that this is more

difficult with housing associations due to the number located within the county.

- 3.4.11 The need for adaptations is rising due to children with disabilities living longer, higher survival rates following road traffic accidents and people generally living longer. Also expectations are greater where people with disabilities no longer want to be stuck at home and want to be more mobile.
- 3.4.12 The demand for adaptations has outstripped the budget but currently the allocations provided by councils have not been reduced, even though this allocation is no longer ring fenced. This demand has resulted in a delay in providing adaptations even though the OT assessments are done fairly quickly it can take up to 35 weeks before they are completed. It was accepted that no matter how efficient the service is that funding is the key to why there is a delay.
- 3.4.13 People that are waiting for adaptations are placed in chronological order because whatever is required everyone is considered of equal need therefore no-one would receive their adaptation before another person. Some societies such as SAFFA and MS Society do help with costs if they consider the need is more urgent.
- 3.4.14 In December 2010 a systems thinking project was launched with heads of housing and OT dedicated teams looking at evidence from a customer's perspective – using the whole of the pathway. There has been sign up from 10 organisations such as Orbit, Age concern and West Midlands Improvement Efficiency Agency. The existing research using the systems thinking approach has shown improvement in waiting times from 660 to approx 60 days. Initially the waiting times may look worse when all the cases are taken into consideration, but it is a proven method for making improvements.

#### **Recommendation 7**

The T & F Group in principle supports this systems thinking approach in providing aids and adaptations but would like a progress report be provided to ASC & H OSC indicating whether the expected improvements in waiting times for assessments and receiving adaptations are being achieved.

The T & F considered whether there could be extra funding from Adult Social Care and the NHS to support the adaptations service as this service reduces the need for longer term care and promotes independence. Savings made could be used to buy more adaptations, which could save even more in the longer term.

### **3.5 Extra Care**

- 3.5.1 'Extra Care' fits in with the vision for adult social care – 'Keeping people out of requiring care'
- 3.5.2 The future model of care for older people will not be through residential homes, but supporting them to live independently at home or in 'Extra Care'

housing. Prevention is seen as key in keeping people out of residential care or hospital beds.

- 3.5.3 Warwickshire County Council plan to develop 20 Extra Care schemes and have successfully bid for flats within developments where the developers have had problems with selling their properties. This has provided 4 additional sites.
- 3.5.4 'Extra Care' housing will be able to provide a whole range of services. It will provide localised care services that will not only serve the needs for those receiving extra care but those living nearby.
- 3.5.5 The intention is to build facilities within 'Extra Care' for those with learning disabilities providing not only a home and services for the cared for, but for the carer as well.
- 3.5.6 To fit in with the concept of 'Extra Care' sheltered housing can be developed and remodelled to provide a care team as well as improvements to the kitchens and bathrooms to help older people to live independently. The alterations to sheltered housing would not be seen as a lifetime home, but will be fairly close to one.
- 3.5.7 The T & F Group had reservations about the level of support that would be required to qualify for 'Extra Care' as too much support would be considered domiciliary/residential care by another name.

### **3.6 Low Level Prevention Services**

- 3.6.1 It was agreed in January 2009 to undertake a Value for Money review of services provided by WCC Adult Social Care. Social care locality managers with senior managers were on the panel. A report went to Cabinet in 2009. There were 107 services provided by 35 organisations and 59 were categorised as low level services.

1. Lunch Clubs	21
2. WRVS	12
3. BME social groups	13
4. Social Clubs	11 (5 external – 6 internal)
5. Other	2

- 3.6.2 The funding allocated to these services is £598,659 and the decommissioning and reshaping of these services have realised a saving of £76,167 to date this year. Further work is planned by the County Council to support more of these groups to become self managed and self funded. The emphasis is not cutting the monies but to use the funds more effectively elsewhere for example it will enable social care customers reaching substantial or critical needs to have direct payments.

- 3.6.3 The outcomes from the VFM Reviews were:



- **Luncheon clubs** - were decommissioned from September 2010 and given support to become self managed. 21 lunch clubs submitted bids and 10 were successful. The other lunch clubs either decided to close or were already self financing and self sufficient.
- **WRVS kitchens** - were decommissioned as part of an award of a new tender for Community Meals Service
- **BME Groups** - 15 groups took part in the VFM reviews but only 13 fall into the category of low level prevention services. All were advised of the decommissioning process in February 2010. The bidding process to become self sufficient and self financing was not taken up as they felt they needed more time to understand the personalisation agenda. There is continuing work to establish the effects on withdrawing funds will have on the BME communities. Equality impact assessments have been carried out with further reviews and assessments on all those attending these centres. It has been established that from the 499 attendees 139 were FACs eligible (substantial or critical need) and 360 were non FACs eligible (low to moderate need). The County is working with WCAVA looking at the Government's Transitional Funding to enable the groups to become self sufficient and self financing in the future.
- **Social Clubs** – 6 internal social clubs were decommissioned and those customers meeting the FACs critical were offered alternative provision and the majority of other attendees were happy to not attend and purchased Community Meals or cooked for themselves. One club closed their lease on their premises (costs were prohibitive) and approached another agency the savings made resulted in them being able to become self sufficient and self financing. The 3 services provided by Age Concern are next to be reviewed and reassessments to establish the impact of potentially withdrawing funding. The Waverley Centre Drop-in service has been decommissioned as of 31 March 2011.
- **Information & Advice and Shopping Service** – both were decommissioned one was being duplicated elsewhere and the other was unique to one area of Warwickshire, which was seen as not equitable.

3.6.4 The discussion concluded that the review on these services had been important in identifying those that are not FACs eligible and the County Council cannot continue to subsidise these people by providing services that indirectly benefit them.

### 3.7 Stroke Services

3.7.1 The T & F were made aware that Stroke Services have been awarded 3 years funding to set up 3 groups to spend this money working with the Stroke Association. This funding needs to be used by 31<sup>st</sup> March 2011. There are 4/5 registered stroke groups being set up in Warwickshire linked with 3 Acute trusts. These groups will become affiliated with the Stroke Association, in time, with all the benefits that brings. The Stroke Association is currently looking at existing groups not affiliated to them to encourage them to join.

### **3.8 Mental Health & Dementia Services**

3.8.1 Warwickshire Adult social Care and NHS Warwickshire are currently developing a wellbeing strategy for Warwickshire, this will be embedded in commissioned services for both Mental Health and Dementia

3.8.2 Mental Health Services for older people went through the Value for Money process as low level prevention services.

3.8.3 The DH provides £60,000 for older people's mental health services via an area based grant which goes to both WCC Adult Social Care and the PCT. The PCT has just reduced its budget by 5%

3.8.4 Mental Health Prevention Services currently operate 7 Wellbeing/Resource based services across the county. Five are funded by the PCT and 2 by WCC Adult Social Care

3.8.5 These are based in

- **Stratford**, Springfield MIND
- **Leamington**, Springfield MIND
- **Warwick**, Old Bank (Rethink)
- **Nuneaton**, Queens Road Wellbeing Centre, FCH (formerly know as Friendship Charm Housing)
- **Bedworth**, New Horizon, FCH
- **Rural North Warwickshire**, rural locations run by FCH
- **Rugby**, Coventry & Warwickshire MIND

3.8.6 The Wellbeing model replaced the resource cafes and is designed to act as a gate keeping facility for secondary care. It provides inclusive self help 'Tier 0' services such as Mental Health Information and Advice Website which has had 6,000 hits, IAPT and BOB. It also provides enabling (re-enabling services) such as education, leisure and pre vocational activities.

3.8.7 The Wellbeing Centres are now open 3hrs a day 365 days a year and provide a café and an activity base for individual or group work. As well as information and advice they have access to leisure, weight management, health checks with local pharmacists (blood pressure, cholesterol, specific screening in alcohol, drugs and blood borne viruses).

3.8.8 Training is provided to other agencies providing services for older people to help them recognise changes in behaviour where they may need to be referred to Mental Health Services.

3.8.9 The T & F Group was informed that Mental Health Services are only aware of a 1/3<sup>rd</sup> of people in Warwickshire with dementia. People with in the early stages of dementia are provided with low level prevention services. The County Council receives a modest resource of £150,000, but the PCT receives £850.000. It was considered it would be more beneficial if funding for dementia services was provided in partnership.

3.8.10 Low level dementia is very much about keeping well and independent as long as possible. Adult Social Care has invested capital into teams, Joint Improvement Plan and equipment such as Satellite Navigation Systems, watches and IPADS using pictorial care plans to help users, Assistive Technology – machines to check where people are and what they are doing. However it is important that these are compatible with NHS products.

3.8.11 Carers receive 12 sessions via Rethink to help them care for those with mental health issues or dementia.

3.8.12 Warwickshire will be taking forward its local strategy for Living Well with Dementia with the PCT and due to provide a paper for O & S in February, with a conference to follow in March 2011.

#### **4. Prevention Services - The Third Sector**

4.1 The Vision for Adult Social Care published on 17<sup>th</sup> November 2010 is based on the following seven principles:

- Prevention: communities are empowered to help people retain and regain independence
- Personalisation: individuals control their care through good quality information, and personal budgets, preferably as direct payments
- Partnership: care and support is delivered as a partnership between individuals, the voluntary and independent sectors, the NHS and local authorities – across all services
- Plurality: a broad market of high quality providers meets people's diverse needs
- Protection: sensible safeguards against the risk of abuse or neglect are in place, but risk is no longer an excuse to limit freedom
- Productivity: greater accountability and published information drive up standards
- People: a skilled and compassionate workforce from all disciplines works alongside users and carers to lead change

4.2 Warwickshire has a large Third Sector which receives £18 million from the County Council but saving targets still have to be met with preventative & low level services being affected. Adult Social Care can only assist those with substantial needs. However, they have provided the Third Sector with support to develop their business case to help them to continue with providing services to all those that require them.

4.3 Adult Social Care will be decommissioning those services where the costs outweigh the benefits to the community they serve. Those affected are:

1. North Warwickshire Shopping Service
2. DIAL Service – the contribution from ASC was modest
3. Lunch Clubs – ASC are encouraging them to become self sufficient and they are obtaining support from the Third Sector. Transitional arrangements have

been put in place with Orbit Housing providing support to help some of them to continue.

4. Iris Lees (lunch club) is being withdrawn completely, but a replacement is being planned at Saltisford Gardens
  5. Residential homes – Day care Services
  6. Home care service – this is to be outsourced. ASC will be tendering for additional domiciliary care which is likely to be specialist to provide support for those with dementia, stroke, fast response – ‘telecare’ and reablement.
- 4.4 Impact assessments have been carried out on all of the above, but still to be completed on:
- Age Concern – low level services
  - Coventry & Warwickshire MIND
- 4.5 Supporting People receives £10 million with most of this being used for the Third Sector. It is anticipated that there will be a 25% reduction in the Supporting People budget but this will be reliant on Area Based Grants and how this will be allocated.
- 4.6 There are no plans to decommission the services provided by the BME Partnership.
- 4.7 The T & F Group learned that there will be opportunities for the Third Sector to provide prevention services on behalf of the County Council. Although there is no funding available for the information and advice service some of the £660,000 allocation given to NHS Warwickshire for ‘reablement’ services could be made available to the Third Sector. There will also be £20 million allocated for ‘reablement’ in 2013 and it is expected that the Third Sector will receive some of this allocation.
- 4.8 There may also be a role for the Third Sector in relation to care homes, but the T F Group considered it was a decision for Cabinet to make.
- 4.9 It is expected that everyone will receive a personalised care budget by 2013 as a direct payment. The County’s aim is to achieve the Government’s target of 30% of personal budgets by April 2011 although this is likely to be difficult as most local authorities including the County Council are not anywhere near to achieving this target.
- 4.10 Again there may be an opportunity for the Third Sector to realise some of this potential and provide personalised services. Sessions have been held with the Third Sector to help them with the procurement process.
- 4.11 With ‘Home Care’ the individual service funds will provide the customer and provider with more flexibility as they can jointly consider with Adult Social Care which services are needed.
- 4.12 The T & F Group learned that if a neighbour or relative became ill that provided paid home care Adult Social Care Services can provide support in

the interim while they recover. It is a statutory requirement as part of the 'duty of care'.

## **5 Age Concern Warwickshire (Age UK)**

- 5.1 The T & F Group was informed that Age Concern Warwickshire will be changing its name to Age UK Warwickshire in the near future. They have 5 contracts with the public sector which provides around £575,000. They provide services for all people over 50, which enables support to be available at points where individual's lives are changing such as retirement or bereavement.
- 5.2 Older people can access their services via their shops, GPs and online. They also work in deprived wards, at healthy living centres sheltered housing and they are now helping small employers with staff near to retirement, by providing information and support as well as highlighting volunteering opportunities.
- 5.3 Opportunities for volunteering are seen as a particular useful source of promoting community inclusion as well as enriching the lives of volunteers. They target the recently retired to obtain volunteers
- 5.4 A core service which is backed by Age UK is information and advice. It is a trusted source of independent information for older people it dealt with 21,500 enquiries from older people last year, which was handled by 5 staff and 49 trained volunteers based in offices in Leamington, Stratford, Rugby and Atherstone. They also provide rural drop in advice sessions and home visits to the housebound.
- 5.5 They are currently undertaking a pilot in partnership with hospitals to provide advice sessions on discharge to increase access to services that will prevent readmission. And are also part of 4 national pilots 'Home Improvement Projects', working with George Eliot Hospital ward staff to prepare people's home before discharge.
- 5.6 They are also undertaking a piece of work looking at mortality rates relating to heart disease, strokes, and the rates of suicide.
- 5.7 Age Concern also promotes healthy lifestyles to help people maintain their health in older age. The Ageing Well Programme (funded by the PCT) offers a range of exercise clubs, 57 in total in a community setting, plus health information to encourage healthier lifestyles such as stop smoking this has been very successful. They actively participate in vaccination and screening programmes. Their comprehensive falls prevention programme has people assess their risk of a fall, this is complemented by a home safety check scheme (funded via all statutory agencies) to ensure the home environment is as safe as possible.
- 5.8 Another important part of Age Concern's work is to encourage social interaction which they consider is vital for mental well being. Reduced mobility is often a contributory factor and they provide a fleet of four minibuses

which carried 15,025 people last year to lunch clubs and outings. They have 10 lunch clubs across the county which provide nutritious meals which includes a time for socialising with activities. Lifelong learning is also considered an important element of maintaining quality of life they provide computing sessions and training.

- 5.9 Age Concern provide 'Prevention Hubs' in Rugby Leamington and Orbit Housing in Stratford and plan to set up mini Hubs in places such as Henley in Arden, but maintaining 'Hubs' are costly. Some have been supported from legacies and these legacies have also helped with developing care pathways with hospital trusts. Age Concern would like to do more work on developing pathways and consider funds from ASC decommissioning services may be an avenue of support.
- 5.10 The possible main challenge Age Concern face in the future is if local authority costs increase for home care that people may then look at the Third Sector for assistance.
- 5.11 Kate Richmond provided information about Age Concern's psychological services which is currently being restructured. It is a befriending service which can make such a difference for people over 65 yrs. They have 90 volunteers that provide 150,000 hours of service. It provides support for people with early onset dementia, depression, stress or anxiety and carers. They also hold psycho-educational groups to help prevent the reoccurrence of depression. They receive 80% of referrals from the Coventry and Warwickshire Partnership Trust. They are hoping to receive more funding for their IAPT service which provides activities and therapies for those with mental health difficulties.
- 5.12 The T&F Group asked if there was a difference in the number of services provided in the north and south of the county and were surprised to find there were a greater number of services in the north than the south and it also had a largest number of volunteers, which was opposite to what generally was expected.
- 5.13 The T&F Group recommend that Age Concern's services should be publicised more to raise awareness on what is available as part of recommendation 3. However, in response at the meeting Age Concern's intention is to target councillors so they can raise awareness with their constituents.

## **6. Community Meals & Lunch Club**

- 6.1 The T&F Group was informed that malnutrition affects 3 million people and it costs the UK £6 billion to treat. County Enterprise Foods commenced the meals service for the elderly and vulnerable in Warwickshire on the 1<sup>st</sup> May 2010. Before this date WRVS had held the contract for a number of years. This was a very fragmented service where some areas had a 7 day service, other areas had a 2, 3 or 4 day service and some had no service at all.
- 6.2 During the first week County Enterprise Foods provided 2305 meals a week With increased marketing and new referrals it has increased steadily to 3151

meals a week in November 2010. It also became a 7 day a week service from the 1<sup>st</sup> September and is now delivering to every ward in Warwickshire.

- 6.3 All clients receive a menu and are able to select from a choice of 4 meals a day. They strive to cater for every diet and are able to source different meals. In addition to the meals for lunch they can also provide frozen cooked breakfasts, cereal and fruit juice and a snack pack of sandwich, cake and fruit with the option of cheese and biscuits. They welcome customer feedback and have completed surveys in all five of the districts identifying the quality of the meal and content. Complaints are very few with only 1 during the last month and none in the previous quarter. Community Enterprise Foods are monitoring their contract very robustly. The service is making a saving and is cheaper than WRVS.
- 6.4 They can offer a well being check for clients. All drivers receive training and are CRB checked. They can alert the office if there are any concerns such as none delivery, to ensure the next of kin, contact team or duty care teams are informed.
- 6.5 In periods of bad weather such as snow they have access to four wheel drive vehicles and can also check with clients that have frozen meals to ensure they have sufficient meals in stock and they can cope.
- 6.6 They have not receive many enquiries from BME groups for meals, but consider this may be due to these communities providing meals at their day care centres. It was acknowledged that centres generally provide meals for 2 days a week and County Enterprise Foods could provide meals for the other days.
- 6.7 The T & F Group were very impressed with the progress made over a short period of time and the savings Community Meals have achieved.

## **7. Warwickshire Community and Voluntary Action (WCAVA)**

- 7.1 WCAVA's key concern is the focus on 'reablement' as there is a large reliance on preventative services such as transport needs, healthy living centres, but this is not generally funded as part of a strategic approach. There are concerns that these preventative services may be affected by the budgetary constraints, which may cause problems in the future with more people requiring a higher level of care. This will be considered as part of the review undertaken by the Hospital Discharges & Reablement Task and Finish Group.
- 7.2 Also they raised concerns that the move to direct payments and commissioning of services which are likely to create two issues with:
  - VAT and cash flow problems for community groups
  - How information is gathered and disseminated between partners
- 7.3 Transition was raised as another concern as all current services are highly valued and funded, but where would the funding come from in the future.

There is a legal requirement for WCC Adult Social Care to provide certain services, but there is not much funding left over for community groups.

#### **Recommendation 8**

That WCAVA work with the County Council and Community Groups to consider the concerns raised and seek a solution regarding the potential cash flow problem that smaller community groups may face relating to direct payments and changes to VAT. To then consider how this information and advice will be disseminated.

### **8. Community Services**

- 8.1 The T&F Group learned that £100 million (Transformation Fund) had been made available nationally for transitional arrangements through the Big Lottery Fund. This is likely to be around £1 million for Warwickshire to support the grass root groups that are likely to be affected by the reduction in local authority funding. However to obtain funding groups will need to meet strict eligibility criteria. It could also help strategically important groups and some local communities to have their own budgets to support their local area.
- 8.2 The challenge will be how to open up those services and whether the funding should go into one contract for organisations such as Age Concern rather than the several they have at the moment. Although this could ease the procurement process it could place Age Concern in a vulnerable position if they lose this contract, currently if one fails they still have 4 others.
- 8.3 Community Forums are well placed in bringing the public sector and local communities together in the planning of local services. They could have a say in what is required which could result in different services for each community However it was recognised that this could be a challenge for organisations such as Age Concern and there were also concerns that Community Forums can be reactive rather than proactive, which is not always the best way to commission services.

#### **Recommendation 9**

A progress report to be provided to Adult Social Care & Health OSC on how the transitional funding to support community groups and the Third Sector to enable them to become more self-sufficient, will be used.

### **9. BME Services & Race Equality Partnership**

- 9.1 There are large populations of Black & Minority Ethnic groups in Nuneaton and Bedworth, Warwick District (in particular Leamington) and Rugby. The Quality of Life Report 2010 indicates that the percentage of BME population has increased in recent years from 5 to 10.5%. There is also a shift in what is being requested from translation services from being predominately Asian languages in the past to more Portuguese & Polish languages now.



- 9.2 There are currently 15 BME day services (14 provided by Third Sector & 1 by the County Council. There is a huge diversity in BME support which is mainly provided in places of worship. The services provided are very vulnerable in regards to sustainability, although BME groups do receive a small grant for those who are FACS eligible. Those that are discharged from hospital are encouraged to attend the centres this helps to reduce the likelihood of readmissions as well as keeping them well and happy. However those that have difficulties in accessing services tend to suffer in silence.
- 9.3 The team have currently spoken to 357 BME elders over the past 3 weeks. Of these approximately 300 speak little or no English, they are predominantly 1<sup>st</sup> generation, female which are also very vulnerable because of their background. The team have identified very real issues around access to information and services due to the lack of English language skills. During the discussion Age Concern recognised there was a gap in provision because they currently do not have BME advisor. A draft report of this research with the team's findings and recommendations will be available at the end of November 2010. They will be sharing this with partners.
- 9.4 During the discussion concern was raised regarding the likely reduction in funding for services such as those provided by MILAN. There were also concerns around personalised budgets and direct payments where it could inadvertently reduce choice for some. It was thought those people that are part of larger groups would be self sustainable it was the smaller groups that are likely to be at risk. It was agreed that communication would be key to resolving some of these issues.

#### **Recommendation 10**

That smaller BME groups are encouraged to merge with other groups providing similar services or come under the wing of larger organisations such as Age Concern to help them to become self financing and self sufficient.

### **10 Winter Warmth**

- 10.1 The T & F Group was provided with the following information. The Winter Warmth Steering Group has councillor representatives from Warwickshire County Council, Coventry City Council and Solihull Borough Council. The momentum of this group has been lost since the elections last year, but it is hoped that this will be regained as new councillors become more established.
- 10.2 The Winter Warmth Working Party is made up of officer representatives mainly from the housing departments from all the district and borough councils. They have made the commitment to:
- Maintain the momentum and address the actions from the sub regional steering group
  - Holding an annual summit focussing on affordable warmth and excess seasonal deaths

- Produce a communication and training pack that can be circulated and used by partners to identify and refer potentially vulnerable people to services on offer
- Pull together all district and boroughs affordable warmth plans to summarise an overarching Warwickshire approach.

10.3 The Working Party plan is also to ensure:

- The identification of people at risk of not heating their homes adequately
- Agreement on the appropriate referral pathways for county, district and boroughs
- Agreement on the single point of contact for referrals in Warwickshire
- Partners who have the most contact with potentially vulnerable population are well briefed in terms of appropriate questions to ask to assess their risk of difficulties with affordable warmth.

10.4 For the last six months there has been progress made on networking with other groups. These groups are examining ways of sharing data such as condition of rented housing both Housing Association and private. A section on affordable warmth will be included in the next years Joint Strategic Needs Assessment (JSNA).

10.5 Various areas of work have been agreed such as:

- 'Act on Energy' will be the single point of contact to deal with enquiries and signpost appropriately within the boroughs and districts
- The designing of a warm and well leaflet alerting people and giving advice on the importance of keeping warm during winter as well as tips on what signs to look out for when visiting elderly people.
- An Affordable Warmth flyer to be circulated to all customer facing roles to enable them to signpost vulnerable people during the winter months.
- NHS Warwickshire agreement to pay for additional flyers and posters to be sent to all GP surgeries, pharmacists and dentists etc., highlighting the Act on Energy signposting service.
- NHS Warwickshire agreement to have representation on the working party which will help in sharing of data and identifying those at risk.
- Solihull MBC to develop a training newsletter containing prompts on what to look out for during cold weather. This will be shared with agencies in Warwickshire and incorporated into a training pack to identify those potentially at risk.

- 10.6 It was agreed that Parish Councils could also have a role in providing leaflets for their parishioners. This could focus on those living in rural locations and in larger than average house that may be experiencing fuel poverty due to the high costs of oil and antiquated storage heaters, which are very inefficient. In the north of the county some mining households still receive a coal allowance but there are concerns that older people may have difficulties in taking in the coal and making a fire.
- 10.7 The T & F group did have concerns regarding who would be best placed to provide information relating to Winter Warmth in a GP surgery. It was considered important that GPs should be aware of the role of Act on Energy and how the advice and help they offer supports public health's role in promoting health and wellbeing.

#### **Recommendation 11**

That NHS Warwickshire raise GPs awareness of the role of Act on Energy. This will also help reinforce public health's role in promoting health and wellbeing.

### **11. PHILLIS – Promoting Health & Independence through Low level Integrated Support**

- 11.1 The PHILLIS Team also contributes to the main objectives of Adult, Health and Community Services, supporting:
- Carers
  - Reduction of Care Packages
  - Reablement
  - Assistive Technology
- 11.2 The PHILLIS Team has identified key delivery priorities which will support the Council's Corporate and Adult Social Care objectives which are
- Information, advice and advocacy at the time when it is needed.
  - Empowering customers.
  - Customer, carer and family engagement and support.
  - Choice and control and personal budgets for all including self funders
  - Continue to provide positive Customer outcomes
  - Early intervention and prevention
  - Holistic approach – housing, Assistive Technology, transport, benefits.
- 11.2 The T & F Group intended to meet with a representative from PHILLIS to discuss the services they provide but unfortunately the service is currently under review and they were unable to contribute to this review. Therefore it was considered appropriate to cancel this meeting and the T & F Group recommends that PHILLIS provide a briefing of their review to WCC Adult Social Care and Health OSC in six months time.

**Recommendation 12**

A briefing be provided to Adult Social Care and Health OSC in 6 months time on the findings and recommendations on the review PHILLIS is currently undertaking.

**12 Findings**

The Task & Finish Group:

- 12.1 Learned about the wide range of prevention services available, the importance in helping people to remain independent and the need for services to change to meet the challenges due to the current financial constraints and demographic changes leading to a significant increase in the number of older people in Warwickshire.
- 12.2 Appreciated the importance of the new assistive technologies available such as 'telecare' and how these help not only users to remain independent, but carers as well in enabling them to continue working, or do everyday tasks knowing that they can be contacted if there was an emergency.
- 12.3 Recognised there were a large number of prevention services available but consider that these were not widely publicised enough with the public.
- 12.4 Were concerned about the lack of 'telecare' services in the Nuneaton and Bedworth area especially when it was considered so beneficial for both users and carers. It was considered important to have equitable access to this service for all Warwickshire residents.
- 12.5 Recognised the importance of publicising 'telecare' services to ensure people remain independent for longer in their own homes and supporting carers so they can continue in their own daily activities such as going out to work.
- 12.6 Were made aware that the falls assessment tool should take account the environmental setting where the fall occurs such as whether it was loose rugs in the home, walking aids being used inappropriately in a care home or loose cables or equipment in a hospital.
- 12.7 Learned about the systems thinking approach to improve waiting times to provide assessments and aids/adaptations for help people to remain in their own homes. They have real concerns that the current waiting times are far too long and feel this should be addressed as a matter of urgency to ensure that those requiring these services do not end up requiring longer term care, which is a far more costly.
- 12.8 Learned about the current role of the Warwickshire Community and Voluntary Action (WCAVA) and community groups (Third Sector) in providing older people's prevention services, and the plans in the future where the County Council intend to commission relevant prevention services from this sector. However it raised concerns that smaller community groups could experience

cash flow problems with the move to direct payments and the changes in VAT in 2011.

- 12.9 Were made aware that £100 million has been made available nationally for voluntary and community groups during the transitional arrangements from being publically funded to becoming self sustainable, This is likely to £1 million for Warwickshire and will support the community groups that are likely to be affected by the reduction in local authority funding. However to obtain funding these groups will need to meet strict eligibility criteria.
- 12.10 Were made aware that BME services needed to become self funding and self sufficient to ensure they can continue to provide services. They recognised that this would be difficult for smaller groups but consider it may be possible for some to join larger groups or larger organisations.
- 12.11 Learned of the progress being made following the Winter Deaths and Fuel Poverty Review in raising awareness and the importance of older people in keeping warm and well in winter. A GP surgery was consider a mainstay for older people in obtaining flu jabs, and other related medical services. It was considered important that GP's and nurses were made aware of the services Action on Energy can provide in helping older people keep warm.

### **13. Recommendations**

The Task & Finish Group made the following recommendations

- 13.1 They support the intention that risk assessments will be carried out to consider the impact of the proposals being suggested and recommend that this should be implemented as a priority. This should take into account the future demographic pressures and the likelihood that there will be potentially a large number of older people requiring higher levels of care as they get older.
- 13.2 They support the joined up approach to provide an easier access to assistive technology services by providing an open front door policy - one stop shop service and recommend that this is implemented as a matter of priority. However, they suggest that this goes one stage further to include signposting to all other prevention services provided by the County Council, NHS Warwickshire, Community Health Teams and the voluntary & community groups. This would support the proposed plan to have an integrated corporate information and advice service in place by 2012.
- 13.3 That Adult, Health & Community Services Directorate work with the voluntary & community groups, NHS Warwickshire and Community Health Teams to consider how assistive technology services and prevention services could be publicised with the general public to improve access and the take up of these services.
- 13.4 When re-tendering for telecare services that Adult, Health and Communities Directorate ensure there is a 'telecare' service for each of the Boroughs and Districts to ensure equitable access for all residents

- 13.5 They support the proposal to raise awareness of the 'telecare' service through the County's communication and media team and recommend that this is implemented as a matter of priority.
- 13.6 They support the preventive measures being taken to reduce falls. However, they recommend Warwickshire Falls Prevention Service, Adult Social Care Directorate and NHS Warwickshire work in partnership to ensure the new assessment tool better reflects the environmental setting in which a fall occurs.
- 13.7 They support in principle the systems thinking approach in providing aids and adaptations but would like to receive a progress report showing whether the expected improvements in waiting times for assessments and receiving adaptations are being achieved.
- 13.8 That WCAVA work with the County Council and Community Groups to consider the concerns raised and seek a solution regarding the potential cash flow problem that smaller community groups may face relating to direct payments and changes to VAT. To then consider how this information and advice will be disseminated.
- 13.9 A progress report to be provided to Adult Social Care & Health OSC on how the transitional funding to support community groups and the Third Sector to enable them to become more self-sufficient, will be used.
- 13.10 That smaller BME groups are encouraged to merge with other groups providing similar services or come under the wing of larger organisations such as Age Concern to help them to become self financing and self sufficient.
- 13.11 That NHS Warwickshire raise GPs awareness of the role of Act on Energy. This will also help reinforce public health's role in promoting health and wellbeing.
- 13.12 That a briefing be provided to Adult Social Care and Health OSC in 6 months time on the review PHILLIS is currently undertaking.

## 1. Scope

<b>Review Topic</b> (Name of review)	<b>Adult Social Care Prevention Services - Vision for the Future</b>
<b>Panel/Working Group etc – Members</b>	Councillor Watson (Chair) Councillor Ashford Councillor Tooth Councillor Fox Councillor Clarke Councillor Compton WCC Officers – Jon Reading, Kim Harlock
<b>Key Officer Contact</b>	Alwin McGibbon
<b>Relevant Portfolio Holder(s)</b>	Cllr Izzi Seccombe; Adult Social Care Cllr Bob Stevens, Health
<b>Relevant Corporate/LAA Priorities/Targets</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• Supporting people to remain at home living independently</li> <li>• Increasing the numbers of people accessing housing related support services, disabled facilities grants, aids and adaptations to support independent living.</li> <li>• Decrease ongoing home care packages due to the introduction of prevention and early intervention including reablement</li> <li>• Development and Implementation of the prevention strategy</li> <li>• Increase in the percentage of people in receipt of ‘telecare’ and expansion of service available</li> <li>• Narrowing the gaps and sustainable affordable services fit for the future.</li> </ul> <p>NI 124 – People with a long-term condition supported to be independent and in control of their condition  NI 141 – Number of vulnerable people achieving independent living  NI 139 – The extent to which older people receive the support they need to live independently  <b>NB</b> - With proposed changes to Adult Social Care the indicators may change to reflect the Social Care Model where those supported to live at home will be measured by supporting fewer people not more, which is opposite to the current measures. N141 would likely to remain the same</p>

<p><b>Timing Issues</b></p>	<p>There are a number of streams of work currently underway which will determine when it is most appropriate to commence this review.</p> <ul style="list-style-type: none"> <li>▪ In January 2010, Cabinet approved the commencement of the reconfiguration of voluntary sector and day care services into the community hub model. The hub model will not be going ahead because it was considered too costly. However there is major work being undertaken this financial year in re-tendering and re-modelling of prevention services to help address the reduction in available funds for adult social care services. Therefore this O&amp;S review needs to be completed by January 2011 to influence the future direction of prevention services in time for WCC's Budget in February 2011</li> <li>▪ Warwickshire Strategic Housing and Support Partnership are now taking a lead on the developing the 'telecare' strategy as part of the partnership approach. There should be an agreement on the new 'telecare' model over the next 2-3 months with a rollout of the new approach during the second part of the year.</li> </ul>
<p><b>Type of Review</b></p>	<p>In depth review</p>
<p><b>Resource Estimate</b></p>	<p>This review if commissioned 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 and again the level of support required will depend on the exact methodology adopted by the review. A provisional estimate of scrutiny officer support is between 252 to 276 hours or 42-46 days depending on the actual methodology used by the review. This assumes a review planning meeting, 3 evidence sessions, evidence review meeting, meeting to develop conclusions and recommendations, 2 local site visits (a best practice visit outside the county is not included) it includes arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.</p>



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

The Council has set its Fair Access to Care threshold at the substantial and critical levels. Cabinet is being asked to confirm these thresholds on 22 July 2010 and to support a stricter and more consistent application of the guidance which has been refreshed by government.

People falling below these thresholds do not have access to publicly funded mainstream social care support, or residential services. The Council has previously agreed a well-being threshold for people who fall within the moderate and low bands of the FACS criteria. This aimed to provide people with that 'little bit of help' to access alternative support services, equipment, information and advice with the aim of reducing or delaying the need for people to come into the social care system.

The Comprehensive Spending Review has confirmed there will be a reduction of funds for adult social care services. However, demographic changes show rise of 43% in the population of older people in Warwickshire by 2025 from 94,200 to 134,500. Life expectancy is on the increase.

Keeping people out of the social care system or delaying their need to enter the system will be a key component of any strategy adopted by the council to meet the twin challenges of budgetary constraints and demographic growth whilst at the same time trying to meet people's expectations and providing sustainable services in the future.

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

- 30.5% of older people believe that they receive the support they need to live independently. 2009 Warwickshire Partnership Place Survey While performance is low for this indicator, the benchmarking comparison puts WCC in the upper middle quartile against all other England authorities, but lower middle compared to all Shire Counties and our comparator group. This is in part a perception measure. A publicity campaign is being developed with corporate communications to improve public perception before this information is collected by the Place survey in 2010.
- The development and expansion in growth of 'telecare' services is slower than we had hoped but the enhanced Warwickshire Strategic Housing and Support Partnership are now taking a lead on the developing the strategy as part of the partnership approach. There should be an agreement on the new 'telecare' model over the next 2-3 months with a rollout of the new approach during the second part of the year in 2010
- Increase the proportion of people supported in their own home - Fair Access Eligible People (FACs)

<p><b>Objectives of Review</b> (Specify exactly what the review should achieve)</p>	<ol style="list-style-type: none"> <li>1) To establish whether the well-being threshold is working as intended, whether it needs to be renewed or refreshed to meet the changing context</li> <li>2) To understand the services currently within the scope of low level/high level prevention services - what is currently being offered, what model/services are being proposed in the future and how they differ to current arrangements</li> <li>3) To identify whether there are inequalities in provision across the county, differential waiting/assessment times or gaps in provision and any plans to address any issues and any affordable options to improve consistency.</li> <li>4) To ascertain whether there are other services provided by ourselves or partners that should fall within the scope i.e. can we improve the offer?</li> <li>5) To identify whether there are areas where improved working with partners and the Third Sector could improve the offer or its affordability.</li> <li>6) To identify whether there could be improvements in access to aids, adaptations, and 'telecare' to better support a prevention strategy.</li> <li>7) To assess the appropriateness of proposed prevention strategy whether it will meet the needs of customers and challenging financial situation.</li> <li>8) To promote user/carer confidence in user's abilities to manage their own care needs without recourse to the social care system</li> <li>9) Ultimately to secure better outcomes for people, more choice and control and reduce the need to rely on the social care system and remain independent for longer</li> <li>10) To make recommendations for improvements which are both affordable and sustainable and maximise the use of available public service funding taking into account current budgetary constraints</li> <li>11) To ensure the proposed services to promote independent living commissioned from the Third Sector remain sustainable and there are appropriate performance management arrangements in place</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>• Adult Social Care's vision for the future and their action plan</li> <li>• Prevention services – what is being provided in own homes, 'telecare', Aids and Adaptations, extra care, housing related support services, community meals, lunchtime clubs</li> <li>• A briefing to update the progress of the Falls Prevention Review &amp; Excess Winter Deaths &amp; Fuel Poverty Review</li> <li>• Role of Third Sector</li> </ul> <p><u>Excluded</u> The following falls outside the scope of the review:</p> <ul style="list-style-type: none"> <li>▪ Universal services such as information/signposting services</li> <li>▪ Reablement</li> <li>▪ Admissions/readmissions – hospitals &amp; care homes</li> <li>▪ Public Health measures such as support to stop smoking, healthier eating, etc</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>• Indicators that reflect more sustainable independent living</li> <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 the provision of services</li> <li>• Raising profile of the prevention agenda with our partners</li> <li>• Reassure users/carers &amp; promote confidence</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>	<p>See above</p>