Adult Social Care and Health Overview and Scrutiny Committee

24 January 2011

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on MONDAY, 24 JANUARY 2011 at 10.00 a.m.**

The agenda will be: -

1. General

(1) Apologies

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

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

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

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 8 December 2010

(4) Chair's Announcements

2. Public Question Time (Standing Order 34)

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

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

For further information about public question time, please contact Ann Mawdsley on 01926 418079 or e-mail ***annmawdsley@warwickshire.gov.uk***.

3. Questions to the Portfolio Holders

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

4. Care & Choice Programme - The Future of Warwickshire County Council's Residential Care Homes for Older People

Report of the Strategic Director, Adult, Health and Community Services.

In July 2010, Cabinet gave approval to a consultation process with residents, other customers and families on future options on the impact if the Council were to close its ten residential care homes for older people. At its meeting in October 2010, the Cabinet agreed to extend the timescales until December 2010 to take account of further options. This report asks the Committee to scrutinise proposals being taken to Cabinet on the way forward taking account of the consultation as well as the demographic and financial challenges facing the Council in this area of service and other strategies which are already being adopted to tackle the issues.

Recommendation

That the Committee scrutinises the proposals in the attached report to Cabinet on 27th January in relation to the Future of WCC's Residential Care Homes for Older People and reports its views onwards to the Cabinet at the meeting.

For further information please contact Ron Williamson, Head of Communities and Wellbeing/Resources, Tel: 01926 742964 E-mail ***ronwilliamson@warwickshire.gov.uk***.

5. Bramcote Hospital Consultation

The Committee will receive an update from NHS Warwickshire on the outcome of the consultation in relation to Bramcote Hospital.

6. Adult Social Care Annual Performance Assessment Improvement Plan

Report of the Strategic Director, Adult, Health and Community Services.

Each year the Care Quality Commission (CQC) acting as the Adult Social Care regulator assess performance within all local authorities with social care responsibilities and award judgements which indicate the quality of service provided by each Council. As reported to O&S in December we received a positive outcome for the performance year 2009/10 but some areas for improvement were identified within the report form the CQC and this paper outlines the actions we are currently taking to address these issues.

Recommendation

It is recommended that the committee considers and comments on the actions planned to address the areas for improvement highlighted by the Care Quality Commission (CQC).

For further information please contact Andrew Sharp, Service Manager, Tel: 01926 745610 E-mail ***andrewsharp@warwickshire.gov.uk.***

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

Report of the Strategic Director, Customers, Workforce and Governance

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.

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.

For further information please contact Alwin McGibbon, Scrutiny Officer, Tel: 01926 412075 E-mail ***alwinmcgibbon@warwickshire.gov.uk***.

8. NHS Warwickshire - Update

The Committee will receive an update from Paul Maubach, Director of Strategy and Commissioning, NHS Warwickshire on progress made following decisions to reduce activity and commissioning plan for 2011/12, including the long-term reduction in acute beds.

9. Warwickshire Local Involvement Network (LINks) – Progress Report

Report of the Strategic Director, Customers, Workforce and Governance

This Report describes recent progress made by Warwickshire LINk, updates members regarding the work programme being pursued by the LINk in 2010/11, seeks to gain the views of members on the hosting arrangements which might apply on the expiry of the current contractual arrangement and sets the scene for the transition of LINk into local Healthwatch.

Recommendation

That the Committee:

a) Note the present position in relation to the Warwickshire Local Involvement Network (LINk)

b) Discuss the current work programme of the LINk for 2010/11 and make such comments and suggestions as the Committee considers appropriate

c) Notes the position in relation to the transition of the LINk into local Healthwatch and makes such comments as it considers appropriate

d) Notes the need to put into place new arrangements for the hosting of the LINk with effect from 1st April 2011 and the steps being taken to progress this.

For further information please contact Nick Gower-Johnson, County Localities and Communities Manager, Tel: 01926 412053 E-mail ***nickgower-***

johnson@warwickshire.gov.uk.

10. Work Programme 2010-11

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

This report contains the Work Programme for the Adult Social Care and Health Overview and Scrutiny.

Recommendation

The Committee is recommended to agree the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year.

For further information please contact Michelle McHugh, Overview and Scrutiny Manager, Tel: 01926 412144 E-mail ***michellemchugh@warwickshire.gov.uk*** or Ann Mawdsley, Principal Committee Administrator, Tel: 01926 418079 E-mail ***annmawdsley@warwickshire.gov.uk.***

11. Any Other Items

which the Chair decides are urgent.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

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

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

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

The reports referred to are available in large print if requested

General Enquiries: Please contact Ann Mawdsley on 01926 418079
E-mail: *annmawdsley@warwickshire.gov.uk*.

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

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 8 December 2010 at Shire Hall, Warwick

Present:

Members of the Committee	Councillor Martyn Ashford " Les Caborn (Chair) " Jose Compton " Richard Dodd " Kate Rolfe " Frank McCarney " Dave Shilton " Angela Warner " Claire Watson
District/Borough Councillors	Michael Kinson OBE Sally Bragg Wendy Smitten
Other County Councillors	Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care
Officers	Geoff King, Head of Service - Commissioning and Partnerships Division, Children & Young people Jon Reading, Strategic Commissioning Service Manager, Adult Social Care Alwin McGibbon, Overview & Scrutiny Officer Michelle McHugh, Overview and Scrutiny Manager
Also Present:	Peter Barnett, Coventry City Council Kevin O'Leary, Coventry and Warwickshire Partnership Trust Warren Manger, Coventry Telegraph

1. General

The Chair welcomed everyone to the meeting,

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Sid Tooth, Councillor Bob Stevens, Paul Maubach (NHS Warwickshire) and Rachel Pearce (NHS Warwickshire).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service NHS Trust.

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

Councillor Jerry Roodhouse declared a personal interest as chair of LINk

Councillor Angela Warner declared a personal interest in her role as a GP.

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

The minutes of the previous meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 8 November 2010 were amended as follows:
Page 3 include 'in relation to the eye unit' before Warwick Hospital (paragraph 4). Following this amendment the minutes, were agreed as a correct record and signed by the Chair.

Matters Arising

Matters arising from the minutes were:

Item 3, page 3 regarding the progress of GP Consortia in Warwickshire. The response was that it was still not clear how many GP Consortia there will be in Warwickshire or where they will be located. The committee will be informed as soon further information is available.
Item 3, page 4 regarding the location of virtual wards in Warwickshire. The response that there was one virtual ward in Alcester and it was thought one virtual ward in the North of the county - the location to be confirmed.
Item 6, page 5 regarding the consultation on the future of Bramcote Hospital and the wish to raise concern about the future of respite services in the area if the hospital was to close. CWPT also wanted to confirm they did have concerns (not as reported in the minutes) and these concerns had been sent to the consultation email address on the 27th October 2010 and wanted to ensure these would be considered/debated. It was agreed that these concerns would be considered at the meeting of the Committee to be held on 24th January 2011.

(4) Chair's Announcements

The Chair informed Members of the Committee that Paul Maubach and Rachel Pearce from NHS Warwickshire had sent their apologies for the meeting at extremely short notice, which was considered unacceptable. The committee supported the Chair's disappointment especially as alternative arrangements had not been made to send another representative. The committee agreed that a letter should be sent to NHS Warwickshire to voice their concerns and disappointment at the non attendance of NHS Warwickshire, especially as two of the agenda items were NHS Warwickshire's reports.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Izzi Seccombe

Councillor Kate Warner asked the Portfolio Holder whether there have been any problems with the Meals on Wheels service and the distribution of meals with the recent bad weather the county had experienced. Councillor Izzi Seccombe responded that she had not been made aware of any problems, but will investigate and provide a briefing note to the committee.

Councillor Dave Shilton suggested that when there are periods of very cold weather there should be increased publicity on what information and services are available and how these can be accessed to ensure older people are not placed at risk of falling ill due to insufficient heating or lack of food. Cllr Izzi Seccombe responded she would follow this up and Councillor Claire Watson said she would raise awareness of the need for extra publicity during cold spells at the Winter Warmth Group meeting next week.

Councillor Michael Kinson OBE wanted to convey a message that older people are beginning to feel a sense of isolation with the potential service cuts that the County Council are proposing to make. Councillor Izzi Seccombe explained that is not how the Council wants older people to feel, but the size of the savings required will inevitably have an effect on services. Councillor Michael Kinson OBE extended an invitation for Councillor Izzi Seccombe to attend a Warwick District Council meeting next week

to discuss the changes in service the County Council are likely to be making. Councillor Izzi Seccombe gave her apologies that she could not make this meeting due to other commitments, but will attend their January 2011 meeting.

Councillor Michael Kinson OBE also expressed his surprised at the substantial number of calls the Samaritans receive and wondered if there was an explanation for this. Councillor Jose Compton responded that she would forward a copy of the Samaritan's report to Councillor Kinson, which gives information on why they receive these calls.

Councillor Jerry Roodhouse asked if any of the Nursing Homes in Warwickshire had expressed an interest to form a Social Enterprise rather than face closure. Councillor Izzi Seccombe responded that the Council had received an enquiry from one home to this effect, which had been followed up by the County Council, but at this moment in time, no response had been recieved.

Health Items

4. Long-term Reduction in Acute Beds

Due the absence of NHS Warwickshire representatives this item was deferred to the next meeting of the committee

5. NHS Warwickshire – Update

Due to the absence of NHS Warwickshire representatives this item was deferred to the next meeting of the committee

Adult Social Care Items

6. Council Performance Rating APA 2009-10 Warwickshire

The Committee considered the report of the Strategic Director for Adult Services, outlining the Adult Social Care Annual Performance Rating for 2009/10.

The Portfolio Holder Councillor Izzi Seccombe stated that the rating was an excellent improvement on the previous year. In particular, 'reablement' had been striking success with 66% of those accessing this service requiring no further care needs after receiving this service.

There was some discussion relating to areas of improvement outlined in the report and how these were being addressed. Jon Reading, Strategic Commissioning Service Manager informed the committee there is always a delay with performance ratings being published and some areas for improvement identified in the report were already performing better. Jon Reading explained that the Care Quality Commission will not be undertaking an annual inspection during 2010/11, but annual inspections would recommence in 2011/12. CQC are currently consulting on a new inspection regime, which is likely to focus on 3 core areas.

1. Putting People First

2. Value for Money

3. Safeguarding

In the interim, the County Council and its partners need to carefully monitor the intervening period to ensure that the current levels of performance are retained and improvements are made. It would also be necessary to ensure appropriate performance reporting to elected members.

Councillor Izzi Seccombe recognised there were challenging issues regarding recording mechanisms which fed into the APA process, taking into account visits, client conversations which were considered critical to meet the needs of the clients and the professionals. This is a statutory requirement, but accepts this is an onerous task, which is more difficult especially in these times. The Chair Councillor Les Caborn suggested that the committee receives a paper to monitor progress.

Councillor Richard Dodd sought clarification as to whether it was correct that 4 of the 7 performance outcomes are not assessed by CQC but are based solely on the evidence provided by the County Council. Jon Reading responded that this was correct and tthat the Care Quality Commission had been assured that the areas that these area were working well and the focus is to concentrate on areas for improvement. It was noted that there are further checks and balances to monitor performance via the Audits and Standards Committee.

Councillor Dave Shilton asked how Adult Social Care set the indicators. Jon Reading responded that target setting is done using a tried and tested methodology and some national indicators are

being reintroduced. Again the Audit and Standards Committee monitor these indicators. The Committee requested that the performance report considered by the Audit and Standards Committee be made available to the committee

Councillor Kate Rolfe raised concerns around the waiting times for aids and adaptations. It was noted that that aids and adaptations were the responsibility of boroughs and districts councils, but it was acknowledged that the issue needed to be addressed. It was noted that aids and adaptations would be picked up by the Prevention Services Task and Finish Group. Jon Reading undertook to provide the Committee with a briefing note outlining the issues with aids and adaptations with historical data included.

Councillor Dave Shilton asked with CQC inspections not being carried out next year would this have an impact on performance especially taking into account the potential service reductions. Cllr Izzi Seccombe responded that cuts to frontline services would be avoided, with cuts likely to fall within back office functions. Councillor Izzi Seccombe added that quality is a critical part of performance but with budgetary constraints the County Council cannot promise there will not be cuts or a diminishing of services. Jon Reading will be provide regular updates to the committee on how the Directorate is implementing service reductions

Councillor Jose Compton asked where Warwickshire was placed in the league table, in relation to the other regional shire counties. Cllr Izzi Seccombe responded that Warwickshire was evenly placed with the majority of councils. All councils are performing well in the region, apart from a small number of councils, which are performing adequately. The league table details are in the Cabinet papers and it was agreed that this information will be circulated to the committee.

Councillor Frank McCarney wanted assurances that the new model of adult social care/services will be available for all of Warwickshire. Councillor Izzi Seccombe responded there is no intention to have any differences in the north or south of the county. It should be seen as a good opportunity to change and develop more services to support people to live independently rather than keeping them in longer term care. This is good practice.

Councillor Frank McCarney asked how these new services were going to be communicated to the public. Cllr Izzi Seccombe responded that any service changes would be communicated via Older People's Forums, staff groups and road shows. It was

accepted that there will be difficulties in running the old model of adult social care services whilst developing new services such as 'reablement', but it was agreed that it is the responsibility of the committee to monitor if this is working. Councillor Izzi Seccombe added there is a plan to have an adult social care directory of services and link this to directory of services provided by health to provide information for those trying to access services.

Jon Reading informed the committee that impact assessments are being carried out on current services to ensure there are no problems when services are decommissioned or reduced. He stressed the importance of the County Council in meeting its requirement to ensure it maintains quality of services and 'Duty of Care'.

Councillor Jerry Roodhouse raised the importance of quality & 'Duty of Care' and how this is communicated with other providers of care as the County Council will be likely to be commissioning these services rather than providing services as it does now. He asked how the County Council will access performance information from these other providers to ensure customers continue to receive quality services and care. The committee considered it was important that there were quality monitoring measures in place.

Concerns were raised by members of the Committee that there needs to be more of a link with health to deliver care with expressions of disappointment that NHS Warwickshire had not attended this meeting. Councillor Izzi Seccombe assured the committee there would be continuing dialogue with health.

The Chair recommended that Adult Social Care & Health Directorate submit an action plan to address the areas of improvement identified within the Annual Performance Assessment and that this action plan be presented to the next committee meeting.

7. **Joint Review of Antenatal and Postnatal Services for Teenage Parents in Warwickshire**

Councillor Angela Warner opened by thanking Paul Williams in successfully bidding for funding from the Centre of Public Scrutiny (CfPS) to conduct this review and his enthusiasm and support throughout the review. She also extended her thanks to Paul Ansell and Shirley Round, Scrutiny officers from Rugby BC and Nuneaton BC and other officers who contributed to the review.

The CfPS specified that a successful bid would be aiming to address health inequalities and health outcomes for teenage parents are poorer with implications for them and their children. Warwickshire County Council with Rugby Borough Council and Nuneaton & Bedworth Borough Council were successful. It was disappointing that not all district/borough councils joined this review.

Councillor Angela Warner highlighted how the review contributed twice with information to help develop the CfPS health inequalities toolkit. Both elected Members and officers reflected on the review process and made suggestions on how future reviews on health inequalities could operate as an example of good practice.

The review had resulted in a disparate set of conclusions and recommendations where there were examples of good practice such as the 'Providing Information and Positive Parenting Support '(PIPPS) team at George Eliot Hospital, but with other areas that required further consideration such as the removal of Advisor to Pregnant Teenagers and Teenage Parents by Connexions. It was thought that this post should be reinstated. Councillor Izzi Seccombe considered this should be raised with Cabinet as a key point. It was also suggested that the welcome pack provided by PIPPS team should be available elsewhere.

Councillor Jose Compton considered there were too many recommendations and the message the review was wishing to make could be lost. Councillor Angela Warner explained that the Task and Finish Group had gone through a process of slimming down the recommendations, but then felt that they needed to be expanded again to make sure it put across the salient points the Task and Finish Group wanted to make. The recommendations also reflected the vast variety of services available for teenage parents and that was an additional reason why it was not feasible to reduce them further.

Cllr Frank McCarney was interested in the outcome from this review. He considered where Children's Centres were located such as schools may contribute to lack of access by teenager parents. He had concerns that Children's Centres based in community centres are facing financial pressures and this needs to be taken into consideration. Councillor Kate Rolfe added that there will be no more building of Children's Centres in Warwickshire which is a great shame.

Geoff King, Head of Service - Commissioning and Partnerships Division, Children & Young People Directorate was surprised that the Children's Centres were not considered welcoming but he is willing to do more work around this. He assured the Committee that following Cabinet consideration of the recommendation the Children, Young People and Families Directorate would put together an action plan to address the issues raised by the review. Cllr Warner responded by highlighting that review relied heavily on evidence such as the Bigmouth initiative which apparently targeted the 'most needy' young parents, which is what it was meant to do, but supports the lack of objective data identified in the report.

Councillor Claire Watson as a member of the Task and Finish Group wanted the Committee to note that there were no services for young fathers.

Kevin O'Leary from Coventry and Warwickshire Partnership Trust assured the committee they will action recommendation 5 in the report and thanked the review panel for bringing it to their attention.

Councillor Angela Warner concluded with the importance of recommendation 17 in the report where professionals working with teenagers enjoyed the opportunity to network and to share their knowledge and experience with other professionals during this review.

The Chair recommended that a copy of the report with recommendations be given to Cabinet and relevant Health partners. A copy of the CfPS toolkit be circulated with the report.

8. Dementia Strategy

Jon Reading, informed the Committee that there are approx 7,000 people known to have dementia in Warwickshire and this is expected to rise to around 10,000 in three years time. It will take 5 years to develop the Dementia Strategy. There are 17 objectives in the National Dementia Strategy and the intention is not to adopt these objectives per se for Warwickshire but adapt them to suit the county's needs.

The intention for example is to provide Extra Care Housing for those with early stage dementia. Currently the draft dementia strategy is being developed but there are still some gaps, which is why it was thought premature to bring the Draft Strategy to the Committee at this stage. The planning team are looking at:

1. Timely recognition and early diagnosis
2. Assured pathway of care
3. Support for the rest of your life
4. Housing support – Extra Care
5. Workforce issues

The proposal is to bring the Dementia Strategy to this Committee in January 2011, stakeholders in February 2011 and Cabinet in March 2011. The Strategy will require an investment in resources. It was noted that Warwickshire is currently a pilot site for dementia advisors. Whilst the pilot is currently only available in the north of the county, it is hoped that the pilot will be rolled out to the remainder of the county. It was also noted that there are peer support groups such as 'Phoenix', but there needs to be a countywide approach. The intention is this will be provided by January 2011.

The committee members expressed a disappointment that the strategy was not yet complete and acknowledged that effectively addressing dementia is likely to be costly as more people are diagnosed with dementia.

Councillor Kate Rolfe was not convinced that Extra Care Housing will work for those that are in the later stages of dementia, as a change in surroundings would cause them great confusion and worsen their condition.

Councillor Izzi Seccombe agreed that resources needed to be sufficient to meet the needs of those affected. There is the potential to use Extra Care Housing for those in early stages of dementia, but there will still be a need for nursing care beds for those with major needs. She also recognised that Extra Care Housing will not be suitable, for those with dementia, for the whole of their life. However, Extra Care Housing could particularly suit the needs of those with learning difficulties that can be prone to early onset dementia.

Councillor Frank McCarney wanted the committee to take into account that many of those with dementia end up in the acute sector which can cost the NHS £500 per day. It was important to get the strategy moving on.

The Chair agreed that the Dementia Strategy will be presented to the committee in January 2011 and that this should include a full financial analysis and action plan required to deliver the strategy.

Joint Health and Adult Services

9. Work Programme 2010-11

Members noted the work programme and all items suggested in the programme, for the next meeting, will be on the agenda including the two NHS items deferred from today's meeting and the Dementia Strategy.

10. Any Other Business

Councillor Claire Watson informed the committee that the Winter Warmth Working Group - Warwickshire's Strategy with Public Health, will be bought before this O & S Committee, Cabinet and Public Health Board in April 2011.

…….
Chair of Committee

The Committee rose at 15:41 p.m.

Agenda No

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care and Health Overview & Scrutiny**
Date of Committee	**24th January 2011**
Report Title	**Care & Choice Programme - The Future of Warwickshire County Council's Residential Care Homes for Older People**
Summary	In July 2010, Cabinet gave approval to a consultation process with residents, other customers and families on future options on the impact if the Council were to close its ten residential care homes for older people. At its meeting in October 2010, the Cabinet agreed to extend the timescales until December 2010 to take account of further options. This report asks the Committee to scrutinise proposals being taken to Cabinet on the way forward taking account of the consultation as well as the demographic and financial challenges facing the Council in this area of service and other strategies which are already being adopted to tackle the issues.
For further information please contact:	Ron Williamson Head of Communities and Wellbeing Tel: 01926 742964
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	▪ Cabinet 22nd July 2010 Item 6 "Care and Choice Programme – "the Future of Warwickshire County Council's Care Homes for the Elderly" and minutes ▪ Cabinet 14th October Item 3 "The Future of Warwickshire County Council's Care Homes for the Elderly – Extension of Consultation" and minutes

Warwickshire County Council

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	.....
Local Member(s)	☐	
Other Elected Members	☒	Councillor L Caborn, Councillor D Shilton, Councillor C Watson, Councillor K Rolfe, Councillor S Tooth
Cabinet Member	☒	Councillor I Seccombe
Chief Executive	☐	.....
Legal	☒	Alison Hallworth, Adult and Community Team Leader, Suzanne Burrell, Company & Commercial Team
Finance	☒	Chris Norton, Strategic Finance Manager
Other Chief Officers	☐	.....
District Councils	☐	.....
Health Authority	☐	.....
Police	☐	.....
Other Bodies/Individuals	☐	

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by this Committee	☐	.....
To Council	☐	.....
To Cabinet	☒	..This item is on the Cabinet agenda for 27th January 2011.....
To an O & S Committee	☐	.....
To an Area Committee	☐	.....
Further Consultation	☐	.....

Agenda No

Adult Social Care and Health Overview and Scrutiny Committee – 24th January 2010

Care & Choice Programme - The Future of Warwickshire County Council's Residential Care Homes for Older People

Report of the Strategic Director of Adult, Health and Community Services

Recommendation

That the Committee scrutinises the proposals in the attached report to Cabinet on 27th January in relation to the Future of WCC's Residential Care Homes for Older People and reports its views onwards to the Cabinet at the meeting.

1. Background

1.1 The report attached as **Appendix A** contains the proposals to Cabinet on 27th January in relation to the future of the Council's residential care homes for older people. It follows an extended consultation period with residents, other customers and their families between August and December 2010 on the following options:

- Closing all of the Homes and Disposing of the Sites over a 3-4 year period
- Selling the Homes as "going concerns" to the independent sector
- Setting up a joint venture company (JVC) to operate the Homes
- Other options such as social enterprises/ local community co-operatives running the homes

The Cabinet report makes recommendations on the above options based on analysis of the capacity to meet the needs of the current and future elderly population of Warwickshire for residential care, while taking account of available resources, the results of the consultation and evidence of the developments now taking place within adult social care aimed at keeping people more independent in old age.

1.2 As a result of the analysis, the following recommendations are made:

1. That Cabinet notes the rationale and evidence of demand for residential services in the light of the strategic direction and approves closure of two homes, Mayfield and Abbotsbury, calculated to be surplus to requirements.

2. That Cabinet agrees that officers should invite expressions of interest in the following options for procurement in relation to its current internal care homes provision:

a) Purchase of any or all of the homes as "going concerns" maintaining quality and charging in accordance with CRAG regulations.
b) Entering into a partnership with the Council to operate a joint venture company for any homes not eliciting market interest in order to facilitate careful strategic scheduled transformation
c) Establishing social enterprise/local community co-operatives where quality, safety and value for money can be assured.
d) Exploring further the potential for a Total Place solution in relation to Low Furlong in Shipston.

3. That Cabinet agrees a priority schedule of closures based on the matrix set out in Appendix 3(d), recognising that changes in the data may still affect the actual priority order. .

4 That temporary contingency arrangements should be put in place to ensure that sufficient provision is retained in the independent sector to ensure that capacity is retained while closures are implemented.

1.3 The full consultation reports are provided for scrutiny at **Appendix B** with the initial consultation (August to October) as Phase 1 and the extended period (November to December) as Phase 2. These reports are also available to the public through the Council's website (at www.warwickshire.gov.uk/ residentialcareconsultation.

1.4 **Appendix C** contains the supporting database to the decision matrix used to determine the priority order for closure of homes. This matrix has been used as an objective basis for decision making. These documents are split into:

- Front Sheet showing final order of closure, suggested timings and weightings
- The Decision Matrix showing the detailed analysis of the scores
- Further Tables showing ranges used per criteria

Members can see from the Front Sheet that the highest weighting has been accorded to criteria for "ability to re-provide places" and "dependency levels of residents" as it is most important that needs can continue to be met locally. On the second sheet, giving the details of the decision matrix, members can see from the build-up of the "weighted score" which particular elements have given rise to the recommendations on the first two homes to close ie. Mayfield and Abbotsbury.

2. Scrutiny

2.1 The Committee is asked to scrutinise the proposals and report on the outcome of their meeting in advance of consideration by the Cabinet on 27th January

Wendy Fabbro
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick
January 2011

APPENDIX A

Cabinet – 27th January 2011

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

Report of the Strategic Director of Adult, Health and Community Services

Recommendations:

1. That Cabinet notes the rationale and evidence of demand for residential services in the light of the strategic direction and approves closure of two homes, Mayfield and Abbotsbury, calculated to be surplus to requirements.

2. That Cabinet agrees that officers should invite expressions of interest in the following options for procurement in relation to its current internal care homes provision:

a) Purchase of any or all of the homes as "going concerns" maintaining quality and charging in accordance with CRAG regulations.
b) Entering into a partnership with the Council to operate a joint venture company for any homes not eliciting market interest in order to facilitate careful strategic scheduled transformation
c) Establishing social enterprise/local community co-operatives where quality, safety and value for money can be assured.
d) Exploring further the potential for a Total Place solution in relation to Low Furlong in Shipston.

3. That subject to the outcome of recommendation (2) Cabinet agrees a priority schedule of closures based on the matrix set out in Appendix 3(d), recognising that changes in the data may still affect the actual priority order.

4. That temporary contingency arrangements should be put in place to ensure that sufficient provision is retained in the independent sector to ensure that capacity is retained while closures are implemented.

1. Introduction

1.1 This report considers the issues surrounding the future provision of residential care for the elderly in the context of the direction that has been set out previously as part of the Care and Choice Accommodation Programme (CACAP).

1.2 The report to the Cabinet on 22nd July 2010 entitled "Care and Choice Programme – the Future of Warwickshire County Council's Residential Homes for Older People" put forward a case for the Cabinet to consider the closure of the Council's 10 internally run care homes on the basis that:

- They cost 40% more to run than the purchase of equivalent places in independent sector homes at the local authority fee rates
- That despite the significant increases in elderly population and particularly of those with dementia, that fewer places would be needed in the future. This was based on the fact that the Council will be able to maintain the independence of people for longer in their own homes through services such as reablement, assistive technology, adaptations and the provision of equipment and that other residential options will be available through the increased provision of extra care housing by partner organisations.

The decision of Cabinet based on the recommendations in the report was to proceed to consultation with residents, other customers and their relatives on the impact if the Council were to proceed to close some or all of the10 care homes over a period of three to four years. The consultation was to take place over the period from August to the end of October 2010.

1.3 The consultation took place in accordance with the decision but the work in itself attracted interest from the sector and from the community in pursuing options other than closure. A further report was considered by Cabinet on 14th October 2010 entitled "The Future of Warwickshire County Council's Residential Care Homes for Older People – Extension of Consultation". As a result of this report, the consultation was extended until 14th December 2010 in order for a wider range of options to be included. The results of both these consultations are available and the outcomes feature as part of this report.

1.4 Cabinet has now to determine the way forward in terms of how to continue to provide for the needs of the Warwickshire population on the basis of need, availability, peoples choices, and cost. This report will give consideration to all these elements and provide a recommended way forward.

2. The Financial and Demographic Context

2.1 Table 1 shows performance data on residential care funded by the Council over the last three years compared to averages for Warwickshire's comparator group of shire counties:

Table 1 Numbers per10k population

Financial Year	Admissions (per 10k population)		Average Number in Residential Care (per 10k population)	
	Warwickshire	Average	Warwickshire	Average
2007/08	35	46	125	140
2008/09	41	52	105	140
2009/10	41	48	105	134

Appendix 1(a) shows the trend for all categories of residential care including nursing care for the 4 years from 2007 to 2010. This shows that although there has been a slight fall overall, the greatest reduction has been in nursing care and the largest increase in dementia care.

2.2 **Appendix 1(b)** shows current residential placements compared with provision across the five districts of Warwickshire.

The current market for residential care for older people in Warwickshire comprises over 70 care homes which deliver over 2,200 places across the county. The Council currently funds almost 50% of these residential places.

The Council has direct control over 19 care homes (686 places) for older people, of which 9 are operated on its behalf by Warwickshire Care Services (WCS), an independent not-for-profit organisation. Approximately another 400 places are purchased from the independent care home market and approximately one quarter of these include a top-up payment from relatives in addition to the standard fee rate funded by WCC. The split between ordinary (or 'higher dependency') residential care and specialist dementia care has shifted considerably over the last few years. A recent independent survey highlighted that the proportion of dementia care in the residential care market had risen from 9% to 52% over the last 10 years (8% within WCC homes).

The full analysis of funded places as at December 2010 is as follows:

- The Council's 10 homes providing 350 places;
- Warwickshire Care Services (WCS) providing 336 places;
- Other Independent Sector at Council fee rates and "top-ups" currently providing 388 places

This shows that overall there is spare capacity of around 5% or just under 55 places at present split fairly equally between general residential and dementia.

In the independent sector, many homes are now dual-registered for both forms of care so that if demand for dementia placements was to increase proportionately then availability could adapt accordingly. However, it needs to be emphasised that this is a fluid position in that capacity in the private sector is not guaranteed although managed through contracts. For example, a care home has recently closed in Warwick while the site is being redeveloped for

Extra Care Housing, which has taken up any capacity in the short term in that area. The least availability is in North Warwickshire with the most availability within Stratford (but within a wide radius). Although the market does not currently have a large proportion of vacancies at WCC fee rates, it would be possible to enter into negotiations with some independent homes to set up block contracts at our rates. There are currently two care homes in Stratford district where all the places are block contracted at WCC levels without any 'top-up' payments from relatives.

2.3 The number of places provided by the county's 33 nursing homes for older people is over 1,600. These are funded by the Primary Care trust and are not the subject of this report.

The predicted trend for nursing care beds continues to fall gradually but the market is complicated by the fact that the PCT now funds a number of Continuing Health Care placements in the community or residential/dementia care homes in addition to standard nursing homes. New models of health provision also include 'Virtual Wards' which enable people to receive nursing care more effectively in their own homes rather than going to hospital and then being discharged to a nursing home. This aligns well with Council strategies.

2.4 Quality in adult social care services is of critical importance and has to date been measured in terms of 'star ratings' issued by the Care Quality Commission (CQC) through their regulation. **Appendix 1(c)** shows current data on star ratings across all sectors of residential care in Warwickshire across all client groups. This shows 100% of the County Council homes are rated either good or excellent compared to 76% in the independent sector including WCS. It does need to be emphasised, however, that the sample size is not comparable and that for independent sector/WCS, 109 homes are included in this survey compared to the 10 WCC homes

The Adult Health & Community Services Directorate (AHCS) has a role in managing quality alongside the role of the CQC. The Directorate has historically linked its role to the use of contract monitoring and compliance and the use of cautionary notes and placement stops where standards fall below expectation. This approach has been effective and has led in recent years to a significant increase in quality across the residential market in Warwickshire, as part of the Council's "Improving Lives Strategy". Warwickshire's progress in this area has been recognised and commended by the CQC. However, the roles of both CQC and the Council are changing and will be considered further under Section 9 later in this report.

2.5 The statistics in appendix 1(b) also show available places in extra care housing. This currently comprises the following:

- Briar Croft, Stratford which opened in March 2010 will provide 46 nominations
- Farmers Court, Rugby which will open in April 2011 will provide 45 nominations.

Extra care housing differs from full residential care in that residents either purchase or rent their own accommodation but have 24 hour care available on site. The Council will control its allocation of places to ensure provision for customers who have eligible care needs only.

2.6 The Department of Health issued guidance on Use of Resources, which states that local authorities are expected to have a good range of services available at affordable cost.

At Warwickshire, adult social care spending, at £94m is the largest service provided by the County Council taking up 36% of total controllable expenditure. Of this, by far the largest percentage of the budget (49% or £45m) is spent on elderly people. The split of elderly service budgets is that 46% is spent on residential care and 54% on community care. Table 2 below shows how Warwickshire compares on services for the elderly and % spend on residential care.

Table 2 2008-09 Budget Comparisons

Percentage of Budget	Warwickshire	Average
% spent on Residential Care	46%	13 out of 16
Amount per Service User	£17,971	7 " " 16
% spent on Community Care	43%	3 " " 16
Amount per Service User	£3,002	8 " " 16
% Assessment & Care Management	11%	6 " " 16
% Income of total expenditure	9%	13 " " 16

2.7 In summary, Warwickshire performs well in terms of both activity and proportion of budget spent on residential care compared to other authority. It has sufficient capacity with further untapped resources within the private sector. Quality data as measured by CQC ratings shows that around 78% of homes are regarded as of high quality but the system of regulation and quality monitoring is changing. The financial information also shows that Warwickshire is around the average in terms of costs per customer in residential care and community care. Warwickshire is low in terms of income collected which will be an indicatory of the amount of subsidy and possibly the adequacy of the private market in terms of wealthier clients. The question of subsidy within charges is now being addressed separately. Residential provision taking into account all sectors, WCC, WCS and the independent sector exceeds demand even before any extra care housing is developed along this.

3. The Challenges Ahead

3.1 Previous reports in this series under the Care and Choice Programme have outlined the demographic challenges facing adult social care services. To restate, these are as follows:

- The population of older people in Warwickshire will increase significantly

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

- The number of people over the age of 85 will also significantly increase, and consequently, the incidence of dementia will also increase, with research by the Alzheimer's Society indicating that one in five people over 85 years of age will have a dementia related condition.

3.2 The trends are mitigated to some extent in terms of the effects on Council services. The Quality of Life in Warwickshire 2010 document shows that the population is becoming wealthier (i.e. more people will be able to fund their own care). Although people are living longer, health will be on the decrease with the female population spending relatively less time (72%) than males (74%) in good health. Time spent in good health has not significantly improved in line with life expectancy. The latter may have the effect that people, as they grow older, will enter the care system at a later stage, but that the need for intensive social care and health support will remain although to a more advanced age.

3.3 Although In recent years, adult social care budgets have received increases to offset the demographic effects, this cannot be sustained into the future.

The Council are required to make 25% savings over the next three years to balance its budget and adult social care services will have to contribute in equal proportion to this target. Health budgets, although protected in terms of the Comprehensive Spending Review settlement, are under unprecedented strain due to increasing demand and static levels of resources. Modernisation of social care budgets is considered essential to help counteract these effects.

4. Corporate and Service Priorities

4.1 There are a number of key corporate themes agreed by the Cabinet which are relevant to this subject area:

- That Warwickshire County Council should become a commissioning authority rather than a provider of services;
- That the adult social care vision be delivered so that people can maximise all opportunities to live independently. The key to this is the mantra of 'recovery, rehabilitation and reablement'. This is the only way that resources can be prioritised towards those with high end needs so that the impact on services of the increasing elderly population can be met.
- That services need to prioritise savings and cut costs accordingly particularly where the same services can be provided by alternative means at lesser cost;

4.2 In accordance with the above, adult social care services are faced with a requirement for savings of around £22m. Savings plans have been developed which are based on a number of key elements:

- Delivering change as soon as possible to meet the financial challenges

- Continuing to provide quality services at lowest possible cost
- Support for people to regain or attain independence outside of social care services wherever possible
- Sharing services with partners where this offers the best possible solutions
- Supporting people to use their own resources as far as possible subject to a means test

5. The Case for Change - Service Modernisation

5.1 Adult social care services at Warwickshire are being modernised to meet the challenges for the following reasons:

- To maximise independence in accordance with the wishes expressed by potential service users
- To give greater choice
- To ensure sustainability of services through making best use of resources and meeting the demographic challenges faced by Councils
- To maximise the number of people served for the money available

5.2 Modernisation will be achieved in part through concentrating on people choosing to take up direct payments through personal budgets therefore reducing the take-up of traditional Council services. Also the business model will be changed to ensure that low level needs can be met through provision of improved information and advice and preventative services such as provision of community equipment and assistive technology in the home. In addition, reablement services have been introduced to ensure that people do not lose their independence too easily and that the need for service packages is minimised. This will be added to through development of intermediate care services to prevent unnecessary admissions into residential care on hospital discharge and re-admission at a later stage.

5.3 Progress under the Care And Choice Accommodation Programme (CACAP) on development of extra care housing has been slow due to the effect of the recession on land prices and shortfalls in social housing grant. However, significantly improved progress is now being made through the framework contract and participation in private developments through nomination rights. This can be supplemented if necessary through the 'big bang' development which is currently being processed for procurement. A list of current known schemes on extra care housing is given at **Appendix 2.**

5.4 The aspects of modernisation set out in sections 5.2 and 5.3 above are essential both to the control of demand for residential services in the future and also for the greater provision of choice that is needed by the people of Warwickshire. There are benefits for all concerned in this approach as most people have indicated their wish for independence, choice and control while the Council needs to be able to concentrate its resources on the areas of greatest need.

The attraction of extra care housing is clear from the experience of Briar Croft and will be evidenced again through the Farmers Court development In Rugby.

5.5 The case for change which will be tested through the remainder of this paper is therefore based on the fact that:

a) That the modernisation of social care and improved partnership working with Health will mean that a greater number of people will remain independent for longer
b) That people with high social care needs and the majority of those currently needing residential care can be well accommodated within extra care housing in the future
c) That there will be a reduced need for general residential care as people choose to take up extra care housing options instead
d) That needs such as dementia will continue to grow and therefore further specialist provision will be needed
e) The current cost of in-house residential provision is unsustainable and that provided that sufficient safeguards are available in terms of quality and availability that future provision can be made wholly within the independent sector.

6. Reshaping Residential Care

6.1 **Appendix 3(a)** sets out the projected demand for residential places. These are based on the current data in appendix 1(b) projected forward in relation to the rise in the elderly population and prevalence of dementia. Allowances are then made based on prudent assumptions for reductions based on the effects of reablement and telecare (5%). At present no further allowances are being made for the effects of social care modernisation, hence it is believed that projections are cautious.

Built into the forecasts are the availability of extra care housing places. The assumptions here are that 500 to 600 units of extra care housing will be available by 2015 based on 50% nominations to social care eligible customers from the social rented elements of the schemes.

The projections of excess capacity show the position for 2010 as shown in appendix 1(b) and the forecasts for 2015 and 2020. At this stage, there is excess capacity of 642 units and 590 units respectively.

The numbers of extra care housing included in the projections takes account of current 'pipeline' schemes only as shown in appendix 2. This is a prudent position as there are other potential additions such as remodelling of sheltered housing, redevelopment of WCS/WCC sites, a model of 'extra care-lite' currently being considered by providers and potentially the 'big bang' approach which could be used to speed up development where needed.

The date contained in the overall table has been split down onto area maps and shown at **Appendix 3(b)**. This is provided to facilitate the decision-making process contained in Section 8 of this report.

6.2 The above scenario shows that based on the assumptions, there would be significant overcapacity in the market. As stated earlier, the Council controls

the continued availability of residential places in the independent sector by purchasing these places as and when required. There are only a few examples of where 'blocks' of places are available, one of which is with Warwickshire Care Services (WCS). However, the option remains of increasing the amount of block purchasing to safeguard availability if necessary. It is the opinion of officers that this could still be achieved at the Council fee rates if needed. While the increasing wealth of the population may put pressure on availability of places to the Council, all sectors may also be affected bythe increased availability of extra care housing thus dampening demand for traditional residential care.

6.3 Cabinet recently endorsed a report on 18th November 2010 which requested permission to proceed with a procurement process for the residential care contract currently delivered by WCS. The contract does not expire until April 2012 but an opportunity had arisen for the County Council and WCS to terminate the current contract early so a more innovative and accelerated approach could be taken across the portfolio of 11 residential care homes.

This Cabinet report was 'exempt' from public discussion owing to the confidential and commercially sensitive nature of the contract. Consequently, it is not possible to detail here the latest position regarding the procurement process. However, it can be confirmed that WCS operates these care homes at the County Council's fee rate for approximately half of the available care beds, whilst generating income from the remaining half by selling beds within the private market. WCS, as a not-for-profit and independent organisation, operates the homes efficiently and to a high quality standard but without incurring the additional 40% costs currently incurred by the council's internally run homes.

6.4 Based on examples to date, people will make a positive choice about entering extra care housing. The Council's 50% nominations, however, will be reserved for people with social care eligible needs, where it is preferable for them to live within a safe community with care close to hand. The remaining 50% would be people who would purchase or rent but with nil to low level needs. Within the Council's 50%, both substantial and critical needs would be accommodated within the care provision allowed. Only where it became unsustainable for the customer to remain in an extra care housing setting due to safety and cost would it be considered necessary for transfer to residential care.

6.5 The projections on demand in Appendix 3(a) show that extra care housing will be able to accommodate people with mild dementia. Those people experiencing high level needs/challenging behaviour would still require residential care.

While the independent sector has significantly increased its provision for dementia needs over the last few years, those with highest level needs are not as well catered for. The County Council will need to work with the sector to address this aspect in order to ensure that the market can cope with these changes.

6.6 An analysis has been carried out of the level of needs of residents within the Council's ten care homes. A summary of this analysis is shown at **Appendix 3(c)**. This shows that for our existing residents, 68% of residents have high level needs, 21% are moderate and 11% are low. There is potential for some degree of transfer here to extra care housing when available. The detail within the Appendix showing the needs of residents within each home will be assessed below in terms of a prioritised schedule for closure of the homes.

6.7 A decision matrix has also been developed containing the following details for each of Warwickshire's 10 care homes:

- Ability to re-provide in the locality at Council fee rates – current places
- Ability " " " " " " " - current vacancies
- Levels of dependency of current residents
- Unit cost – Actual
- Unit Cost – 100% occupancy
- Ongoing maintenance costs
- Suitability for ECH development
- Land value

This is attached as **Appendix 3(d)** and shows a rank order in which the Council might approach a closure programme should that be the course of action required. It is important to note that the rank order may not remain the same over time. The matrix will be recalculated as data changes.

6.8 The ability to reshape residential care depends significantly on the availability of land. The relevant rules relating to land and capital receipts are set out below:

- *Use of care home sites for Extra Care:*
  This would have to be approved by Cabinet with any loss on disposal being written off to the revenue account

- *Closure of Care Home, and sale of land / land and buildings, which are not suitable for Extra Care:*
  This would generate a capital receipt, which would be corporate. AHCS directorate could apply to full Council to earmark these reserves for use on other capital expenditure - for example to purchase suitable land for extra care housing. This would require a business case to be prepared. There may be cashflow issues if any new development dependent upon the receipt was built before sale of the site had been completed.

- *Mothballing of sites for use in the future:*
  This will result in the AHCS directorate paying for revenue costs whilst the site is mothballed (e.g. heat, light, security, maintenance)

- *Use of other (non AHCS) WCC sites for extra car housing:*
  This may incur a capital cost, and will be assessed on a case by case basis.

6.9 In summary, the analysis in this section demonstrates that by reshaping the

residential market through the development of extra care housing, and renegotiating current contracts ie. WCS, the Council is taking action to widen choice and reducing the high costs of residential provision. At the same time, the new models of care will ensure that people can maintain their independence for longer in old age. In these ways, demographic demands will be addressed.

7. Feedback from Consultations

7.1 The full details of the consultation results have been provided to the Overview and Scrutiny and are available on Warwickshire's website (www. warwickshire.gov.uk/residentialcareconsultation). The report to the Adult Social Care & Health Overview and Scrutiny Committee on 24th January also includes the full details of the consultation and the Committee has been asked to report back on the process.

A summary of the main points is given below.

7.2 The four options considered as part of the extended consultation were as follows:

a) Option 1: Closing all of the Homes and Disposing of the Sites over a 3-4 year period
b) Option 2: Selling the Homes as "going concerns" to the independent sector
c) Option 3: Set up a joint venture company (JVC) to operate the Homes
d) Option 4: Other such as social enterprises/ local community co-operatives running the homes

7.3 Phase 1 of the consultation concentrated on the question of the impact on service users if the homes were to close. The process involved:

- Meetings with relatives and representatives
- One to one interviews with residents and people who use respite care
- services
- Group meetings with day care service users
- Questionnaires and fact sheets sent out to all relatives.

Phase 2 which covered the full four options consisted of:

- Small group discussions with residents and/or 1:1 meetings
- Group discussion with people using day care services
- Evening meetings with relatives
- Information sheet sent to relatives and people who use services in each of the homes.

7.4 The outcome of the consultation has been determined from the following sources:

- 456 completed questionnaires
- 37 comments cards received
- 11 twilight meetings

- 176 1:1 interviews
- 450 relatives approximately attended meetings
- 11 day care group meetings

A number of petitions and views have been submitted by communities which have also been taken account of.

7.5 The key themes emerging from Phase 1 of the consultation are as follows:

- **Understanding the Council's financial position but vulnerable people should not have to be affected**

  Most people expressed understanding of the Council's position in needing to reduce its expenditure but felt that this should happen elsewhere and that vulnerable people should not be made to forego their homes. They considered that moves would cause considerable distress and anxiety to the point that many have queried whether this could shorten the lives of residents if not managed well.

  The consultation has found overwhelming support for the care that is delivered in all the 10 Council run care homes. All of the relatives and most of the residents would like the homes to remain open. A significant percentage of residents (about 20%), however, stated that they had entered residential care following a stay in hospital and never thought that it was intended to be permanent. They had wanted to return home.

  The Council understands the wish to retain a known service but must also commission services to meet changing needs.

  The emerging key themes to alleviate the impact of any possible closures would be that:

  - Alternative provision is of similar quality of care
  - Alternative provision is local
  - Continued support and breaks for carers

  Also for the future to keep older people independent

  - More re-ablement services available
  - Better information on choices available
  - Improved support services at home – day and night

- **Quality of Care**

  There has also been overwhelming support for the good quality of care that is provided in each of the homes and the environment within which it is offered. Coupled with this, there has been concern expressed that care in the private/independent sector may not up to the standard of WCC care homes and the Council would need to give quality assurance that private homes would provide same standard of care as Council run homes.

The Council has confidence that quality can be managed by means of CQC inspection and contract management (see further Section 9)

- **Stay local and close to family/friends**

  The majority of the residents, respite, day care services users said it would reduce their concerns if either their current home remained open or the same standard of care was made available in another home that is local and close to family.

  The Council accepts the need for local services and has built this factor into the analysis.

- **Breaks for carers**

  A break for carers and adequate support was considered a key factor that would enable older to people to stay at home, particularly those in receipt of respite services. Some residents highlighted the burden and strain on their families prior to admission to residential care.

- **Support for new kind of services**

  All residents support the Council's plans in developing new kind of services to enable people to live in their own homes longer but felt it also depended on the individual circumstances.

- **Options available to older people**

  Other than traditional services (home/respite/day care) residents were not aware of any other options for making sure older people get the care they need. The options here include extra care housing, re-ablement, adaptations and different types of equipment.

  The Council will ensure that people are able to make fully informed choices.

7.6 Phase 2 of the consultation widened the options from that of the impact of closure to the four options outlined in paragraph 7.2 above.

The process took the form of:

- Twilight meetings held in all 10 of the homes at which a total of 155 relatives attended.
- A mix of group discussions and 1:1 sessions for residents, day care and users of respite. In all 209 residents and other customers were consulted.
- 1028 options fact sheets circulated to residents and relatives.

The key themes from Phase 2 continued to reflect the overarching view that the homes should remain open but that if the Council felt that change was required that Option 3 concerning the joint venture company was the next best option. Specifically the summary of results from the option fact sheets was as follows:

Option 1 - The overwhelming response regarding this option was that the homes should remain open and people did not understand why it remained an option following the first phase of consultation. The Council is, however, required to secure value for money for the people in Warwickshire.

Option 2 – Generally, this was not considered to be a particularly good option. 32% felt that costs would be cut in order to generate profits and that the quality of care would therefore diminish. The Council does, however, believe that quality can be assured through inspection and contract management.

Option 3 – 53% of people favoured this option, as there was reassurance that WCC would still be involved with the overall running of the homes. This led people to feel that there would be better safeguards in relation to quality. Also the retention of existing staff would provide continuity of care. There was concern however that this was a short –term option as WCC would only be involved for a 3 year period..

Option 4 – 42% said that they would be in favour of developing a community run enterprise if it meant that the homes would remain open. However, they felt that they would need initial support from WCC. The majority of residents said that they would be prepared to pay more for their care if it meant that their home could remain open. The Council is required to ensure that any such proposal would offer acceptable quality, safety and value for money.

7.7 In addition to the consultations on options set out in Paragraph 7.2, there have also been the Care and Choice consultations and briefings which have been ongoing since November 2006. In total, 138 different events have now been held to inform and consult on the Care and Choice agenda covering the following:

- 22 x WCC/WCS Care Homes (x2)
- Countywide OP groups/fora, inc. 6 x SCAN groups in Stratford and the BME community
- Cabinet
- Area Committees
- Area Fora
- Provider Days
- Bidder Days
- Older Peoples Partnership Board(s)

The events have been held primarily in order to inform and seek peoples' views on the widening of choice for people in their old age so that people can remain in their own homes with the use of technology or transfer into extra care housing as alternatives to traditional residential care. Views expressed in these fora have been generally supportive on the approach being adopted

by the Council to the widening of options for older people needing care in the future, but as with the existing consultation, this has not been the case when applied to existing residents in homes which might be affected.

7.8 Although, the consultation initiated in July has been specifically with residents, other customers and relatives, views have also been sought from staff working in the homes.

The main feedback from the staff group has been:

- The overwhelming concern of staff is for the wellbeing of the residents with particular concern for those customers with dementia as to whether there would be equivalent alternative provision available
- They are proud to be WCC employees and feel that the infrastructure supporting them has enabled them to achieve high standards of care which promotes dignity and respect. There is concern therefore about transferring to the independent sector both for residents and themselves.
- The other feature is that their comments are broadly the same as those made in many of the relatives meetings. Specifically, though, staff teams have queried the costs of re-provision particularly in the case of those residents with borderline nursing care needs, or high end dementia
- Staff see the homes as significant parts of the local communities, contributing to and benefiting from those communities. They consider that closure would therefore damage the community and could sever the links made or maintained by the residents.

In conclusion, staff accepted the need to find financial savings, understood why care homes are being examined as a way to do this, but remain concerned about the impact on the residents to whom they are committed. However if closures are to occur, it should happen as quickly as is reasonably possible as uncertainty can affect the quality of care over time.

The Council believes that changes can be carefully and prudently managed to maximise wellbeing.

8. Options and Implications

8.1 The full detail on the four main options given to customers and relatives within the consultation is outlined below in order to set the scene for recommendations :

a) Option 1: Closing all of the Homes and Disposing of the Sites

This was the element which was dealt with during Phase 1 in terms of the impact on residents and their families. If this were to take place, a schedule would be drawn up which would lead to closure over a planned and phased timetable probably over a 3-4 year period. This, in part, is to ensure that arrangements can be made so that residents are provided with good quality alternative care that meets their individual needs.

b) Option 2: Selling the Homes as “going concerns” to the independent sector –

Officers have received unsolicited expressions of interest about the option of selling some or all of the homes to the independent sector as "going concerns" in return for a capital receipt. The Council would buy back some of these beds at the Council fee rates and would continue to have an influence over the quality of care it would expect its customers to receive.

c) Option 3: Set up a joint venture company (JVC) to operate the Homes –

This option is for the Council to set up a joint venture company with an independent provider for a minimum period of 3 years. A joint venture would still involve the Council in the joint running of the homes, at arms length, while handing the day-to-day control to a provider which would take on all of the current staff. The provider would own the majority interest in the homes whilst the Council would forgo a capital receipt. In return, the Council would pay the standard fee rate for its residents as long as they remained in the homes. The Council would also have a much greater degree of influence on quality than would be possible with an ordinary independent care home.

The option has the benefit of giving time for the Council in partnership with a private provider to determine the plan of future use or closure based on the programme of development of extra care.

Further criteria on the JVC option are given in **Appendix 4(a)**

d) Option 4: Other -

There has also been interest in the setting up of social enterprises/local community co-operatives. The terms of doing so are less clear but from the Council's viewpoint, such alternatives would have to be comparable in terms of costs/benefits to other options above. Initiatives would be dependant upon any groups submitting bids in relation to the homes in their area. Further information on the Council's responsibilities in relation to options for community involvement are given in **Appendix 4(b)**

8.2 Firstly, it is the view of officers that it is not an option to do nothing and leave the care homes as they are. The costs of internal provision remain unsustainable and savings in this area, whilst retaining the ability to meet demand, are crucial to the adult social care budget plan for the next three years.

8.3 Secondly, the information on demographic projections and availability of residential places does indicate that there is not such an obvious over-provision of accommodation that the Council can afford to take a blanket approach to closure. There is the case for the reducing the number of homes overall and in certain areas of the County. The planning of further closures around the potential purchasing of temporary 'blocks' in the independent sector and the introduction of extra care housing schemes is crucial to a successful transition. Paragraphs 8.5 and 8.6 below deal further with the issues around closures.

8.4 Of the other main options available to the Council to secure financial efficiencies, the results of the consultation process suggest that a Joint Venture approach would be preferable to residents and their families to selling homes outright to the independent sector. The JVC is a new concept to Warwickshire and the exact benefits to be derived are subject to negotiation. There has been little interest in social enterprises/community co-operatives other than, at present, in relation to one home, the Lawns in Whitnash.

Costs and benefits need to be fully tested. It is therefore recommended that Cabinet considers granting permission for a procurement exercise to be conducted as soon as possible to clarify whether any options for sale, joint venture or social enterprise can deliver the required efficiencies whilst taking account of the need to maintain high quality services etc. A procurement exercise would be a very complex and resource intensive process, but the overriding benefit would be to ensure that the County Council maximised the potential for delivering value for money in a way consistent with the results of the consultation. At this stage, it would not be possible to predict the outcome of a tender owing to the wide range of possible bids. Nevertheless, preliminary work has been undertaken in the market that suggests there is considerable interest in WCC's care homes, although significant TUPE and pension liabilities will have to be taken into consideration.

Any future contract to operate these independently run homes will also need to respond to the reduced demand for residential provision in favour of other models of care. The current trend of increasing the proportion of specialist dementia care compared with standard residential care will continue and opportunities will also be explored for the redevelopment of extra care housing wherever possible across the portfolio of 10 homes.

It is recommended that the choice of procurement process is delegated to the Strategic Director of Adult, Health and Community Services, the Strategic Director of Customers, Workforce and Governance and the Strategic Director of Resources working in conjunction with their portfolio holders, although the awarding of contracts would of necessity need to be approved by Cabinet. It is acknowledged that major input will be required from procurement, legal, finance and property experts to ensure that any tender process is robust, especially as options may include the possible disposal or sale of land as part of any outcome. For example, a joint venture company could be structured in a number of ways e.g. either based on a leasehold or freehold approach, presenting the council with a range of different benefits and risks. The predicted timescale for the work on procurement would be as follows:

Table 3 – Procurement Phasing

Phase 1	Initial market testing	End of March 2011
Phase 2	Full procurement based on outcome of market testing	End of September
Phase 3	Report back to Cabinet for approval	November Cabinet

The initial phase will be crucial in determining which options will be taken

forward to the formal procurement stage.

The wide range of options mean that the effects on existing staff and residents could vary greatly depending on the outcome of any procurement exercise. However, opportunities will be taken at every stage to minimise any negative impact of the tender on residents, relatives and staff by weighting this accordingly in any evaluation process.

8.5 It is the view of officers that although procurement is the favoured approach, that a closure plan should still be drawn up and that work should commence on the arrangements to close at least two of the homes. This recommendations is made for the following reasons:

a) That there is sufficient capacity in the market locally to close the two homes.
b) That the financial savings targets must be achieved and that if the results of procurement are not sufficiently attractive, then further closures can be planned provided that temporary contingency arrangements are made and that closures are timed to coincide with openings of ECH

Cabinet is therefore asked to approve the schedule which gives a programme of closures over the 3-4 year period and to ask the Strategic Director to proceed with planning the first two closures. The priority schedule is as set out on the basis of the decision matrix described in Section 6.7 and attached at appendix 3(d). The schedule gives the most weighting to the need to be able to re-provide care locally which is a critical factor within the consultation. If the Cabinet delays and procurement is not successful then the savings plans cannot then be achieved.

Closure of a home is a significant undertaking and one which requires considerable planning. A plan to close a home involves the following:

- Further consultation for a minimum of 4 weeks with residents and their relatives on the details of a closure plan;
- Re-assessment of needs of all customers of the home (residents and day care users) involving a multi-disciplinary team. For details of the AHCS Directorates protocol on closures see **Appendix 5**;
- Detailed work with families in relation to future placement;
- Consultation with staff on redeployment or redundancy
- The Care Guarantee as previously published to operate in this context which states that no one would be without a home and no one would be asked to make more than one permanent move.

The minimum time period for closure would be six months due to the requirements relating to the staff of the home. However, the most essential element is the care of the individual residents and this cannot be under-estimated. This process would commence as soon as possible following a decision by Cabinet to ensure that it can meet the needs of those who would be affected.

8.6 The homes on the schedule where immediate decisions are required on

closure are as follows :

Mayfield:

This home is ranked first in the decision matrix. The lower floor of this home was closed due to low occupancy earlier in 2010. The highest factors here are the actual unit costs and the availability of residential places within the locality. It is considered necessary in any event to close this home as it is inefficient to continue to operate the home on its current basis.

Abbotsbury:

This home is ranked second in the decision matrix. There are a number of features here including the ability to re-provide within the locality, high unit costs due mainly to the nature of the home being used for assessment and intermediate care and the suitability for alternative use due to the area of the site and potential capital receipt.

Cabinet are therefore asked to consider Mayfield and Abbotsbury as the first two homes for closure.

8.7 Within both the contracts for the JVC and for the homes currently run by WCS, provision would need to be available for the redevelopment of existing sites either for extra care housing or specialist residential care. The scaling down of a requirement for a "big bang" approach to extra care means that there is no necessity for sites to be given up from within the existing care homes portfolio, making the future arrangements more attractive to potential bidders.

8.8 Members should bear in mind that changes are also being explored by officers in partnership with Health and other agencies in relation to Low Furlong in Shipston. This could lead to the potential to achieve mutually advantageous objectives through a Total Place initiative.

9. Addressing the Issues of Quality

9.1 Issues of quality in the independent sector are of significant concern to residents and their families should any transfer be agreed. Quality is the responsibility of the provider itself but assurance is also given through the dual role of the Care Quality Commission and local authorities.

The system of regulation under CQC is changing and the Council's role must change with it. The Council will take the role of testing compliance through contract monitoring and a wider role around compliance across the whole of the residential sector.

9.2 The Council is currently taking several actions to ensure that it can adapt to the requirements around maintaining quality services:

a) The contract monitoring team is being reshaped to develop a market management function which will be responsible for working with providers

to assess costs and strive to increase value for money in the services they provide, particularly through the use of the Care Fund Calculator to ensure that a reasonable price is paid for care.

b) The Council also has a team known as Warwickshire Quality Partnership which works in conjunction with the independent sector to improve quality. Traditionally their role has concentrated on improving quality through promoting training and development. However, it will be developing its role into that of market facilitation to help move away from traditional models of care and make the transitions around new models such as extra care housing. This will ensure that the customer is at the forefront as it will be driven by the concepts of personalisation.

9.3 Work previously undertaken by CQC has shown that the Council's role in the past has resulted in a positive trend in quality and customer satisfaction.

10. Cost and Benefits

10.1 The savings targeted for residential care project have previously been estimated at £3m. This was based on closure of all ten WCC homes with residents transferring to alternative private sector homes at our current rates of £363 / £420 then this saving could be achieved. The current plan assumes 3 closures in 2011/12 with 2, 2 and 3 closures in the following three years. If some residents are suitable for transition instead to extra care housing then the savings would increase further (although this element would then be accounted for under the Extra Care Housing project).

10.2 Until the procurement process has been concluded as set out in Section 8.4 above, then it is difficult to obtain a firm estimate of the level of savings based on these options.. However, it is envisaged that the £3m target savings would also be achievable through the procurement of beds at market rates under any of the options. For the JVC, the company would be able to cross subsidise beds, and potentially be able to write-off early losses against tax. As a result, this has the potential to deliver the savings more quickly than a programme of closure. It would, however, be at the expense of giving away some / all of the land and buildings, and forgoing any future capital receipts.

The ten sites currently have a current net value of £16m (2008/9 valuation).

10.3 The savings targeted for extra care housing are £2m p.a. Assuming that 50% of units are FACS eligible, and meet critical and substantial needs, then the building of 1175 units would deliver £2m of annual savings, if 50% of customers are diverted from residential homes (that is customers who are either already in residential homes, or would otherwise be placed within residential care within the next 3 years). The current forecast is that for customers who are in their own home, and receiving home care, that when they enter extra care there will be a 20% efficiency saving on average hours of care provided and that there will be one person available on waking night cover.

10.4 Current assumptions on financial savings are shown at **Appendix 6 (a) for**

care homes and 6(b) for extra care.

11. Risks

11.1 A detailed risk log is maintained as part of the project work on residential care and at present no individual risks are classified as red.

11.2 The highest level of risk concerning the recommendations in this report is around the closure of homes and particularly around safety of residents. In this regard, the AHCS Directorate has a policy in terms of moving residents on closure of facilities. All reasonable measures will be taken to safeguard the needs of residents as part of the process and timeframes will not be a limiting factor.

11.3 The second highest level risk is that there will indeed be sufficient residential places available for those who need this level of care in the future, should the closure of homes take place. There is of course substantial private provision in the market within Warwickshire from which the Council can purchase additional places. The risk is therefore a financial one that would impact upon the achievement of savings.

11.4 Thirdly, the procurement process itself has clear risks attached, particularly with the operation of a joint venture company. Warwickshire has not entered into such an arrangement before for the provision of services. This means that there is no tried and trusted route although other councils have operated successfully in this area. The aspect of the procurement process which involves what would happen if the process is unsuccessful is covered by the recommendation to agree a full closure plan as a default position.

12. Equality Impact Assessment

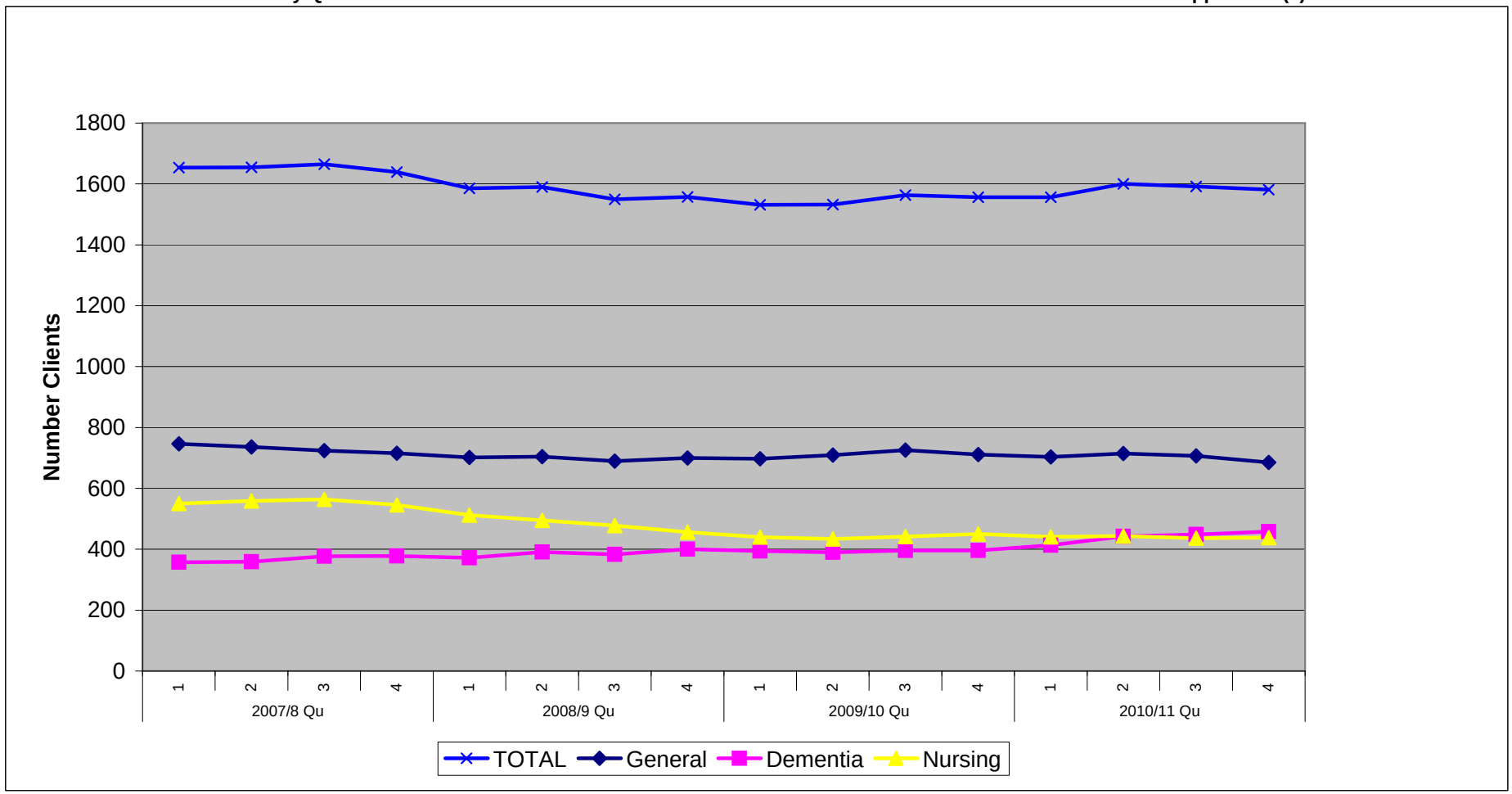
12.1 An Equality Impact Assessment has been prepared both for the process and the recommendations in this report. The full EIA is attached as **Appendix 7** and the factors raised therein will be taken forward as part of the implementation of this project.

Wendy Fabbro

Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick
27 January 2011

Number of Residential Clients by Quarter **Appendix 1(a)**



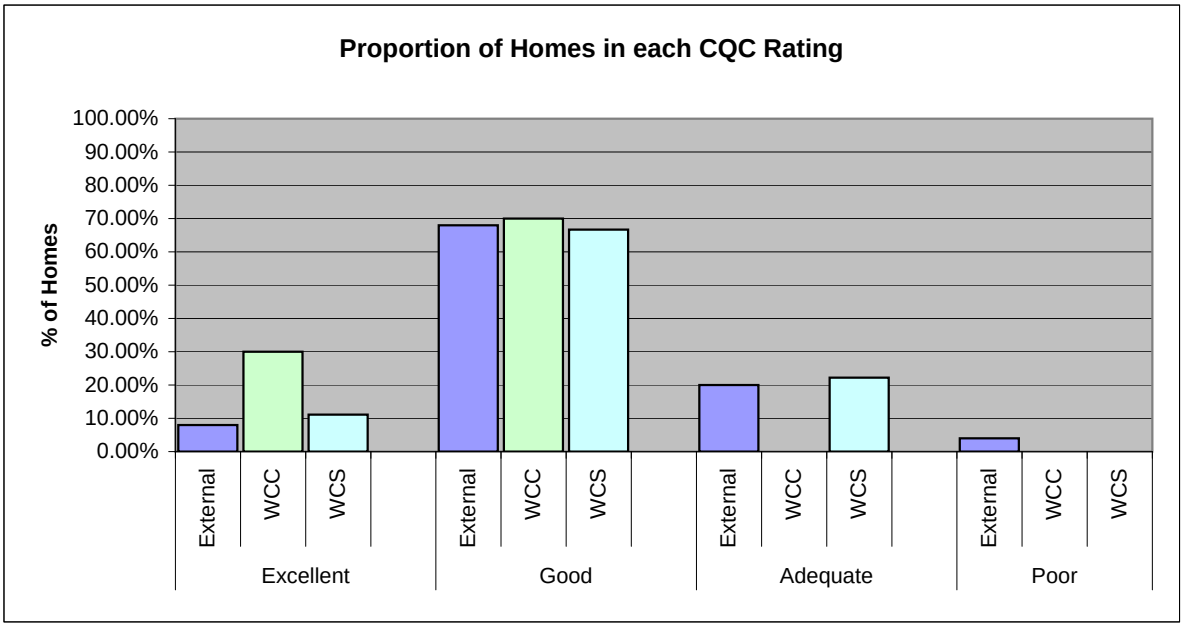
APPENDIX 1(B)

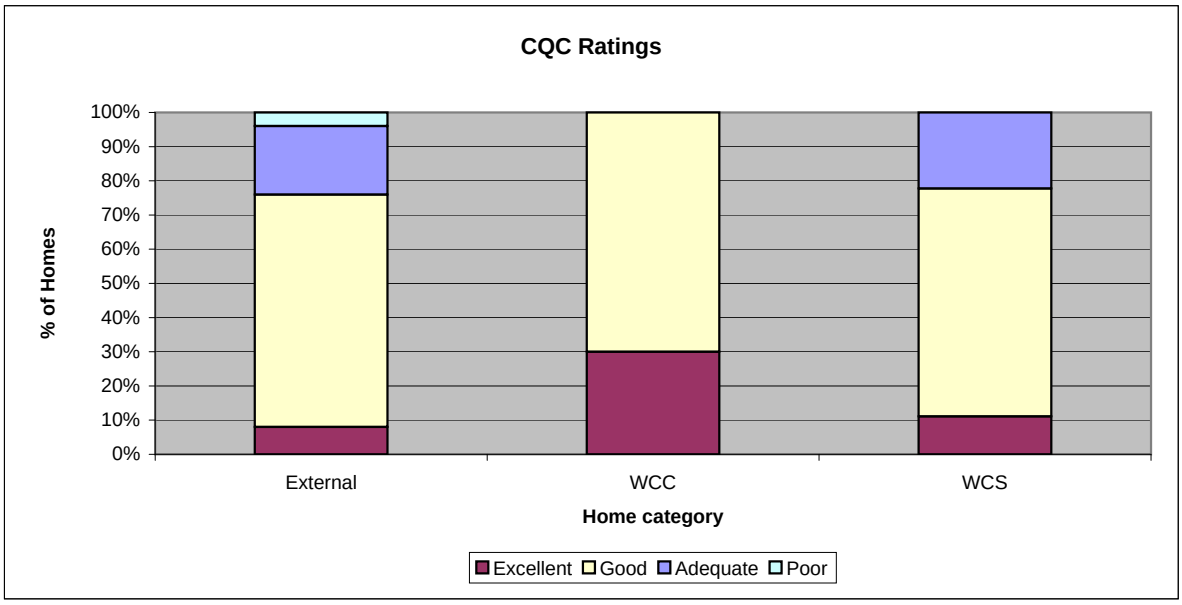
Current Residential Placements Compared to Provision

		Demand	Resource						
District	Client Group	Current residential placements per district @ 2010	Number of beds WCC	Number of beds WCS	Total No.of beds "Controlled" by WCC	Number of beds in Private sector	Total beds	Number of vacancies in private homes accepting WCC rates	Number of ECH units Available to WCC 2011
North Warwickshire	Residential	77	70	0	70	88	158	0	0
Nuneaton and Bedworth	Residential	164	70	73	143	130	273	4	0
Rugby	Residential	113	34	39	73	151	224	11	34
Stratford	Residential	151	77	27	104	230	334	14	11
Warwick	Residential	175	70	60	130	234	364	1	0
TOTAL		**680**	**321**	**199**	**520**	**833**	**1353**	**30**	**45**
North Warwickshire	Residential EMI	58	0	0	0	95	95	0	0
Nuneaton and Bedworth	Residential EMI	121	0	38	38	220	258	3	0
Rugby	Residential EMI	63	0	39	39	161	200	11	11
Stratford	Residential EMI	75	29	0	29	167	196	11	4
Warwick	Residential EMI	77	0	60	60	67	127	0	0
TOTAL		**394**	**29**	**137**	**166**	**710**	**876**	**25**	**15**
North Warwickshire	Res & EMI	135	70	0	70	183	253	0	0
Nuneaton and Bedworth	Res & EMI	285	70	111	181	350	531	7	0
Rugby	Res & EMI	176	34	78	112	312	424	22	45
Stratford	Res & EMI	226	106	27	133	397	530	25	15
Warwick	Res & EMI	252	70	120	190	301	491	1	0
Grand TOTAL		**1074**	**350**	**336**	**686**	**1543**	**2229**	**55**	**60**

CQC Current Quality Ratings

APPENDIX 1(C)





Star ratings	**No star**	**Poor**
	1 star	**Adequate**
	2 stars	**Good**
	3 stars	**Excellent**

Appendix 2

'Pipeline' Extra Care and Housing Related Support Schemes across Warwickshire eligible for submission for HCA funding

LA/Year	Scheme	Ownership	Units
Stratford **2010/11**	**Briar Croft, Stratford-upon-Avon**: Extra care provision developed by Orbit with HCA funding. Completed in March 2010	**Orbit**	**64***
Stratford **2012/13**	**Gt Alne:** An Urban Renaissance Village scheme with care element provided by Housing 21 – Planning application submitted	**URV**	**50*/**211
Stratford **2012-14**	**Victor Hodges House, Southam**: redevelopment opportunity by Orbit currently at feasibility stage. There is an opportunity to integrate the adjoining police and library buildings into this development and to consider a high impact mini Total Place approach to the site - Planning application to be submitted following any contract award	**WCC/Orbit/Police**	**45*/**85
Stratford **2012-14**	**Bishopton:** pipeline development on former school playing fields – Sport England issues to be resolved prior to Planning application being submitted following any contract award	**WCC - CACAP**	**45***/60
Stratford **2012/13**	**a). St Nicholas School:** potential scheme in Alcester – Planning application to be submitted following any contract award	**WCC- CACAP**	**45***/60
Stratford **2012/13**	**b). Alcester Hospital:** alternative potential scheme in Alcester – Planning permission granted for Integrated Service building, but ECH would require a further submission - Planning application to be submitted following any contract award	**PCT**	**45*/**60
Stratford **2012/13**	**c). Alcester Town:** alternative potential scheme in Alcester – no imminent application - Planning application to be submitted following any contract award	**Independent**	**45*/**60
Stratford **2012/13**	**Bidford Village**: potential LD development due to be tendered early 2011 - Planning application to be submitted following any contract award	**WCC- CACAP**	**15***
Rugby **2010/11**	**Farmers Court, Rugby**: ECH provision being developed with HCA by Housing 21 in mixed use scheme. Currently on site with completion in March 2011	**Housing 21**	**45***
Rugby **2012-14**	**Bilton Village:** potential development on WCC land – Planning application submitted	**WCC- Independent**	**32***/64
Warwick **2012/13**	**Avon Court:** pipeline scheme in Warwick, currently at tender stage – Planning application imminent	**WCC – CACAP Housing 21**	**46***

Warwick **2011/12**	**Wharf Street:** potential LD development due to be tendered early 2011 - Planning application to be submitted following any contract award	**WCC- CACAP**	**15***
Nun'n & Bedworth **2012/13**	**Attleborough Grange**: pipeline ECH scheme on WCC owned land to be developed by Housing 21. Planning application to be submitted once Capital funding, e.g. SHG, confirmed	**WCC- CACAP**	**21***
Nun'n & Bedworth **2012/13**	**a). Griff School:** pipeline ECH scheme in Bedworth – Planning application to be submitted following any contract award	**WCC- CACAP**	**60***
Nun'n & Bedworth **2011/12** (10xLD) **2012-14**	**b). Bedworth Town**: potential alternative pipeline scheme to above, inc 10 x LD units – partner bid being considered by liquidator. Planning application to be submitted following any contract award	**Independent**	**50***
North Warwickshire **2013 - 15**	**Mancetter:** potential scheme in Atherstone – Planning application to be submitted following any contract award	**WCC- CACAP**	**60***
North Warwickshire **2013-15**	**Coleshill**: potential mixed tenure scheme	**Independent**	**50***/150
Countywide **2012-14**	Further Learning Disability Supported Living schemes of approx. 10 - 15 units based on ECH model	Various	160
	*Total Affordable Units on all schemes		893
	Total Units inc. <u>all</u> potentials		**1226**

Those schemes in red type above are potential alternatives.

In addition to the above, it should be noted that there are a number of mono-tenure private-funded schemes that have either recently submitted planning applications or have recently received planning approval. Current schemes:

1. Limes Village extension at Dunchurch, Rugby – 59 ECH units
2. Manor Road, Stratford-upon-Avon – 60 ECH units

APPENDIX 3(A)

Future Projections for Residential Places Compared to Provision

		Demand			Resources			Resources less Demand		
District	Client Group	Current residential placements per district @ 2010	2015 projections reduced by 5% as a result of reablement & Telecare	2020 figure projections reduced by 5% as a result of reablement & Telecare	Total number of beds in external & internal market plus ECH - 2010	Total number of beds in external & internal market plus ECH - 2015	Total number of beds in external & internal market Plus ECH - 2020	Total external & Internal beds plus ECH less demand - 2010	Total external & internal beds plus ECH less demand - 2015	Total external & Internal beds plus ECH less demand - 2020
North Warwickshire	Residential	77	77	75	77	128	126	0	51	51
Nuneaton and Bedworth	Residential	164	162	159	168	262	255	4	100	96
Rugby	Residential	113	112	109	156	197	185	43	85	76
Stratford	Residential	151	150	146	199	270	252	48	120	106
Warwick	Residential	175	174	170	175	286	282	0	112	112
TOTAL		**680**	**675**	**659**	**775**	**1143**	**1100**	**95**	**468**	**441**
North Warwickshire	Residential EMI	58	79	103	58	96	120	0	17	17
Nuneaton and Bedworth	Residential EMI	121	165	214	124	200	246	3	35	32
Rugby	Residential EMI	63	86	111	85	123	137	22	37	26
Stratford	Residential EMI	75	103	132	98	150	168	23	47	36
Warwick	Residential EMI	77	105	136	77	143	174	0	38	38
TOTAL		**394**	**538**	**696**	**442**	**712**	**845**	**48**	**174**	**149**
North Warwickshire	Res & EMI	135	156	178	135	224	246	0	68	68
Nuneaton and Bedworth	Res & EMI	285	327	373	292	462	501	7	135	128
Rugby	Res & EMI	176	198	220	241	320	322	65	122	102
Stratford	Res & EMI	226	253	278	297	420	420	71	167	142
Warwick	Res & EMI	252	279	306	252	429	456	0	150	150
Grand TOTAL		**1074**	**1213**	**1355**	**1217**	**1855**	**1945**	**143**	**642**	**590**

North Warwickshire

Number Social Care Customers - 2010	
Service Area	Number
Residential	77
Dementia	58
Total	**135**

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	0	7
0	0	58
70	**0**	**65**

Vacancies at WCC Rates
Private
0
0
0

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
77
58
135

Excess Residential Care - 2010
0
0
0

Number Social Care Customers - 2015	
Service Area	Number
Residential	77
Dementia	79
Total	**156**

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	0	7
0	0	79
70	**0**	**86**

Vacancies at WCC Rates
0
0
0

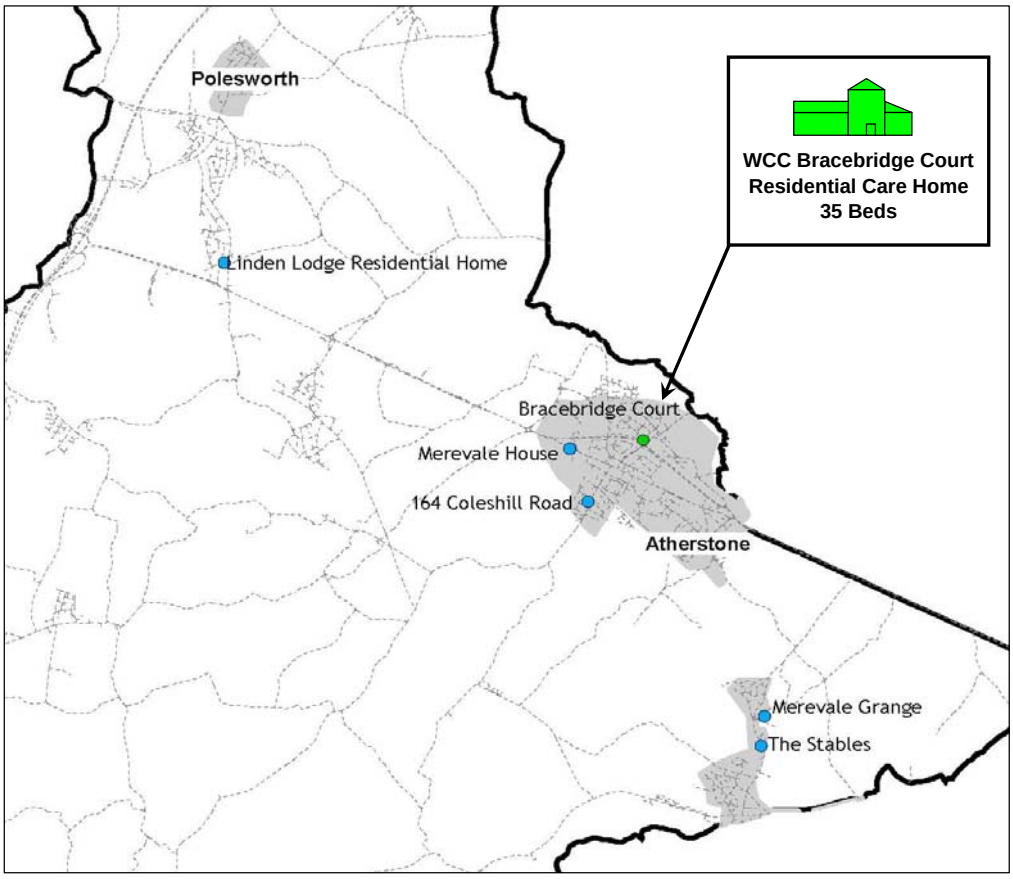
Extra Care Provision - 2015
51
17
68

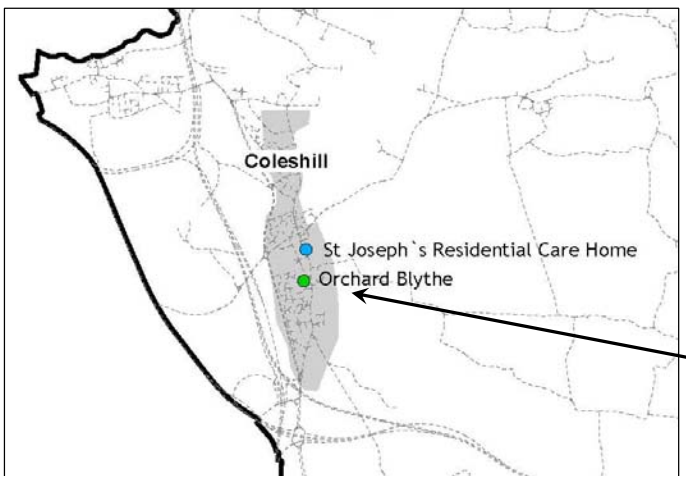
All Accommodation - 2015
128
96
224

Excess Residential Care - 2015
51
17
68

Residential Care per 10,000 Population
2010
40
2015
28

Residential Care Homes & Extra Care Housing Provision - 2010/11





Service by Type
(Figure in brackets = countywide total)

- Extracare (3)
- Residential (56)
- WCC (10)
- WCS (9)

WCC Orchard Blythe Residential Care Home 35 Beds

Nuneaton and Bedworth

Number Social Care Customers -	
Service Area	Number
Residential	164
Dementia	121
Total	285

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	73	21
0	38	83
70	111	104

Vacancies at WCC Rates
Private
4
3
7

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
168
124
292

Excess Residential Care - 2010
4
3
7

Number Social Care Customers - 2015	
Service Area	Number
Residential	162
Dementia	165
Total	327

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	73	19
0	38	127
70	111	146

Vacancies at WCC Rates
4
3
7

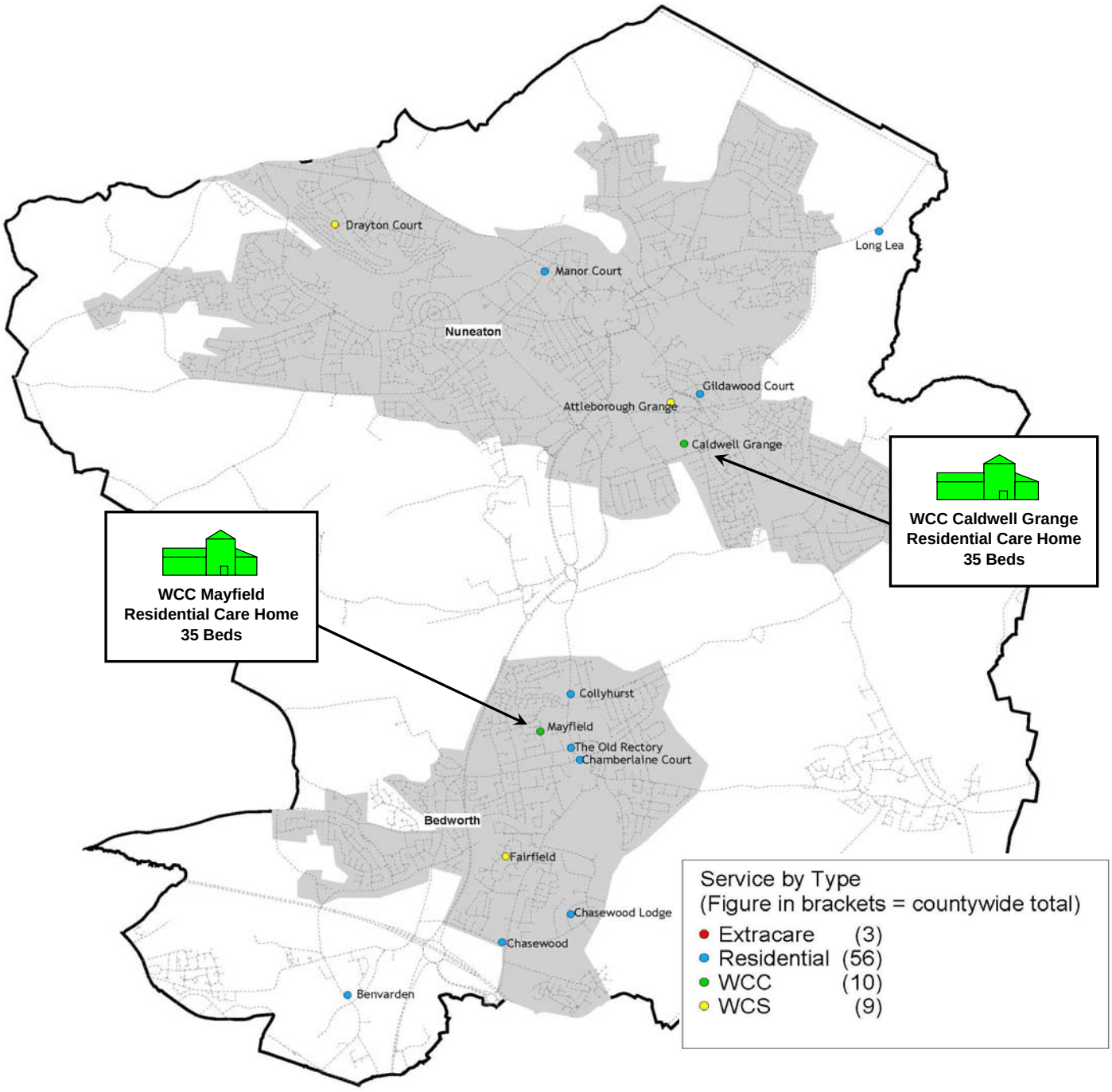
Extra Care Provision - 2015
96
32
128

All Accommodation - 2015
262
200
462

Excess Residential Care - 2015
100
35
135

Residential Care per 10,000 Population
2010
41
2015
30

Residential Care Homes & Extra Care Housing Provision - 2010/11



Rugby

Number Social Care Customers -	
Service Area	Number
Residential	113
Dementia	63
Total	176

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
34	39	40
0	39	24
34	78	64

Vacancies at WCC Rates
Private
11
11
22

Extra Care Provision - 2010/11 *
34
11
45

All Accommodation - 2010/11
158
85
243

Excess Residential Care - 2010
45
22
67

Number Social Care Customers - 2015	
Service Area	Number
Residential	112
Dementia	86
Total	198

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
34	39	39
0	39	47
34	78	86

Vacancies at WCC Rates
11
11
22

Extra Care Provision - 2015
76
26
102

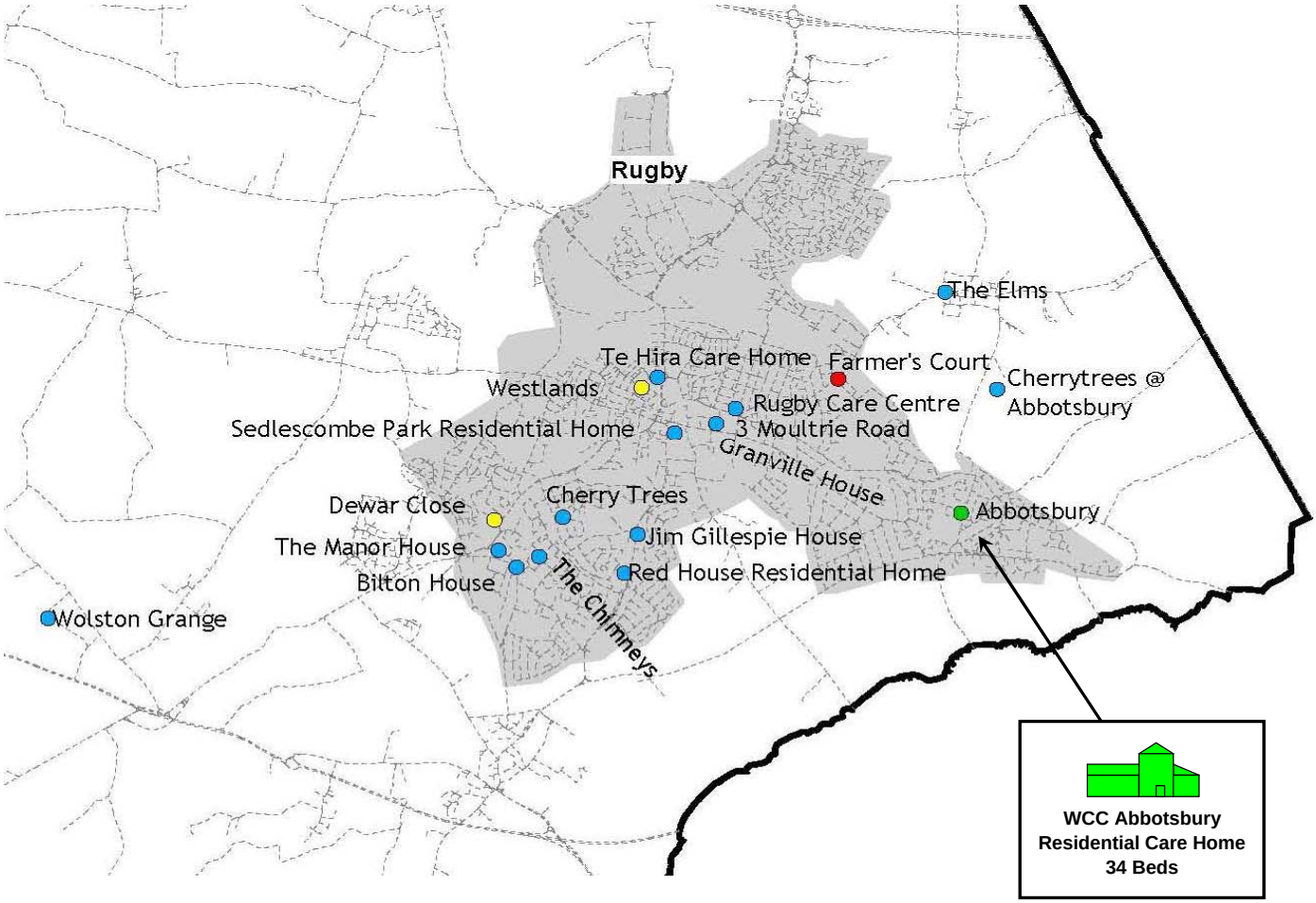
All Accommodation - 2015
199
123
322

Excess Residential Care - 2015
87
37
124

* Farmers Court due to open in April 2011

Residential Care per 10,000 Population
2010
45
2015
31

Residential Care Homes & Extra Care Housing Provision - 2010/11



Service by Type
(Figure in brackets = countywide total)

- Extracare (3)
- Residential (56)
- WCC (10)
- WCS (9)

Stratford

Number Social Care Customers -	
Service Area	Number
Residential	151
Dementia	75
Total	226

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
77	27	47
29	0	46
106	27	93

Vacancies at WCC Rates
Private
14
11
25

Extra Care Provision - 2010/11
34
12
46

All Accommodation - 2010/11
199
98
297

Excess Residential Care - 2010
48
23
71

Number Social Care Customers - 2015	
Service Area	Number
Residential	150
Dementia	103
Total	253

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
77	27	46
29	0	74
106	27	120

Vacancies at WCC Rates
14
11
25

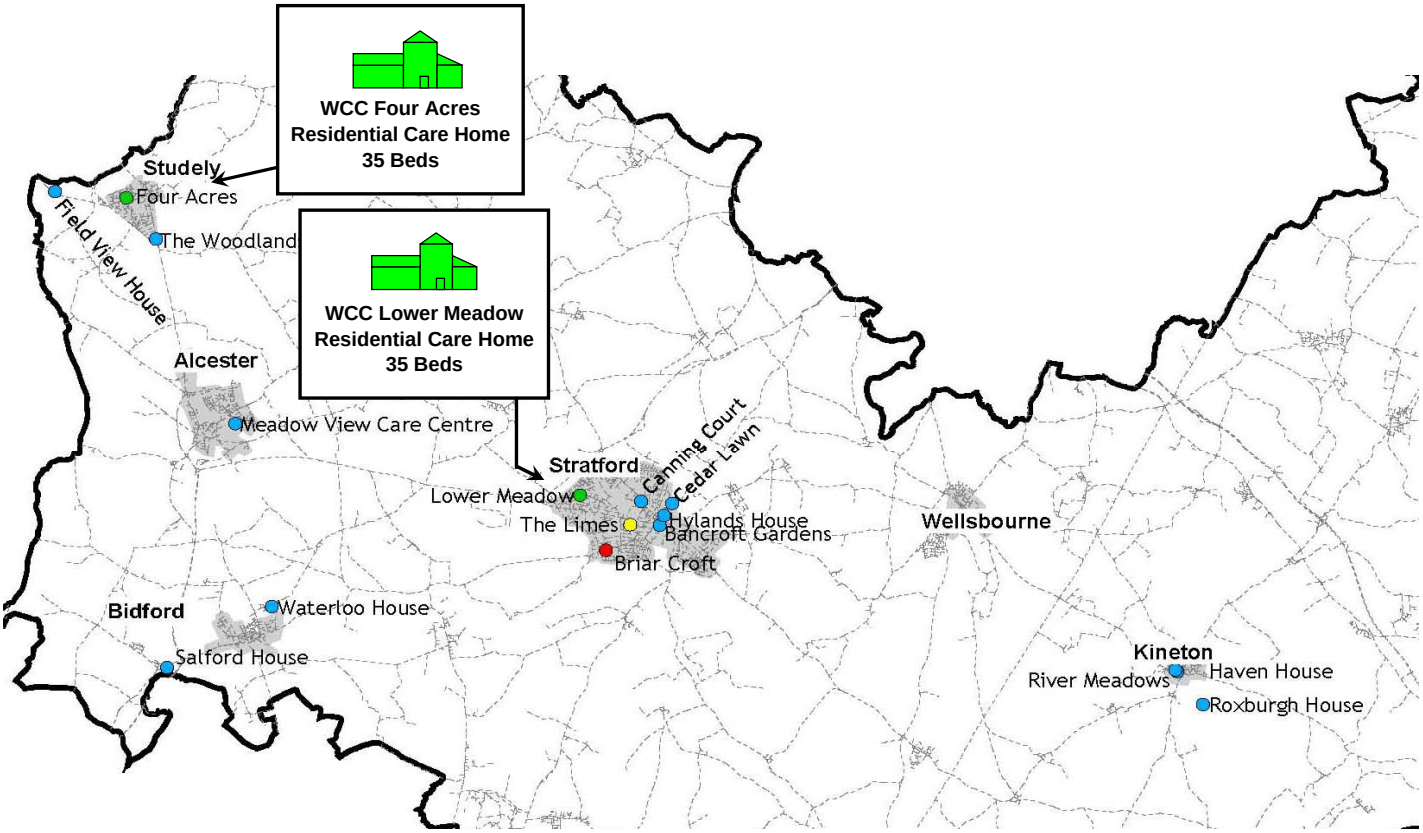
Extra Care Provision - 2015
106
36
142

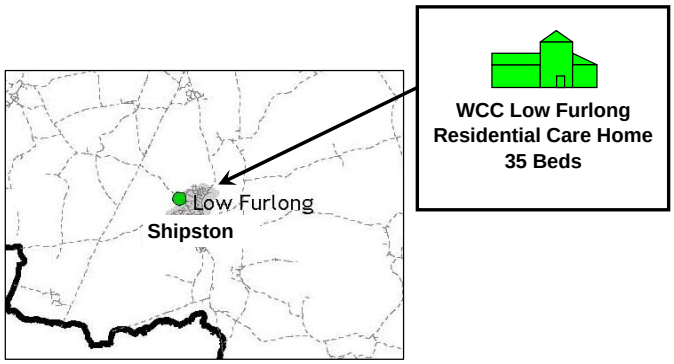
All Accommodation - 2015
270
150
420

Excess Residential Care - 2015
120
47
167

Residential Care per 10,000 Population
2010
44
2015
30

Residential Care Homes & Extra Care Housing Provision - 2010/11





Service by Type
(Figure in brackets = countywide total)

- Extracare (3)
- Residential (56)
- WCC (10)
- WCS (9)

Warwick

Number Social Care Customers -	
Service Area	Number
Residential	175
Dementia	77
Total	252

Residential Care Provision - 2010 (Social Care Customers)		
WCC	WCS	Private
70	60	45
0	60	17
70	120	62

Vacancies at WCC Rates*
Private
1
0
1

Extra Care Provision - 2010/11
0
0
0

All Accommodation - 2010/11
176
77
253

Excess Residential Care - 2010
1
0
1

Number Social Care Customers - 2015	
Service Area	Number
Residential	174
Dementia	105
Total	279

Residential Care Provision - 2015 (Social Care Customers)		
WCC	WCS	Private
70	60	44
0	60	45
70	120	89

Vacancies at WCC Rates
1
0
1

Extra Care Provision - 2015
112
38
150

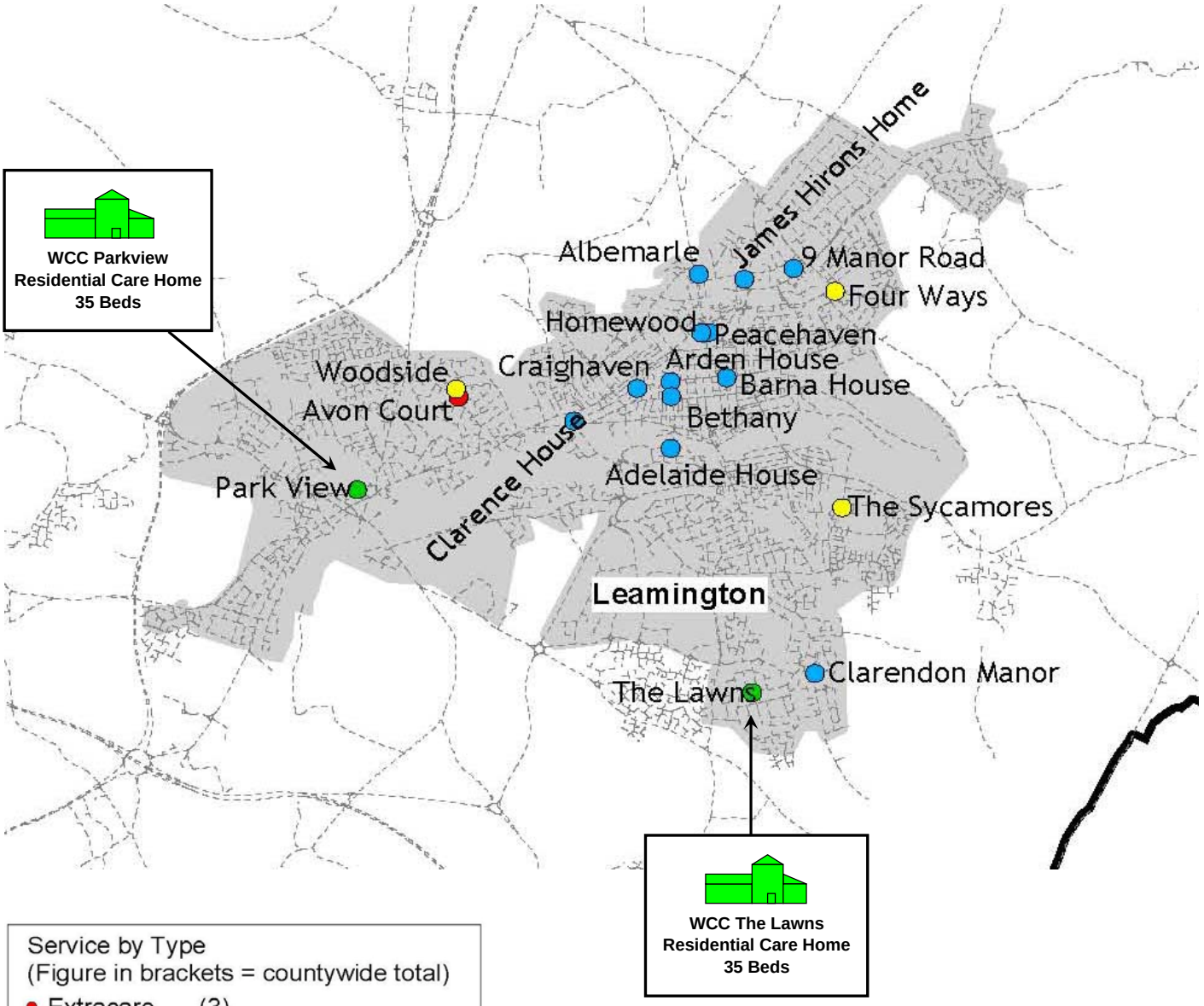
All Accommodation - 2015
287
143
430

Excess Residential Care - 2015
113
38
151

* Avon Court (34 beds) has recently been closed for ECH redevelopment.

Residential Care per 10,000 Population
2010
34
2015
21

Residential Care Homes & Extra Care Housing Provision - 2010/11



APPENDIX 3 (C)

SUMMARY OF NEED OF LONG TERM CARE HOME RESIDENTS - 13/12/10

		Low	Moderate	High	Total
NW					
	Orchard Blythe	0	1	22	23
	Bracebridge Court	7	12	6	25
Nuneaton & Bedworth					
	Caldwell Grange	5	9	12	26
	Mayfield	5	7	3	15
Rugby					
	Abbotsbury	2	6	11	19
Stratford					
	Lower Meadow	0	1	28	29
	Four Acres	0	2	24	26
	Low Furlong	0	1	28	29
Warwick					
	The Lawns	3	5	17	25
	Park View	5	7	11	23
	Total	27	51	162	240
	Percentage	11.3%	21.3%	67.5%	100.0%

WCC RESIDENTIAL CARE HOMES

Closure Decision Matrix

Care Home	Area	Matrix Score	Order of Closure	Provisional Date for Closure
Bracebridge Court	North Warwickshire	236	8	July 2013
Orchard Blythe	North Warwickshire	250	6	December 2012
Caldwell Grange	Nuneaton & Bedworth	290	5	August 2012
Mayfield	Nuneaton & Bedworth	502	1	August 2011
Abbotsbury	Rugby	440	2	August 2011
Park View	Warwick	332	3	August 2012
The Lawns	Warwick	322	4	August 2012
Low Furlong	Stratford	194	9	October 2013
Lower Meadow	Stratford	184	10	January 2014
Four Acres	Stratford	246	7	April 2013

Matrix Criteria	Weighting
1. Ability to Re-provide at WCC fee rates (Contracted Places).	10
2. Ability to Re-provide at WCC fee rates (Current Vacancies).	10
3. Residents - Level of Dependency.	16
4. Unit Costs - Actual.	12
5. Unit Costs - At 100% Occupancy.	8
6. Ongoing Maintenance Costs 2010 to 2014.	4
7. Suitability for Extra Care Housing development.	2
8. Land Value.	2

13-Jan-11

Appendix 4(a)

Legal Advice Note on In-house Care homes and a Joint Venture Company

1. Overview

A joint venture (JV) is where both a public sector body and the private sector contribute to a commercial venture and agree to develop and manage that business on a joint basis; it usually involves a specific company vehicle for the purpose rather than just relying upon a contractual relationship. A joint venture company is the highest form of partnership; each party contributes resources to the venture and a new business is created in which the parties collaborate together and share risks and benefits associated with the venture.

Joint ventures companies are usually established because the parties have complementary objectives: each has a contribution to make to the delivery of a successful business or venture, which they would be unable to achieve independently at lower cost or risk. Note a JV should not be seen as a delivery model in which the public sector seeks to transfer risk to the private sector through the creation of an arm's length relationship.

Joint ventures may be structured in a number of ways including:

- company limited by shares; and
- a company limited by guarantee

If a joint venture is meant to be profit making for its participants or if there is significant private sector funding then a company limited by shares is likely to be the preferred structure. This is because such a company can pay dividends to its members. Its structure and operations will be well understood by private sectors participants.

2. Powers

Powers to establish companies for joint venture companies can be found in the well-being provisions of the 2000 Act; however there is a prohibition on using this power to "raise money". Section 95 of the Local Government Act 2003 gives Local authorities an express power to trade in function-related activities thorough a company

If WCC aim is for the 10 homes to become profitable it is advisable that the JV Company is formed using the powers under Section 95 of the Local Government Act 2003.

3. Governance

A JV is governed by a Joint Venture Agreement this will set out the purpose, objective, business plan and key commercial terms and conditions for the JV.

The JV Company will be governed by the Company Memorandum and Article of Association. The shares or membership interests will be owned by the public and the private sector and there will be a Board of Directors who will have legal responsibility for managing the JV. The board will make most of the decisions on the running of the JV. Some matters will require shareholders approval. The shares of membership interest of the JV will be owed by the public sector and a private sector partner. The shares may be held in any proportion.

The JV will be an independent entity from the Council. The Council will appoint officer/members to sit on the board of directors. The officers/members who become directors will have to act in the best interest of the JV Company.

It is important to consider the governance arrangements that should be put in place to provide control and protection, particularly when the JV is at least partly funded and supported by the public purse. These should be established to minimise the risk of conflict of interest and give reassurance to key public stakeholders over the propriety of the JV arrangements. Examples of such arrangements include non-executive steering groups, advisory councils, audit committees.

4. Ownership and Control

Local authority companies are generally classified to the public or private sector depending on effective control over the company. If a local authority holds more than 50% of the shares of voting rights in a company, or holds between 20% and 50% but has effective control over the company, then it is regulated and classified to the public sector. Companies for which a local authority has less than 20% of the equity and voting interest, and also those with a local authority stockholding of up to 50% within which the private sector shareholders have the dominant influence over the company's operating and financial policies and shoulder most of the risk, are classified to the private sector. This means that the company's transactions will not score against the local authority's capital finance allocations. Note where the public sector appoints a minority of the board; however control within the JV is devolved to specific committees and the public sector have a controlling interest on those committees, it will the have majority control and deemed a public sector classification.

In this case is advisable that WCC ensure that the JV Company is at arms length from the local authority (i.e. the JV is not a local authority controlled company) and is not deemed a public sector classification as this can have an impact on the JV Company’s revenue (see below).

6. Revenue

Local authorities either place people in local authority homes or in privately run homes with which they have a contract for the provision of care home services. The **National Assistance Act 1948** and the **Charging for Residential Accommodation Guide 2010** provides guidance on charging for residential accommodation. Section 22 of the NA Act 1948 states that local authorities must set the standard rate for accommodation managed by the authority at an amount that represents the full cost to the authority of providing that accommodation.

Section 1.010 of CRAG goes on to state that the standard rate for accommodation in homes not managed by the local authority will be the gross cost to the local authority of providing or purchasing the accommodation under a contract with the independent sector home.

Where does this leave the rate to be charged by a care home provided by a joint venture?

CRAG and the NA Act 1948 does not give guidance on the rate to be charged by local authority /private sector JV company running care accommodation, however the guidance seems to indicated that the key determine issues on the rate to be charged is whether the accommodation is managed by the local authority. Therefore if the joint venture home is considered to be accommodation managed by WCC i.e. the JV is a wholly owed by the local authority or the local authority has a majority, this will mean the rate will have to represent the "full cost" of WCC providing that accommodation.

However where the JV is at arms length from the local authority i.e. the local authority does not control the decision making of the JV Company, the JV Company will be able to charge the local authority "gross cost" to the local authority of providing or purchasing the accommodation under the contract.

In summary the ownership and control WCC has with the JV Company will play a large part in whether the Company can charge the full cost or the gross cost to WCC.

7. Procurement Issues

The selection of a partner to form a JV Company does not necessarily require a formal selection process; the nature of the project may dictate the most appropriate partner. However even where there is no strict requirement to apply EU rules to the selection of a partner the principles derived from the EU treaties may still apply (non-discrimination, transparency, equal treatment and proportionality). Where these principles apply, advertising and running a competition for the selection of a partner is likely to be required for the selection of the private sector partner.

Where a contracting authority wishes to select a partner for a JV and at the same time award a contract for services, works or supplies to the JV, a single procurement exercise can be undertaken to select the partner and award the contract to the JV

once established. This approach has been endorsed by the European Commission and avoids the need for two separate competitions (i.e. one to select the partner and a further competition to award contracts to the JV).

In this case WCC wish to award the contract to provide residential care services to the JV Company therefore it is advisable that WCC conduct a single EU compliant procurement exercise for the selection of partner and the award of residential care services.

8. Other Issues

When setting up a JV Company some of the key issues you need to give early consideration to include:

a) Structures for Service Delivery e.g. Limited Company, Limited Liability Partnership etc.
b) Assets – land and property transferring to the JV
c) Exit Strategies (voluntary winding up, liquidation, material default by one partner, insolvency of a JV partner, change of control of a JV partner etc.)
d) Accounting and Tax Issues
e) Management of the JV including controls and delegations
f) Staff –TUPE and Pensions
g) State Aid – State Aid is the giving of financial advantage by the state to certain undertakings over others, which has the potential to distort competition. A breach of the State Aid rules has serious consequences therefore this issue must be addressed at an early stage. In the context of JVs the risks of problems arising could be mitigated by ensuring parity in terms between the public and private sectors and use of a competitive procurement process. Note State Aid do not apply only when a JV is set up – they apply to any of the various ways in which financial advantage might be given by the state so this could include exit arrangements or transactions during the life of the JV.

9. Conclusion

It is quiet clear that WCC are in need of a solution to manage a long-term programme of service delivery and investment in order to improve the delivery and efficiency of its 10 residential care homes. A JV with the private sector in the form of a company has the necessary ingredients to ensure the homes remain open and are separate self-standing and sustainable homes (e.g. there is scope to ensure the JV arrangements allows the Company to charge the local authority the gross cost of providing the care therefore increasing the revenue streams of the JV Company). However it is important to note JV Companies are very complex creatures and require specialise legal and financial advice on the outset to ensure they are set up and managed correctly.

Advantages of a JVC

- A company is its own legal entity , it can therefore deal in assets, employ people, enter into contracts and be subject to private sector accounting and tax considerations;

- Using a company can improve access to the skills and other resources of private sector partners such as commercial acumen, finance and technology;

- Companies allow for capturing a longer-term value as the local authority will hold an equity stake in the company;

- Allows the Council to benefit from the flexibility of a JVC whilst ensuring the Council retains a strong interest in the company and service delivery;

- No time scale unlike under a PFI agreement;

- Staff can be given greater incentives as Company can operate with private sector bonuses and rewards;

- A skilled independent management team can be put in place;

- A company structure encourages greater focus on the business plan and achieving goals;

- A joint venture company can allow better management of risk and can be used to limit liability to the local authority;

- Local authority policy objectives can still be preserved either through share holder control, control on the board or by provisions in legal documents;

- May be able to raise additional finances without impinging on the local authority's finances;

- The company model is well known and therefore private sector investors will be already knowledgeable.

- **Disadvantages of a JVC:**

- Contracts awarded by public sectors authorities to JVCs are subject to the same procurement regime as contracts awarded to other forms of organisations;

- Obscuring of public accountability and weaker audit requirements;

- Director's liabilities for those local authority members on the Board;

- Risk of insolvency = loss of equity stake and discontinuity of the service;

- Time and cost involved in establishing and operating the company;

- Difficulties in matching several organisational cultures in one vehicle;
- Conflict of interests can arise between the duties owed by members and or officers to the local authority and to the company;
- May need to consider TUPE implications.

Appendix 4(b)

Legal Advice Note on Social Enterprises and the Council's responsibilities under the Localism Bill

Key features of social enterprise

It is what a business does rather than how it is set up that determines whether it is a social enterprise. In general terms they:

- Trade goods and services for income
- Have defined social and environmental objectives
- Reinvest their profits to sustain and further their objectives
- May be supplemented by government grants etc.
- Have a different ownership structure from private business – can be owned by employees, customers, public bodies etc.

What structure can a social enterprise take?

- Unincorporated association
- Trust
- Limited company (by guarantee or shares)
- Industrial and provident societies such as community benefit societies
- Community Interest Companies
- Charitable incorporated organisations

What duties does the Localism Bill impose on local authorities in respect of social enterprises?

The Localism Bill had its first reading in the House of Commons on 13th December. It contains a number of proposals which will affect local government.

One of the aims of the Bill is to empower communities through the community right to challenge.

Under the right to challenge a local authority will have to consider a written expression of interest (EOI) to provide a service on behalf of that authority in relation to one or more of its powers and duties. That EOI must be made by a relevant body. A relevant body will include:

- A voluntary body (carries on not for profit activities)
- A community body (carries on activities primarily for the benefit of the community)
- A charity
- A parish council

- Two or more employees of that authority
- Any other group specified by the secretary of state

A local authority may specify periods during which EOIs may be submitted to the authority in respect of a particular service.

The authority must consider an EOI, taking into account whether acceptance of the EOI would promote or improve the social, economic or environmental well-being of the authority's area.

APPENDIX 5

WARWICKSHIRE COUNTY COUNCIL
TRANSFER POLICY
JANUARY 2010

1. AIMS

The aim of this policy is to ensure that where the need to transfer residents in a residential home due to the closure of a residential care home Warwickshire County Council delivers a fully informative, supportive, considerate service which minimises disruption and inconvenience for the resident.

2. OBJECTIVES

- Fair treatment of all residents
- Prompt Community Care Assessments of residents
- Effective consultation
- Assist residents (and family) moving
- Clear responsibilities of all parties

3. DECISION-MAKING

The decision to close a Warwickshire County Council home must be ratified under the Councils decision making process.

The Council is aware that during the transfer process factors may arise which has a significant effect on what was originally agreed. In such case the decision must be refer back to the Council's decision making body.

4. CONSULTATION

Our aim will always be to secure ongoing engagement at every stage of any closure. Any consultation that is undertaken should begin at the formative stage of any changes/closures and must be clear, open and transparent about its purpose. We will make sure that a thorough and robust consultation and engagement plan is put in place. This plan may include some or all of the following:

- We will appoint a consultation officer
- We will put in a prominent place a notice board so that information about who people are, contact details and any plans are visible throughout the consultation.
- We will hold one to one interviews with each resident and record their preferences

- We will arrange for an independent advocate to be available throughout the process should this be needed
- Every resident will have their individual needs assessed so that everyone is really clear about each residents future needs
- Where necessary we will show presentations to tell people about any plans for change
- We will produce written information that is clear and in formats that enable residents and relatives to be fully aware of the plans
- Residents will be able to write letters and post them in the 'tell me' post box
- Residents will be given information and details of staff they can contact if they have any queries and/or concerns.
- For relatives and carers we will hold 'twilight' sessions.
- We will also ask residents and relatives to join focus groups and planning committees so they can help design and plan the home of the future, if this is relevant.

Any consultation will be carried out in a timely and sensitive manner. Due consideration will always be given to those residents with complex needs to ensure that they are fully informed and involved.

Individual's views will be sought throughout the whole process in any planning for their future placement and the key staff involved with the resident's care at the previous home should work closely with the resident (where possible) to ensure they are fully involved and happy with the decoration/furnishings of the new room, day of transfer etc.

Advocacy

Independent advocacy will be made available as far as possible to be provided by the same person during consultation.

EQUALITY AND DIVERSITY

The Council recognises the needs of a diverse population and always acts within the scope of its own Equality and Diversity Policy, the Human Rights Act 1998, The Disability Discrimination Act and Race Relations Act.

LEGISLATION

(Is there any duties under the National Assistance Act or the Community Care Act?)
Sec 47 National Assistance Act, Assessments and reviews – Community Care Act.
This policy will be carried out in compliance with the relevant statutory health and safety requirements and regulations.

RESPONSIBILITIES

Key officer's roles

Lead manager/project lead Social Worker, OT, home manager, customer consultation.

TIMESCALES

The timing of all transfers should be an agreed process with individuals, family and staff and based on individual need, risk and complexity.

It is important that the period of time planned for the relocation is long enough to avoid people feeling rushed or pressurised but not so protracted that things drag on and make individuals more likely to suffer anxiety or generally affect their motivation and well being. We estimate that a 3 month timescale is sufficient, although for residents transferring from residential care to Extra Care Housing up to 6 months may be needed to work with them to regain independent living skills. Warwickshire County Council will exercise particular care if an individual's transfer does take place during periods of extreme weather.

The number of people moving on any one day and in any one week will need to be carefully monitored. Generally it is proposed that not more than two people move on any one day. However if there are individuals who wish to move together as a friendship group we will endeavour to identify sufficient suitable staff and support so this can be facilitated. There can be benefits for individuals to move and travel together and this may be more important towards the end of the closure period when the worry of being one of only a few people left may be greater than worry about the actual transfer.

The involvement of family members is welcomed and usually beneficial. We will support family members with identifying/securing suitable transport and transfer arrangements.

ASSESSMENT AND PLANNING

Relocation of individuals to another placement will follow only after a detailed and full Community Care Assessment has been undertaken. The overall process will be managed and coordinated by the identified Manager from either the Older People's Physical Disability Team or Reviewing Service.

The full Community Care Assessments will be undertaken and led by the agreed manager. All assessments will be multi-disciplinary, involving medical practitioners where there is current active involvement or as indicated during the assessment process. Consideration will be given to ensuring the involvement of care staff who know the person well and other agencies as appropriate to contribute to a full and detailed assessment.

The Social Workers within the Reviewing Team or the Older People's area based team will complete an assessment of every resident including how their needs will be met in alternative accommodation. A risk assessment will be completed to assess whether there is any risk of harm to them from the proposed transfer and a risk management plan will be completed. It will be a matter for the professional

judgement of the Social Worker, in conjunction with the person and their family to consider the ways in which risk can be mitigated or obviated. Clear arrangements for the transfer of each individual must be made prior to any relocation.

The purpose of the assessment is to ensure that a holistic view is taken of an individual's life and that their needs, risks to them and outcomes and identify where they can be effectively supported in the future. The Social Workers will consider, as part of the assessment process, whether specialist medical input will be required (in addition to input from a GP or other professionals involved in the resident's care) and will access other information and opinions on the resident from a range of sources including:

- First and foremost the views of the individual will be sought. Where there are issues of capacity an assessment will be made under the Mental Capacity Act. Time will be spent with individuals using the appropriate communication methods. If an individual resident lacks the capacity to make a decision specific to any move an Independent Mental Capacity Advocate (IMCAs) will be appointed under s39 of the Mental Capacity Act 2005, and any transfer will be arranged in accordance with that Act. The view of the relevant IMCA will therefore be sought.

- The views of family or informal carers must be sought where this is the wish of the individual, or where the individual lacks capacity to make a decision about moving. The people who are involved in their lives of that individual and the care staff who know the person well should be able to contribute to this process.

- GPs and professionals involved in their care, i.e. Community Mental Health Nurses, Speech and Language Therapists, psychologists and other Consultants

- Where the Social Worker considers it appropriate, input from specialists not currently involved with the individual will be obtained

All assessments or reviews will be fully recorded on the Warwickshire County Council Care First data base.

The resulting care or support plan will address all aspects of care, likes, dislikes, preferences, risks, etc. but will also include all other specific requirements/preferences which may be particularly important to the individual. This may include individuals who have formed friendships and who may wish to move into new placements with other individuals.

The assessment will include a risk management plan assessing plan the level of risk.

The Social Worker will lead the discussions and sharing of information such as care, risk and transfer plans with the new provider once identified. This will be reviewed approximately one week before transfer to ensure that there have been no changes in need and again one week post transfer and there will be further formal review 4 - 6 weeks after transfer.

RISK MANAGEMENT

The Social Workers will complete a risk management plan setting out the level of risk on transfer and a plan to minimise the effect of any risk where possible. If the outcome of the risk assessment is such that the individual's health would be subjected to an unacceptable level of risk on transfer, the Local Authority will where possible support the person in the existing placement until such time as the risk to the individual's health is improved, or reduced to a level where they are sufficiently well enough to go ahead with their transfer.
However, if the risks involved indicate that an individual's health and wellbeing would be more likely to deteriorate by remaining at their existing placement then the Local Authority would make a decision based on minimising the risks overall, i.e. weighing up the risks involved with this option against the risks involved with transfer.

Detailed assessment and close examination of the individuals concerned in the period leading up to the move are essential before transfer. Adequacy of the documentation, quality of transfer arrangements (particularly for individuals requiring special equipment) and any relevant documents travelling with the individual on transfer all help to ensure a smooth transfer. Effective communication such as that between care staff and doctors is essential so that care/medical needs are fully understood by the new provider. Flexibility and being prepared to delay a move if risks are identified is essential.

During relocation the emphasis should be on meeting the individual's needs rather than concentrating on the resettlement of a group of people as a whole. However, individual care or support plans need to be looked at in the context of coordinating moves, which also includes the movement of friendship groups.

Additional staffing will be made available if needed on transfer days with key staff being able to work additional hours as required.

Staff (care staff/ Social Workers) is expected to be more vigilant in their observations of individuals in the week up to their planned move. Staff must look for any changes in physical and or mental well-being which may indicate changes in risk, e.g. changes to regular habits outside of the norm for that person such as loss of appetite, onset of/increased confusion, changes to regular toilet habits etc. Advice from the General Manager must be sought to discuss and identify if any professional intervention is required such as General Medical Practitioner (GP); how the views of the individual/key relatives can be elicited or whether any changes are needed to the risk management, care and or transfer plans so that decisions can be made on whether the transfer remains appropriate at that time.

ARRANGEMENTS TO TRANSFER

A Transfer plan will be developed by the Social Worker with key input from the individual, their family and care staff who know them well. This will include arrangements such as the decoration and layout of the person's new bedroom/personal space; plans to orientate to the new environment and any pre visits/overnight stays, etc; arrangements for continuity of care such as staff/relatives

working alongside new staff to pass on skills and experiences; key documentation/information that is needed such as their social and clinical history, patterns of care and special needs, and their cultural and spiritual needs in order to help new care staff to provide the appropriate levels of personalised care.

When a suitable alternative placement is selected and is available, the Social Worker will seek a mutually agreed date and time for the move to take place with the individual and/or their family/carer and appropriate professionals. If there is uncertainty as to the suitability of the placement then arrangements can be made for the individual to spend some time at the alternative accommodation before a final decision is made.

Prior to any transfers of an individual (or groups), all relevant documentation including care plans and relevant records from the existing service i.e. medication plans, that have been completed by the Local Authority will be provided to the staff at the new placement. All arrangements for changes to registration with the relevant GP practice, dentists, pharmacies, etc will also be made well in advance of the date of the planned transfer.

Arrangements should be made for any new providers` staff to become familiar with the individual and their care plan prior to transfer and a key worker should be identified.

The Registered Manager will ensure that the receiving home/new provision is visited within 24 hours of the planned transfer date to carry out a final check to ensure they are fully prepared to accept the resident the following day.

Transport arrangements will be made ensuring that the vehicle is suitably equipped to accommodate the needs of the individual resident/friendship groups who will be accompanied by carer/carers who know them and can offer support during the journey. In winter months special care will be taken to maintain consistent temperature levels both in transport vehicles and in the new accommodation.

Where possible, Warwickshire County Council will try to ensure that existing and familiar members of staff are actively involved in the transfer process. Likewise, Warwickshire County Council will try to make familiar staff accessible post transfer, either by telephone or in person, i.e. may send staff from the previous home to visit and support new staff team in continuing to learn about the resident's particular needs and are made available to work alongside new staff for a reasonable period of time to ensure continuity.

Also where possible a member of staff who knows the person well will travel with the individual to their new home to ensure a smooth hand over. Prior to the move the new staff at their new home will visit the individual and, spend time with them prior to the move and be on duty to receive them on their first day.

The General Manager (or if unavailable, other nominated manager) on the day of transfer will have the authority to cancel or postpone the move of a resident if they have any doubts at all that it is appropriate or safe on that day. They will know they have the support of senior managers to take this decision.

Transfer of clinical care

Arrangements for registering with a new GP must be made well in advance of the transfer date. The current GPs will be asked to be involved in the planning of the transfer of individuals and in the case of particularly vulnerable or high risk individuals will be asked to liaise with the new GP prior to the transfer taking place. In terms of people who require nursing intervention, a request will be made for a full nursing care plan to be made available to the receiving nurse team prior to transfer. Transfer should only proceed once confirmation has been received that the nursing input required can be provided in the new placement.

Individuals should have at least 7 full days medication on transfer.

Registered Managers should liaise with GPs to ensure that the outcomes of the assessment processes fully reflect the individual's health needs and the stability of their condition/health prior to transfer and this information should be made available to the new placement. Key health and well being issues should be part of any care, risk management and transfer plans.

Communication with Relatives, Friends and Carers

Communication with relatives, friends and carers will be conducted on an individual basis. Personal histories will form part of the information transferred with the individual and, where possible (in line with the individual's wishes) relatives will be involved in providing this information.

Generally relatives, friends, carers and advocates (where required) will be involved throughout the transfer process.

FOLLOW UP

A formal review of each resident should be conducted at approximately 6 weeks. As is standard practice for all reviews, all relevant parties should be involved plus any other professionals that have input/interest in the care and welfare of the individual – these may include advocate, district nurse, GP and/or CMHN). Following the initial review the placement will then be monitored by the new provider with a formal review after the first 12 months and thereafter on an annual basis. This will entail the Social Worker engaging the individual, their family/relatives and the new care/housing provider to review the continued effectiveness of the placement, the outcomes of the care or support plan and make any recommendations for change.

14. REVIEW

This policy will be reviewed on an annual basis.

RESIDENTIAL CARE - FINANCIAL MODEL

Customers						
Permanent	Respite	Temp	Dementia	**Total**	Total Beds	Empty Beds
241	27	5	0	**274**	342	68

	ALL	**Per Bed Per Week Based on Occupancy**	**Full Capacity**
Gross Cost of running the 10 internal homes	£9,417,523	£659	£528
Capital / Depreciation Costs	(£415,721)	(£29)	(£23)
Gross Cost (exc capital / depreciation)	**£9,001,802**	**£630**	**£505**
Cost due to empty beds:			£126

Replacement Costs

Permanent	Respite	Temp	Dementia	**Total**
241	27	5	0	**274**
£363	**£600**	**£600**		

£4,564,392	£852,176	£171,436	£5,588,004	£391
		SAVING:	**£3,413,798**	**£239**

EXTRA CARE HOUSING - FINANCIAL MODEL

NUMBER OF ECH UNITS		**1175**
% OF UNITS WHICH ARE FACS ELIGIBLE - CRITICAL & SUBSTANTIAL NEEDS	**50%**	588
% OF CUSTOMERS FROM RESIDENTIAL CARE HOMES	**50%**	294
% OF CUSTOMERS FROM COMMUNITY SERVICES (HOME CARE)	**50%**	294

Current Cost - per week	**hours**	**rate**	**units**	**£**
Residential Care				£363
Home Care	12.5	£15.00		£188

ECH Cost

10 hours care @ £13.50 (20% efficiency for diversion from home care)	£135
Night Cover: 10 hours x 7 x 13 = £910/45 units	£20
	£155

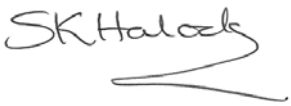
Saving / (Additional cost) from ECH diversion:	**Gross**	Less 30% contribution	**Net**
Residential Care	£208	-£62	**£145**
Home Care	£32	-£10	**£23**

Total Saving	**£000**
Residential Care	£m 2.2
Home Care	£m 0.3
	£m 2.6

Appendix 7

Warwickshire County Council

Equality Impact Assessment for Budget process

Directorate	**Adult, Health and Community Services**
Service Area	**Communities and Wellbeing**
Policy/Service being affected	**Proposed closure of the Council's ten internally run Residential Care Homes for Older People**
Is this an investment or proposed saving?	**Proposed savings**
Is this proposed saving or investment directly linked to another i.e that an investment in a new or existing service relates to a saving in another area? If so please name the linked proposal.	**The Council will be able to maintain the independence of people longer in their own homes through looking at other options and services, such as reablement or the provision of Extra Care Housing**
Who is undertaking this assessment?	**Ron Williamson** **Head of Communities and Wellbeing**
Date of this assessment	10th January 2011
Signature of completing officer (to be signed after the EIA has been completed)	
Name and signature of Head of Service (to be signed after the EIA has been completed)	
Signature of DMT Equalities Champion (to be signed after the EIA is completed and signed by the completing officer)	
Is your proposal likely to result in complaints from existing services users and/or members of the public? YES **If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible**	

A copy of the Equality Impact Assessment Report including relevant data and information to be forwarded to the Directorate Equalities Champion and the Corporate Equalities & Diversity Team

Warwickshire County Council

Working for Warwickshire ...Putting People First

Appendix 7

Form A1

INITIAL SCREENING FOR BUDGET DECISIONS – DO THEY HAVE ANY RELEVANCE OR POSE ANY RISK TO ANY OF THE EQUALITIES GROUPS?

High relevance/priority Medium relevance/priority Low or no relevance/ priority

Note:
1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

DEPARTMENT:	Relevance/Risk to Equalities																				
State the service or proposal being assessed:	Gender inc transgender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Priority status For EIA		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Proposed closure of the Council's ten internally run Care Homes	✓			✓			✓				✓			✓		✓			✓		
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities																					

For saving proposals complete form A2a below

For investment proposals complete form A2b below

Appendix 7

Form A2a – proposed savings

Equality Impact Assessment

Please Explain

Stage 1 – Scoping and Defining	
(1) What are the aims and objectives of service where savings are to be made?	The Council currently funds Residential Care for Older People of Warwickshire in a variety of ways: • The Council's 10 internally run homes providing 350 places; • Warwickshire Care Services (WCS) providing 336 places; • Other Independent Sector at Council fee rates and "top-ups" currently providing 388 places This Equality Impact Assessment is focusing on the Council's 10 internally run homes. The homes provide long term Residential care to older people who meet the Fair Access to Care eligibility criteria of substantial and critical, and access is following an assessment by the Older People & Physical Disabilities Assessment Team. The Directorate has been working on how these services can be provided in the future and to that end a report was taken to Cabinet on 22nd July 2010 entitled "Care and Choice Programme – the Future of Warwickshire County Council's Residential Homes for Older People", to help meet the service modernisation agenda: • To maximise independence in accordance with the wishes expressed by potential service users • To give greater choice • To ensure sustainability of services through making best use of resources and meeting the demographic challenges faced by Councils • To maximise the number of people served for the money available Also as part of the savings plan, the services need to be reviewed because: • they cost 40% more to run than it costs to purchase equivalent places in the independent sector homes at the local authority rates. The aim of the service modernisation agenda is to ensure there is an improved balance of care, which is more appropriate to individual needs on the basis of need, availability, people's choices and cost and is consistent with the general principles of social care reform within the resources available to WCC.

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(2) How does the service fit with the council's wider objectives?	This fits with WCC's priority of 'Maximising Independence for Older People', and the Directorate's vision: Our vision is to ensure people can maximise all opportunities to live independently. Our mantra is 'recovery, rehabilitation and reablement', where people need care, they have this delivered in the most personalised and cost effective way ".		
(3) What would have been the expected outcomes of the service? Who would have benefited from the service and in what way?	The service is trying to maintain the independence of Older people so that they are able to live in their own homes longer with support from services such as reablement, adaptations, community equipment. The service is also looking at alternative residential options such as Extra Care Housing. The main beneficiaries would be older people, but would expect to have an indirect positive impact on carers, relatives and family members.		
(4) Does this proposed saving have the potential to directly or indirectly discriminate against any particular group or to compound issues of social inequality? Please identify all groups that are affected	RACE ✓	AGE ✓	GENDER inc Transgender ✓
	RELIGION/BELIEF ✓	DISABILITY ✓	SEXUAL ORIENTATION ✓
(5) Are there any negative impacts on social inequality issues? This includes impacts on child poverty for example or our most geographically disadvantaged communities	There is a risk that the changes to care provision could increase social inequality among older people since financial buying power will allow those who can afford it to be a higher standard of care. It will be necessary to ensure that places purchased by WCC through the private sector are of good quality.		
Stage 2 - Information Gathering			
(1) What type and range of evidence or information have you used to help you make a judgement about the cut to this particular service?	Information already available on current service users from CareFirst in terms of Age, Gender, Race, Disability and Religion or Belief. Information already available for staff from HRMS. • Data available on occupancy rates, trends and needs.		

(2) Have you been able to use any consultation data to help make this decision, if so what?	Cabinet agreed to proceed with consultation with current service users and their relatives at their meeting on July 22nd 2010 and to extend the consultation until 14th December 2010 at their meeting on 14th October 2010. Therefore consultation was undertaken in two phases. The profile of current service users is as follows: **Ethnicity** – 98% White (includes white British, white Irish) and 2% made up of 2 Polish, 1 German, 1 Burmese and 1 Asian. **Age** – Under 74 – 5%, 75 – 84 – 27%, 85 – 94 – 54%, 95 – 99 – 11%, 100+ - 3% **Gender** – 79% Females, 21% Males **Disability** – an assumption has been made that all the residents have a degree of functional disability as they are in Residential care, otherwise they would be maintained at home. Phase 1 of the consultation (from August to the end of October 2010) concentrated on the question of the impact on service users if the homes were to close. Overall 1130 people responded to or were involved in the consultation, which comprised of the following: • 11 twilight meetings with relatives and representatives- 450 relatives approximately attended meetings • 176 - 1:1 interviews with residents and people who use respite care services • 11 day care group meetings • 456 completed questionnaires from residents, relatives. • 37 comments cards were also received. Phase 2 which was an extended period of consultation until 14th Dec 2010 looked at the full four options. The four options were: a) Option 1: Closing all of the Homes and Disposing of the Sites over a 3-4 year period b) Option 2: Selling the Homes as “going concerns” to the independent sector c) Option 3: Set up a joint venture company (JVC) to operate the Homes d) Option 4: Other such as social enterprises/ local community co-operatives running the homes • Twilight meetings were held in all 10 of the homes and a total of 155 relatives attended. • A number of methods were used to consult with residents, day care and users of respite including: group discussions and 1:1 sessions. In all 209 residents were consulted. • 1028 options fact sheets were circulated to residents and relatives. In addition to this consultation there has been continued consultation on Care and Choice since November 2006 In total, 138 different events have now been held explaining and consulting on the Care and Choice agenda covering the following: 22 x WCC/WCS Care Homes (x2), Countywide OP groups/fora, inc. 6 x SCAN groups in Stratford and the BME community,Cabinet, Area Committees, Area Fora, Provider Days, Bidder Days and Older Peoples Partnership Board(s) Option 3 was the preference for those who participated in the consultation exercise. Full consultation report is available. Although the residential care consultation exercise was limited to those existing service users and their relatives, the needs of potential services users and BME communities (10% of Warks population but only 2% of existing service users) has been encapsulated through the wider Care and Choice consultation exercise.

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Stage 3 – Making a Judgement	
(1) From the evidence above is there any adverse or negative impact identified for any particular group?	It is difficult to make a judgement with regard to adverse impact in terms of ethnicity as the profile of current service users does not fully reflect the diverse communities of Warwickshire and so we would need to understand why they are not accessing the services or are they going Out of County? However, in relation to the future planning of provision it is clear in the wider Care and Choice consultations that there has been good and consistent engagement with BME communities to ensure their needs are included in future service proposals. There will be a greater impact of these changes on women, however, if option 3 or 4 is agreed the impact will be minimised. Any negative impacts for staff will depend on whether any Tupe arrangements are made on their current terms and conditions or different arrangements. There will also be a greater impact on women as they make up 93.9% of the workforce, therefore selection processes will need to robust and the Council will need to check equal pay arrangements are in place if moved to the private/ independent sector.
(2) If there is an adverse impact, can this be justified?	See response above. It should be noted that there are other options/services to help meet the diverse needs of elderly people. In addition the policy of Empowerment and independence, enablement will have a far wider positive impact on older people's quality of life.
(3) if there is an adverse impact on social inequalities can these be justified?	

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(4) What actions could be taken or have been taken to reduce or eliminate negative or adverse impact?	In carrying out a full consultation the Directorate has sought to clearly identify any impact and concerns before a decision can be made on which Option(s) to recommend. Also once a decision is made the Transfer Policy will be followed to make decisions for individual service users. Included in this policy is the need for 1:1 discussions so that the service agreed is what the service user requires and it takes into account their individual needs.
(5) Is there any positive impact? Does it promote equality of opportunity between different groups and actively address discrimination?	As a result of the other changes, to assist people to stay at home longer, there will be a greater empowerment for older people.
Stage 4 – Action Planning, Review & Monitoring	
If No Further Action is required then go to – Review & Monitoring (1)Action Planning – Specify any action which could be taken to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.	EIA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments
Home closure plans	Ron Williamson	31/7/2011	Mutli disciplinary team	

(2) Review and Monitoring State how and when you will monitor the impact of this proposed saving	Monitoring will need to undertaken once the decision has been made by Cabinet and the change or closure programme is being implemented.

Please annotate your proposed saving with the following statement:

'An Equality Impact Assessment on this proposed saving was undertaken on (date of assessment) and will be reviewed on date (one years from the date it was assessed)'.

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Appendix B

Residential care home consultation report December 2010 – Key themes

Phase 1 - Consultation on impact on residents, other customers and their families if homes were to close

Summary

A Cabinet report, presented on 22nd July 2010, outlined proposals to formally consult with residents, relatives, respite and day care service users on the impact if the Council were to consider any possible closures of the 10 Council owned residential care homes. The Cabinet approved a 3 month consultation to be undertaken from August to October 2010. (Phase 1).

The purpose of the consultation was to obtain the views of existing residents and their relatives about the possible closure of some, or all, of the 10 residential homes over a period of time. It was also important to understand what the impact would be on individuals, and how these impacts might be reduced.

On 14th October 2010 the cabinet approved an extension to the consultation until 14th December 2010, (Phase 2) to look at options that emerged during the first phase of the consultation.

1.	Background
1.1	Warwickshire County Council currently own and run 10 traditional residential care homes, most of which were built more than 30 years ago. The cost of running these homes is 40% more than homes owned by the private sector. By 2025 the population of older people in Warwickshire (people aged over 65 years of age) is due to increase by 43% from 94,200 to 134,500. These pressures on services are very significant for adult social care in Warwickshire and across the country. In order to address the increasing needs of an older population, the Council needs to find a better approach to care and housing in the future. The Council currently spends a high percentage of our older people's social care budget on residential care, which means there is less money to spend on more personalised services. Although there is likely to be an increase in the population of older people in Warwickshire over the next 15 years, effective and efficient reablement services

	will reduce the need for residential care in the future, especially for people who are physically frail. The Council is also striving to put in place more efficient and personalised services that support customers to live independently for longer. To tackle the pressures the Council faces, there is a need to change the services provided in the future, including: • Develop a programme of change that better meets the current and expected future needs of the people of Warwickshire. • Create services that are more flexible. • Create care and support that people can access, close to where they live. • Have better long term outcomes for people at lower costs. • Be ready for the changes of an ageing population. • Have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their homes in order to fund their ongoing care costs.
1.2	The focus of phase one of the consultation was to: • understand the impact on individuals and how the Council might mitigate against this in developing its future plans • determine the order in which home closures might be considered. • determine if all the homes can be closed and over which time period to ensure good alternative supply - including the additional option of extra care housing in the future.
2.	**Phase 1 - Methodology & Consultation process**
2.1	Consultation officers organised and undertook the following in each of the 10 Council run homes during 1st August to 31st October: Overall **1130** people responded to or were involved in the consultation, which comprised of the following: • 11 twilight meetings with relatives and representatives- 450 relatives approximately attended meetings • 176 - 1:1 interviews with residents and people who use respite care services • 11 day care group meetings • 456 completed questionnaires from residents, relatives. • 37 comments cards were also received.

3.	**Findings from Questionnaire/Consultation visits – (Residents/Day Care/Respite)**
	There were a number of cross cutting themes which emerged from the analysis of the questionnaires and during the consultation visits with residents and people using day care and respite.
3.1	**Key Messages**
	i) Opinion on the proposal Residents at the care homes were informed that the Council needs to develop new kinds of services and support to enable older people to remain independent for longer in their own homes. They were informed about the possibility of closing some or all of its 10 homes so it can do this; residents were asked for their views on this proposal. The responses indicate that respondents could be grouped into three broad categories. • Just fewer than three out of five residents who answered the question (57%) indicated that they were against any closures. • Nearly one in four residents (23%) appeared to agree in principle that encouraging older people to remain in their own homes for as long as possible was a good idea, but in most cases, their own case, this was not possible, and so ultimately were against the proposals. • One in five respondents (20%) appeared to have no problems with the closures, as long as a suitable alternative home could be found for them. **ii) Other care options** Residents were asked what alternatives could be put in place to ensure that they get the care they need. Many respondents indicated that there weren't any other solutions, and that residential care was the only option given their situation. There was also a significant number of respondents who indicated that they do not know what other options are available to them. Of those that did suggest alternatives, respite care, daycare and homecare were the most popular responses. Sheltered accommodation, additional equipment (such as wheelchairs) and Telecare were mentioned, but less frequently. **iii) The impact of closing homes** The consultation wanted to understand the impact that the proposals would have on residents; the question generated a high level of response, the main emerging issues are summarised below. ***- General concern about the proposals*** Just less than one-half of respondents were anxious and worried about the proposals. Many residents commented that any changes would be unsettling for them, and this would have severe and damaging effects on the most vulnerable.

	- Quality of care Just less than one-half of respondents were concerned that they would miss the home, the staff, the quality of care and the friends they have made. The quality of the care they currently receive was often commended, with many respondents rating the service as 'first-class'. Concerns were raised that the same quality of care could not be replicated elsewhere, which concerned both residents and relatives. A large number of residents commented that they felt at home within the centre, and had made many good friends; there was great concern that these friendships would be lost. Companionship was considered very important by many residents, along with the social aspect of living in or visiting a centre. ***- Future accommodation*** Approximately one in five respondents had concerns about where they may be residing in the future, and how easy or difficult it would be for family and friends to visit. This was a concern for many relatives as well as residents. There was also a more general concern about where respondents would live in the future if all 10 homes were to close. Many replies indicated that they had nowhere else to go, or required 24 hour care, which naturally generated a high level of concern amongst residents. As a follow-up to this issue, there were residents who commented that they could not afford to be placed in a private home, and some mentioned that the quality of care they had received previously in private homes was not as good as they currently receive. ***- Level of support*** A smaller proportion of respondents thought that if the right level of support was provided, they would have few concerns about the proposals. Most of these respondents had reservations about moving, but with the right level of support, thought that it would not be a problem for them. There were a few responses that indicated if they received the right support, they would have few concerns about moving to a different residence, as long as it was within travelling distance for family and friends. - ***Breaks for family carers*** Breaks for carers and adequate support was considered a key factor that would enable older people to stay living at home longer, particularly those who are in receipt of respite and day care services. Some highlighted the burden and strain on families and a break for carers was seen to be a vital service to help support family carers to continue to provide care for their relative in their own home. ***- Social isolation*** Another issue raised by residents and those who use respite and day care

	services was around the fear of loneliness and isolation in old age when living at home. Residential care in their opinion has to some extent helped to alleviate this and also given them a sense of feeling safe and secure. **iv) Reducing concerns** The consultation wanted to understand what the Council could do to reduce the concerns that had been raised. By far the most common response was that nothing could be done to alleviate concerns, other than not to close the homes. Other issues were raised, many repeating previous points, and these have been summarised below. • Residents wanted reassurance that they would receive similar or better quality of care in the future. • It was clearly important to many residents that they stay local to their family and friends. • A smaller number of responses urged that the Council look at cost and efficiency savings, both within the care homes and within the Council at large, before considering the proposals. **v) Important issues to consider** Residents were also asked that if their own home was going to close, what would be important for them. Again, many of the same issues were raised: ▪ good quality of care ▪ a residence close to family and friends ▪ trained and caring staff This question did appear to further highlight issues about companionship and socialising. Many respondents reported that they felt safe in their current surroundings, and would not want to be separated from friends they currently have. Respondents also mentioned that the social aspect of their home was very important for them, and that it would be important for them to continue to experience a wide-range of social activities and trips. This question also raised further concerns about the support and advice that the Council could offer, and many requested that current staff and carers supported them with any potential move.
4.	**Findings from questionnaire & consultation visits - Relatives/representatives**
	Similar cross cutting themes also emerged from the analysis of the questionnaires and during the consultation visits with relatives and representatives.
4.1	**Key messages**
	i) Opinion on the proposal As with residents, relatives and representatives were informed that the Council

	needs to develop new kinds of services and support to enable older people to remain independent for longer in their own homes. They were informed about the possibility of closing some or all of its 10 homes so it can do this. Respondents were asked for their views on this proposal, again, responses indicate that relatives and respondents could be grouped into three broad categories – • Four out of five relatives (81%) who answered the question indicated that they were against any closures; a higher proportion than residents themselves. • A smaller number of respondents (17%) appeared to agree in principle that encouraging older people to remain in their own homes for as long as possible was a good idea, but in the case of their relative in the care home, this was not possible, and so ultimately were against the proposals. • Only 2% of relatives appeared to have no problems with the closures, as long as a suitable alternative home could be found for their relative. **ii) Other care options** Relatives were also asked what alternatives could be put in place to ensure that older people get the care they need. Again, there were many respondents who believed that there weren't any other solutions for their relatives, and that the personalised care they receive in residential care homes was the only option. Of those that did suggest alternatives, respite care, daycare and homecare were again the most popular responses. **iii) The impact of closing homes** The consultation wanted to understand the impact that the proposals would have on residents and relatives / representatives. Most of the issues raised by residents were again highlighted by relatives and representatives; the main issues to emerge are summarised below. - ***General Concern*** Just over **one-half** of respondents were anxious and worried about the proposals. Many respondents commented that any changes would be unsettling for residents, and this would have severe and damaging effects on the most vulnerable. Many respondents highlighted that older people didn't react well to change, and these proposals could cause undue distress on individuals. Relatives were primarily concerned for the welfare of their relation, but they were also worried about the lack of respite care they would receive if homes were to close. A slightly higher proportion of relatives were concerned and anxious compared to residents themselves; and no relatives indicated that they had 'no concerns' over the proposals. - ***Quality of Care***

	Relatives of residents recognised the high quality of care currently received by their family members, and were concerned they would not get the same level of care in other homes. - ***More information needed*** Relatives appeared more likely to question the proposals, and were keen that they were provided with more information about different options before commenting further, an issue that was highlighted further in the next section of the questionnaire. - ***Break for Family Carer*** Family carers of those who use and benefit from both day care and respite said it is a lifeline and provides an opportunity for them to have a break from their caring responsibilities. **vi) Reducing concerns** The consultation wanted to understand what the Council could do reduce the concerns that had been raised. By far the most common response was that nothing could be done to alleviate concerns, other than not to close the homes. Other issues were raised, many repeating previous points, and these have been summarised below. • Relatives wanted reassurance that their family would receive similar or better quality of care in the future; and that respite care would continue to be provided. • It was clearly important to many residents that they stay local to their family and friends; and relatives were equally keen that their family remain local. • Information and advice was requested, so residents and relatives could fully understand the implications of the proposals. Respondents also wanted reassurance that their views and concerns will be listened to. • A smaller number of responses urged that the Council look at cost and efficiency savings, both within the care homes and within the Council at large, before considering the proposals. **v) Important issues to consider** Respondents were also asked that if their own home was going to close, what would be important for them. Again, many of the same issues were raised, good quality of care, a residence close to family and friends and staff trained and caring staff were amongst the most frequent responses. Many relatives responding to the consultation requested that they have a greater involvement in any decisions affecting their relation. Relatives also raised concerns that any future changes could cause some

	residents distress and anxiety. A number of relatives are under the impression that Council run homes are 40% more expensive to run than the independent/private run homes because they think the standard of care in those homes is higher than the private/independent sector.
5.	**Conclusion and additional information**
	There was overwhelming support for the care that is offered in each of the homes and the environment within which it is offered. The general consensus was to keep the homes open, but if there are any changes then assurance was needed around – • Quality of care, • Breaks for carers, • Local provision, • Continuing support services to enable people to remain at home, • Companionship, feeling secure and safe.
	The emerging key themes to alleviate the impact of any possible closures are that: • Alternative provision is of similar quality of care • Alternative provision is local • Continued support and breaks for carers Also for the future to keep older people independent • More re-ablement services available • Better information on choices available • Improved support services at home – day and night
	It was interesting to note that during the consultation it was identified that a large number of residents had been admitted into residential care directly from hospital either following a fall or a short term health crisis. They initially came into the home for a short period of convalescence or assessment but most are now long term residents.
6.	**Next Steps**
	Phase 2 of the consultation is due to end on 14th December 2010. Further analysis and key findings will be presented in a summary highlight report.

Residential Home Closure Consultation - Phase 2

Introduction

Warwickshire County Council took the decision to extend the consultation process, creating Phase 2 of the Home Closures consultation, as similar cross cutting themes had emerged from the initial relatives and residents' consultation meetings (Phase 1) held in the 10 WCC homes during August to October 2010. The consultation was, therefore, duly extended to December 2010 to investigate these themes. This report is an analysis of the data received from the options paper and comments/views received from the relatives and residents meetings.

During Phase 1, four options emerged and during November and December; consultation resumed with relatives and residents from each of the 10 homes to establish their responses to each of these options and give their views.

- Twilight meetings were held in all 10 of the homes and a total of **155** relatives attended.
- A number of methods were used to consult with residents, day care and users of respite including: group discussions and 1:1 sessions.
  In all **209** residents were consulted.
- **1028** options fact sheets were circulated to residents and relatives.

Key themes

Option 1 – Closing all the homes

- Negative impact on residents and relatives health.
- Important not to move people at their age and state of health
- Importance of social interaction
- People not knowing where to go
- Quality of care provided
- Importance of live-in care
- Lack of other care provision/alternative in the area
- Importance of staying local
- Providing a break to carers
- What will happen to the building
- Worried about losing staff

There was still a high response from everyone (residents & relatives) who participated in the sessions to keep their home open. Furthermore, many residents were astounded that this was still an option, and did not wish to comment. This was reinforced by the responses as only **50%** were prepared to give their views a second time. The main reason presented by the residents was around their fear of

loneliness and isolation and they highlighted that this situation would lead to mental and physical ill –health. However some stated that, if they *had* to move they would like to stay close to family and friends. Those who attended day care were particularly concerned that, without this facility, neither they nor their carers would receive a break.

Option 2 – Selling the homes as a going concern

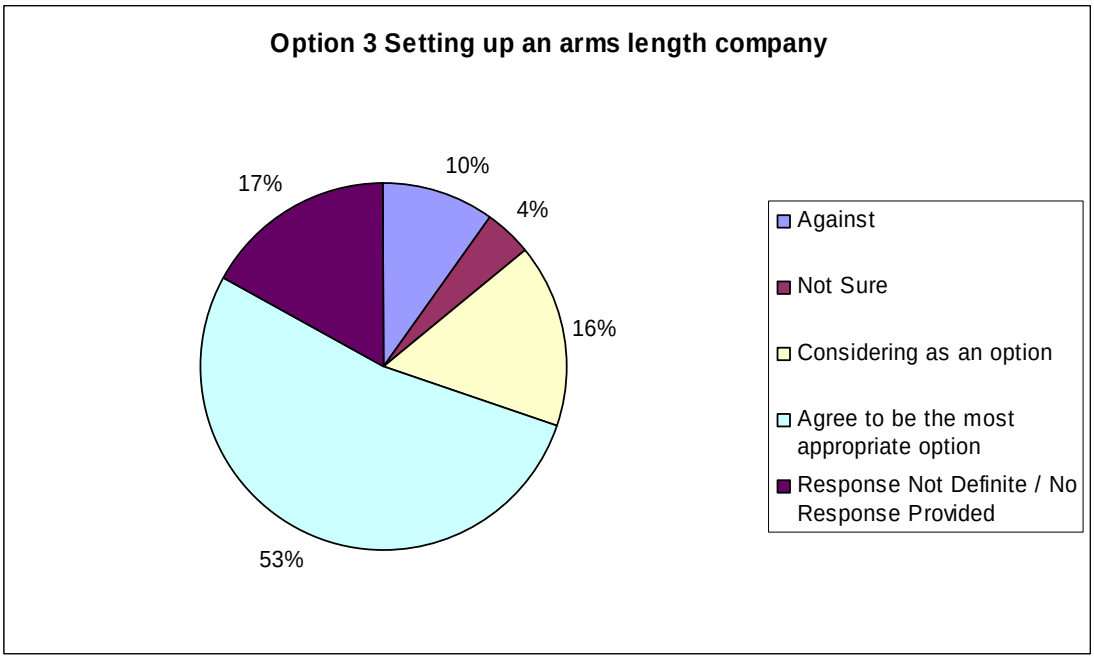
- Quality of care will not be as good:
- Profit making machine
- Higher cost / lack of affordability:
- More information needed before deciding:
- An option under condition that quality of care and staff are the same
- Need to keep the residents together:
- Worried about respite and day care provision:
- What control would the council still have:
- As long as it has minimal impact on residents
- As long as there are enough places for local residents:
- Private care provides a lot better care

There was opposition to Option 2 from relatives, as many had previously considered privately run homes for their families and had considerable concerns regarding the lack of quality care. **32%** felt that selling the homes as a going concern would mean that the cost of care would rise dramatically. In some cases residents would not be able to afford the increase. In addition, they felt that as private organisations would want to make a profit, the quality of care would be greatly reduced. There were also concerns regarding the implications for continued employment for existing staff. A small number of residents however, said that selling the home to another provider was better than closing it altogether.

Option 3 – Setting up an Arms Length Company to Operate the Homes.

- More information needed before deciding
- Important for the council to be involved
- It would still cost more (to set up and manage this arms lengths company, to be involved with private sector)
- Not all could afford it
- As long as the costs do not go up
- It would provide same standard of care
- Important to keep the same staff
- As long as residents are not moved / it would be less disruptive to them
- Needs careful monitoring
- Provided that respite and day care are still there
- Lack of alternative care provision in the area
- It is only a short term solution, what next

Over **50%** of people favoured this option, as there was reassurance that WCC would still be involved with the overall running of the homes. It was also felt that WCC would monitor the standards of care provided in each home. This option was also preferred, as it would ensure that existing staff would be retained and therefore continuity of care would be provided. There was concern however that this was a short –term option as WCC would only be involved for a 3 x year period. Questions were raised as to what would happen in the future? A number of people asked for additional information.

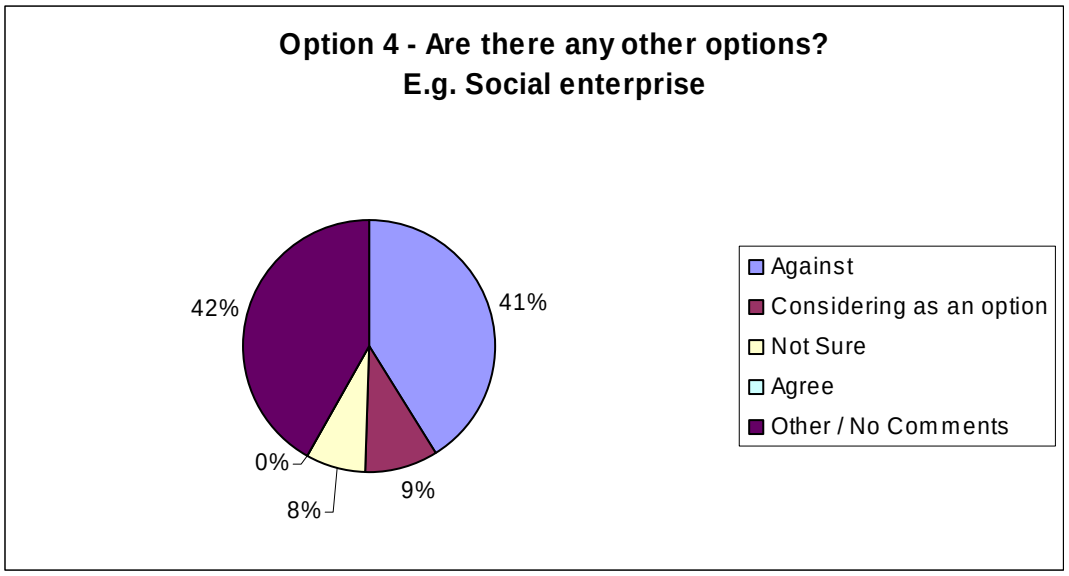


Option 4 - Are there any other options?

- Leave it as it is
- More information needed before deciding
- Would need to be discussed with local community
- No matter what same quality of care should be provided
- Only trained WCC staff can provide good quality care
- It won't work long term
- If organised properly
- People too busy to deal with running a home
- Too many conflicting views
- Would the council still be involved?
- As long as residents are not moved

42% of relatives said that they would be in favour of developing a community run enterprise if it meant that the homes would remain open. However, they felt that they would need initial support from WCC. One relative said that the home could be, 'Run as a co-operative, like John Lewis.'

The majority of residents said that they would be prepared to pay more for their care if it meant that their home could remain open.



Some residents felt that there should be a 5th option that the homes should continue to run as they currently do and nothing should change.

Summary

Overall everyone was in agreement that their home should remain open and continue running as it currently does. In addition residents were happy to pay more for their care if it meant that they could keep their home open.

To summarise in order of preference the options were:

Option 3 - The majority of people preferred this option and said that it was the, *'next best thing to not closing at all.*' They felt that the Council overseeing things would ensure that they would continue to receive the same quality of care and retain the same staff.

Option 4 – (Social enterprise example) People thought that with support from WCC running the homes themselves was a viable proposition and were prepared to consider this as a valid alternative.

Option 2 – Generally, this was not considered to be a particularly good option, mainly as it was perceived that the cost of care would rise significantly and the quality of care would diminish.

Option 1 - As stated previously, the overwhelming response regarding this option was, 'Why is this still an option at all?'

APPENDIX C

WCC RESIDENTIAL CARE HOMES

Closure Decision Matrix

Care Home	Area	Matrix Score	Order of Closure	Provisional Date for Closure
Bracebridge Court	North Warwickshire	236	8	July 2013
Orchard Blythe	North Warwickshire	250	6	December 2012
Caldwell Grange	Nuneaton & Bedworth	290	5	August 2012
Mayfield	Nuneaton & Bedworth	502	1	August 2011
Abbotsbury	Rugby	440	2	August 2011
Park View	Warwick	332	3	August 2012
The Lawns	Warwick	322	4	August 2012
Low Furlong	Stratford	194	9	October 2013
Lower Meadow	Stratford	184	10	January 2014
Four Acres	Stratford	246	7	April 2013

Matrix Criteria	Weighting
1. Ability to Re-provide at WCC fee rates (Contracted Places).	10
2. Ability to Re-provide at WCC fee rates (Current Vacancies).	10
3. Residents - Level of Dependency.	16
4. Unit Costs - Actual.	12
5. Unit Costs - At 100% Occupancy.	8
6. Ongoing Maintenance Costs 2010 to 2014.	4
7. Suitability for Extra Care Housing development.	2
8. Land Value.	2

WCC Residential Care Homes — **Closure Decision Matrix** — 17-Jan-11

No.	Care Home	Matrix Values & Scores	1. Reprovision (Places at WCC rates)			2. Reprovision (Current Vacancies)			3. Residents - Level of Dependency			4. Unit Costs - Actual			5. Unit Costs @ 100% Occupancy			6. Maintenance Costs			7. Suitability for ECH			8. Land Value			Total Score	Rank
1	Bracebridge Court	Actual Value:	34			0			55			£571			£478			£69,813			Yes			£404,000				
		Matrix Score:		2			1			7			3			3			3			10			1				
		Weighted Score:			20			10			112			36			24			12			20			2	236	8
2	Orchard Blythe	Actual Value:	0			0			90			£661			£551			£220,528			No			£865,000				
		Matrix Score:		1			1			4			5			6			9			1			10				
		Weighted Score:			10			10			64			60			48			36			2			20	250	6
3	Caldwell Grange	Actual Value:	157			7			71			£552			£466			£175,213			No			£500,000				
		Matrix Score:		8			4			5			3			2			8			1			2				
		Weighted Score:			80			40			80			36			16			32			2			4	290	5
4	Mayfield	Actual Value:	157			7			31			£899			£682			£160,485			Yes			£425,000				
		Matrix Score:		8			4			9			9			10			7			10			1				
		Weighted Score:			80			40			144			108			80			28			20			2	502	1
5	Abbotsbury	Actual Value:	182			20			58			£764			£448			£123,629			Yes			£795,000				
		Matrix Score:		10			8			7			7			1			5			10			8				
		Weighted Score:			100			80			112			84			8			20			20			16	440	2
6	Park View	Actual Value:	132			1			63			£711			£528			£122,010			No			£666,000				
		Matrix Score:		7			2			6			6			5			5			1			6				
		Weighted Score:			70			20			96			72			40			20			2			12	332	3
7	The Lawns	Actual Value:	132			1			81			£674			£537			£168,065			Yes			£867,000				
		Matrix Score:		7			2			4			5			5			7			10			10				
		Weighted Score:			70			20			64			60			40			28			20			20	322	4
8	Low Furlong	Actual Value:	0			0			114			£633			£565			£152,989			Yes			£740,000				
		Matrix Score:		1			1			1			4			6			7			10			7				
		Weighted Score:			10			10			16			48			48			28			20			14	194	9
9	Lower Meadow	Actual Value:	63			0			114			£580			£485			£154,282			Yes			£622,000				
		Matrix Score:		4			1			1			3			3			7			10			5				
		Weighted Score:			40			10			16			36			24			28			20			10	184	10
10	Four Acres	Actual Value:	39			2			100			£702			£617			£56,503			No			£575,000				
		Matrix Score:		2			2			3			6			8			3			1			4				
		Weighted Score:			20			20			48			72			64			12			2			8	246	7

Matrix Scoring Criteria

1. Ability to Re-provide at WCC fee rates (Contracted Places)		
Range - Min	**Range - Max**	**Score**
0	20	**1**
21	40	**2**
41	60	**3**
61	80	**4**
81	100	**5**
101	120	**6**
121	140	**7**
141	160	**8**
161	180	**9**
181	200	**10**

Ability to re-provide (i.e. another care home or ECH) within a 5 mile radius or a recognised urban area e.g. Nuneaton/Bedworth or Warwick/Leamington.

2. Ability to Re-provide at WCC fee rates (Current Vacancies)		
Range - Min	**Range - Max**	**Score**
0	0	**1**
1	3	**2**
4	6	**3**
7	9	**4**
10	12	**5**
13	15	**6**
16	18	**7**
19	21	**8**
22	24	**9**
25	27	**10**

Ability to re-provide (i.e. another care home or ECH) within a 5 mile radius or a recognised urban area e.g. Nuneaton/Bedworth or Warwick/Leamington.

3. Residents - Level of Dependency		
Range - Min	**Range - Max**	**Score**
0	30	**10**
31	40	**9**
41	50	**8**
51	60	**7**
61	70	**6**
71	80	**5**
81	90	**4**
91	100	**3**
101	110	**2**
111	120	**1**

Although greater dependency levels lead to a higher points score, the final matrix scoring is reversed in this case so that this results in a low matrix score i.e. it is assumed that it is preferable to move more able residents.

4. Unit Cost - Actual		
Range - Min	**Range - Max**	**Score**
£0	£500	**1**
£501	£550	**2**
£551	£600	**3**
£601	£650	**4**
£651	£700	**5**
£701	£750	**6**
£751	£800	**7**
£801	£850	**8**
£851	£900	**9**
£901	£950	**10**

Results & Scores

1. Ability to Re-provide at WCC fee rates (Contracted Places)		
Home	**No. of Places**	**Score**
Abbotsbury	182	**10**
Bracebridge Court	34	**2**
Caldwell Grange	157	**8**
Four Acres	39	**2**
Low Furlong	0	**1**
Lower Meadow	63	**4**
Mayfield	157	**8**
Orchard Blythe	0	**1**
Park View	132	**7**
The Lawns	132	**7**

2. Ability to Re-provide at WCC fee rates (Current Vacancies)		
Home	**No. of Vacancies**	**Score**
Abbotsbury	20	**8**
Bracebridge Court	0	**1**
Caldwell Grange	7	**4**
Four Acres	2	**2**
Low Furlong	0	**1**
Lower Meadow	0	**1**
Mayfield	7	**4**
Orchard Blythe	0	**1**
Park View	1	**2**
The Lawns	1	**2**

Abbotsbury's value score of 20 includes a proportion of vacancies (i.e. 7 out of 45) at Farmers Court ECH.

3. Residents - Level of Dependency		
Home	**Dependency Level**	**Score**
Abbotsbury	58	**7**
Bracebridge Court	55	**7**
Caldwell Grange	71	**5**
Four Acres	100	**3**
Low Furlong	114	**1**
Lower Meadow	114	**1**
Mayfield	31	**9**
Orchard Blythe	90	**4**
Park View	63	**6**
The Lawns	81	**4**

Residents - Level of Dependency				Weightings applied to low, moderate & high			Weighted Total
Care Home	**Low**	**Moderate**	**High**	**Low X1**	**Moderate X2**	**High X4**	
Abbotsbury	2	6	11	2	12	44	58
Bracebridge Court	7	12	6	7	24	24	55
Caldwell Grange	5	9	12	5	18	48	71
Four Acres	0	2	24	0	4	96	100
Low Furlong	0	1	28	0	2	112	114
Lower Meadow	0	1	28	0	2	112	114
Mayfield	5	7	3	5	14	12	31
Orchard Blythe	0	1	22	0	2	88	90
Park View	5	7	11	5	14	44	63
The Lawns	3	5	17	3	10	68	81

4. Unit Cost - Actual (per placement per week)		
Home	**Actual Cost p/week**	**Score**
Abbotsbury	764	**7**
Bracebridge Court	571	**3**
Caldwell Grange	552	**3**
Four Acres	702	**6**
Low Furlong	633	**4**
Lower Meadow	580	**3**
Mayfield	899	**9**
Orchard Blythe	661	**5**
Park View	711	**6**
The Lawns	674	**5**

Matrix Scoring Criteria (Continued)

5. Unit Cost - 100% Occupancy		
Range - Min	**Range - Max**	**Score**
£0	£450	**1**
£451	£475	**2**
£476	£500	**3**
£501	£525	**4**
£526	£550	**5**
£551	£575	**6**
£576	£600	**7**
£601	£625	**8**
£626	£650	**9**
£651	£675	**10**

6. Ongoing Maintenance		
Range - Min	**Range - Max**	**Score**
£0	**£25,000**	1
£25,001	**£50,000**	2
£50,001	**£75,000**	3
£75,001	**£100,000**	4
£100,001	**£125,000**	5
£125,001	**£150,000**	6
£150,001	**£175,000**	7
£175,001	**£200,000**	8
£200,001	**£225,000**	9
£225,001	**£250,000**	10

Ongoing maintenance already programmed for 2010 to 2014.

7. Suitability for ECH		
Range	**Value**	**Score**
>=0.9 Acre Site*	**Yes**	10
< 0.9 Acre Site*	**No**	1

* Other factors have been taken into consideration e.g. flood plane, land topography etc.

8. Land Value		
Range - Min	**Range - Max**	**Score**
£0	**£450,000**	1
£450,001	**£500,000**	2
£500,001	**£550,000**	3
£550,001	**£600,000**	4
£600,001	**£650,000**	5
£650,001	**£700,000**	6
£700,001	**£750,000**	7
£750,001	**£800,000**	8
£800,001	**£850,000**	9
£850,001	**£900,000**	10

Results & Scores (Continued)

5. Unit Cost - 100% Occupancy (per placement per week)		
Home	**Cost - full occupancy**	**Score**
Abbotsbury	448	**1**
Bracebridge Court	478	**3**
Caldwell Grange	466	**2**
Four Acres	617	**8**
Low Furlong	565	**6**
Lower Meadow	485	**3**
Mayfield	682	**10**
Orchard Blythe	551	**6**
Park View	528	**5**
The Lawns	537	**5**

6. Ongoing Maintenance		
Home	**Cost: 2010 - 2014**	**Score**
Abbotsbury	£123,629	5
Bracebridge Court	£69,813	3
Caldwell Grange	£175,213	8
Four Acres	£56,503	3
Low Furlong	£152,989	7
Lower Meadow	£154,282	7
Mayfield	£160,485	7
Orchard Blythe	£220,528	9
Park View	£122,010	5
The Lawns	£168,065	7

7. Suitability for ECH		
Home	**Suitability for ECH**	**Score**
Abbotsbury	Yes	10
Bracebridge Court	Yes	10
Caldwell Grange	No	1
Four Acres	No	1
Low Furlong	Yes	10
Lower Meadow	Yes	10
Mayfield	Yes	10
Orchard Blythe	No	1
Park View	No	1
The Lawns	Yes	10

8. Land Value		
Home	**Land Value**	**Score**
Abbotsbury	£795,000	8
Bracebridge Court	£404,000	1
Caldwell Grange	£500,000	2
Four Acres	£575,000	4
Low Furlong	£740,000	7
Lower Meadow	£622,000	5
Mayfield	£425,000	1
Orchard Blythe	£865,000	10
Park View	£666,000	6
The Lawns	£867,000	10

Enc 8

REPORT TO NHS WARWICKSHIRE BOARD

PUBLIC SESSION

12 January 2011

Agenda Item	**11.1**
Subject:	**Report on the consultation for North Warwickshire Intermediate Care and Bramcote Hospital**
Report by:	**Martin Turner, Director of Communications**
Author	**Martin Turner, Director of Communications**

PURPOSE OF THE REPORT:

To inform the Board of the results of the consultation 21 September 2010 – 7 January 2011, and to confirm that the Board has met the test of Enhanced Public Engagement.

KEY POINTS:

The balance of views indicates that Option 3 is in line with the aspirations of local people. However, a number of questions and issues were raised and the Board must satisfy itself that these are answered before proceeding.

RECOMMENDATIONS:

The Board is recommended to accept the consultation process as complete.
The Board is recommended to seek answers to the questions listed above before proceeding
The Board is recommended to consider its duty in regard to enhanced public engagement to be complete

PREVIOUS CONSIDERATION:

Committee	**Date**
Board	**15 Sept 2010**

IMPLICATIONS:

Link to Strategic Objectives	
Financial:	
HR / Personal:	

Healthcare / National Policy:	
Equality Diversity	
Patient experience	
Patient/public/staff involvement	**This satisfies the Board's requirement in relation to patient and public involvement**
Risk register/Assurance Framework	**This manages risk in relation to one of the Secretary of State's four tests for reconfiguration**

Report on the Consultation: Intermediate Care in North Warwickshire and the future of Bramcote Hospital

Executive Summary

An extended consultation on three varying proposals for the future of intermediate care in North Warwickshire, as proposed in the Board Paper 11.5 on 15 September 2010, gained 99 written responses, 302 survey responses, attendances at seven public meetings by an estimated 200 individuals, and responses from the statutory respondents. A petition was also received. The process was pre-scrutinised by NHS West Midlands and the plans accepted as valid.

As set out in the Board paper referenced above, the options were:

Option 1

Continue the service as now

Option 2

Use the hospital for admission prevention and rehabilitation

Option 3

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

Table 1 — means of response

Means	Response	Mode of response
Consultation Document	99 responses*	Letters, emails, comments written on documents: qualitative narrative information
Survey	302 responses	Statistically validated quantitative data
Public Meetings	Approx 200 individuals present	Through 7 public meetings and 3 Local Authority meetings
Statutory responses	Written response from LINK, formal meeting of Health Oversight and Scrutiny Committee	Letter, minutes

*A petition was also received, which is discussed below in the relevant section of this report.

- Evidence from the written responses indicates support for all three proposals.
- Evidence from the statutory respondents indicates support for Option 3, or a variant based on Option 3.
- Evidence from public meetings indicates strong support for Option 1 from a campaign group and from locally elected members, although a more open attitude to all options among other attendees.

- Evidence from the survey responses indicates overwhelming support for Option 3, with minimal support for other options.

In proceeding, the Board must satisfy itself that it can answer concrete objections, and be ready to disclose the answers to these to the general public. If it chooses to pursue option 3, it should answer questions in regard to:

- The question of overnight cover for those who are ill enough to require it
- The question of specialist rehabilitation equipment and its availability
- Questions of evidence and data in regard to the best cost option and the effectiveness of the Virtual Ward and other community approaches
- The question of impact on other NHS organisations and the system as a whole
- The question of the varying impact of Virtual Wards and other NHS at home approaches on carers and on those without carers
- The comparative allocation of funds in the north and south of the county

The Board should, however, consider that its duty of enhanced public engagement has been discharged, thereby meeting that element of the Secretary of State's four tests on reconfigurations.

Recommendations

- The Board is recommended to accept the consultation process as complete.
- The Board is recommended to seek answers to the questions listed above before proceeding
- The Board is recommended to consider its duty in regard to enhanced public engagement to be complete

Consultation Framework
The consultation was conducted under Section 242 of the NHS Act 2006, Section 233 of the Local Government and Public Involvement in Health Act 2007 and under the Four Tests set out by the Secretary of State for Health.

Within these frameworks and the subsequent guidance, the following bodies have a particular statutory function:

The **Strategic Health Authority** (NHS West Midlands) must approve the text of the consultation document and the consultation programme before commencement.
The relevant **Oversight and Scrutiny Committee** scrutinises both the process of consultation and the outcome.
The local **LINK** is the formal body for patient involvement.

Further, NHS Warwickshire is obligated to be mindful of the **Warwickshire Compact**.

Account of the consultation
The consultation was initiated on 21 September 2010, initially for a three month period. The consultation was later extended to end on 7 January 2011.

Prior to commencement, the consultation document was reviewed and approved by Julia Holding, accountable officer for consultation, at NHS West Midlands in accordance with recommendations of the Carruthers Review (Reconfiguration, 2007).

The issued consultation document was written to comply with the Cabinet Office Seven Consultation Criteria, available in the Code of Practice on Consultation. This includes a duty to set out the scope of costs and impact, and a duty to make the consultation document easy to understand, avoiding unnecessary technical detail and jargon, and reducing the burden of consultation on the public.

The consultation was widely promoted, through direct mail to over 1,000 local people who had previously expressed an interest in shaping health matters (NHS Warwickshire Active Members), through distribution to Warwickshire's voluntary organisations via WCAVA, via a series of seven public meetings in conjunction with local authority Neighbourhood Forums, through widespread promotion in local newspapers with 33 separate articles appearing by the end of November for an estimated 484,000 readers[1], and through individual meetings with interested members of the public. Officers attended the Warwickshire Health Oversight and Scrutiny Committee, the Area Committee for Nuneaton and Bedworth, and the Nuneaton and Bedworth Social Services Oversight Committee.
The consultation document was available online, supported by the suite of papers made available to the Board in its initial decision to consult.

[1] Readership based on Audit Bureau of Circulation figures discounted by estimated read-through based on article prominence, using the MIMESIS methodology.

In accordance with the duty to limit the burden of consultation, NHS Warwickshire opted to request permission from the relevant local authorities to attend neighbourhood forum meetings to present the options, rather than organising special consultation meetings. Initially only North Warwickshire Borough Council agreed to representation at these meetings, whereas Nuneaton and Bedworth Borough Council refused permission to present. However, subsequently, following a presentation at the Nuneaton and Bedworth Borough Council, councillors requested that representatives should attend all of the neighbourhood forums. In order to achieve this, NHS Warwickshire extended the consultation period.

The consultation was formally considered by the Warwickshire LINK and by the Warwickshire Health Oversight and Scrutiny Committee.

Additionally, in response to requests by councillors for a tabulated survey of public opinion, a poll was commissioned with a target sample size of 300, conducted in Nuneaton and in Atherstone.

Methodology

Notes were made at all public meetings, and all written responses received by the deadline were recorded in a database with notes on the issues raised. All substantive issues thus raised are considered in the discussion below.

In response to requests from councillors for some form of representative opinion gathering exercise, to supplement narrative and meeting-based responses, an objective survey was commissioned among a statistically significant sample, segmented by age and location, to answer specific questions raised in the narrative responses. It must be understood and emphasised that a consultation is not a referendum, and that the NHS has no powers to conduct such a referendum. The survey responses should therefore be understood as representative evidence, not a ‘vote’ by local people. Summary graphs of the responses are presented here. The full data set, and a detailed methodology, are available on request.

General Responses received

There were 99 written responses received at the close of the consultation. The responses ranged from single word responses to extended narratives. Some responses were from individuals writing on their own behalf, and some were on behalf of organisations. A number of responses were anonymous. Written responses were received by email, directly written on or attached to the consultation document via the Freepost address, or as separate letters or notes. Two responses were received from Members of Parliament, and one from an individual councillor writing as a councillor.

There were 302 survey responses, gathered through a commissioned non-NHS body in early December.
Additionally, photocopies of a petition were received on the closing date of the consultation. This has provided insufficient time for verification, but the Board is advised to consider the petition along with the other evidence.

Staff attended seven public meetings and three council committees. It is not possible to give a tally of how many individuals attended, since the same group

attended numerous meetings. However, it is our estimate that at least 200 different individuals attended one or more meetings.

Statutory responses received
The Health Oversight and Scrutiny Committee considered the proposals and the process, and communicated its decision in support of Option 3.

Warwickshire LINK submitted a report which supported a variant based on Option 3 which it described as 'Option 4'.

Questions raised in the narrative responses
Questions regarding the process of consultation
Brief responses regarding the process are presented in italics.

- A number of respondents argued that the consultation document was biased in favour of a particular proposal, principally through the inclusion of information about relative costings which they felt skewed responses towards the cheapest option.
  However, this information is a requirement based on the Cabinet Office Code of Practice on Consultations (see above).

- Several respondents queried the evidence either mentioned in the consultation document or in the supporting technical documents, including the financial data and the claim that most patients would prefer to be treated at home which it was claimed were national figures which did not apply to North Warwickshire.
  The Finance team has been asked to re-verify the figures.
  A survey was conducted in Nuneaton and in Atherstone to test the claim that local people preferred treatment in hospital rather than at home. Results are below.

- A limited number of respondents argued that the consultation process was insufficiently widely publicised.
  This view was principally put forward near the beginning of the consultation.
  On 7 January, we requested an opinion from a local journalist who covers health matters. The journalist view, which is supported by our MIMESIS data (op cit), is that the consultation gained very substantial coverage, with an estimated 484,000 readers up to the end of November.

- A number of respondents queried why the consultation was being conducted on existing bed numbers, rather than the larger numbers of beds previously operating at the hospital.

Issues and questions regarding the proposals

- A substantial number of respondents wrote to praise Bramcote hospital. However, there were also responses which detailed real concerns by patients and their relatives.

- One staff member wrote to complain that Bramcote was little known in the community.

- A substantial number of respondents indicated either directly or indirectly that they believed that services at home through the Virtual Ward and other means would be chargeable.

- A number of other respondents indicated that they believed the Virtual Ward would be delivered through social services, rather than through the NHS.

- Several respondents questioned the ability of care at home to offer the kinds of heavy equipment used in rehabilitation in the hospital.

- Other respondents queried whether there was evidence that rehabilitation at home was successful.

- A number of respondents indicated that they believed that all home care services would be required to be provided from the existing District Nurse team, with no supplementary staff recruited. These responses were generally by letter or email, so that it is not clear whether they had seen the consultation document.

- A significant number of respondents indicated that they believed the process was solely about cost reduction, or was part of government austerity measures.
- A number of respondents suggested that money should be found by closing services in the south of the county, or indicated that they believed that money was being taken from the north.

- A significant number of respondents raised the question about overnight care between 10pm and 8am, since this is currently available in Bramcote hospital.

- Several respondents raised the issue of patients who did not have carers, questioning whether the virtual ward would be able to provide sufficient care for them. Additionally, the question of the impact on carers of having a virtual ward patient at home was raised.

- A number of respondents argued that by increasing the number of beds to 41 the cost per bed would be reduced.

- Some respondents argued that a move to close Bramcote would lead to increased bed blocking at George Eliot Hospital, and would lead to greater difficulties in regard to winter pressures.

- One respondent questioned infection control measures on the virtual ward.

- A significant number of respondents argued that, based on the evidence presented, option 3 should be the preferred option. However, a small

proportion of those argued that this was because of a failure to present a balanced picture.

- In arguing for option 3, a number of respondents suggested that the Bramcote estate should be retained for palliative care or for some cooperative programme with Social Services.

- Another NHS organisation sent several responses querying the impact of the prospective closure of the estate on that organisation.

- One MP wrote to argue that, if Option 3 were adopted, that money saved should be reinvested in the north of the county.

- Both MPs argued that there was an inequity of funding between the north and the south of the county.

- Two MPs wrote to say they understood that GPs were opposed to Option 3, and that the views of GPs should be binding.

- However, the prospective GP Consortium representing the largest number of GPs and the largest number of patients in the north of the county wrote to state it supported Option 3, subject to money saved being reinvested in the north of the county. It is our understanding that the smaller GP Consortium is opposed to Option 3.

- Although it is not meaningful to quantify narrative responses, it should be noted that there were significant numbers of responses (ie, greater than 20%) in favour of each of the options. No option gained a majority of responses.

Issues raised in public meetings not raised in written responses

Presentations were held as follows:

Area Forum North - 26 October at St Nicholas Church Hall, Baddesley Ensor
Arbury & Stockingford Community Forum - Tuesday 7 December
Whitestone & Bulkington Community Forum - Thursday 9 December
Bede & Poplar Community Forum - Tuesday 14 December

Presentations were held at community forums as follows

North Warwickshire
Area Forum East - 12 October at Partnership Centre, Coleshill Rd, Atherstone
Area Forum West - 14 October at Hurley Village Hall, Hurley
Area Forum South - 21 October at Arely Community Centre, New Arley

The principal issues raised in public meetings mirrored or echoed those given above.

The following issues were raised in public meetings which were not otherwise raised:

- A number of those who attended the last two public meetings argued that the virtual ward was too strongly presented. However, many more of those who attended the early public meetings expressed the view that insufficient information had been provided about the virtual ward, and that this should be addressed in the final meetings.

- One locally elected member argued that the views of locally elected members should take precedence over views received through the consultation process.

- A number of locally elected members argued that, although a consultation was not a referendum, there should be some kind of poll, survey or vote to determine the weight of popular feeling.

- A number of members of the public, while praising the concept of care at home and virtual wards, cited instances in the past where they or relatives had received care at home but it had been insufficient.

- Potential loss of front-line staff if Bramcote were to close

Petition response

A petition was delivered to NHS Warwickshire on the final day of the consultation.

National guidance indicates that petitions, to be valid, should not contain potentially false, libellous or defamatory statements and should contain verifiable contact information for the signatories. A national threshold has been set for petitions to local authorities to become substantive if they reach 5% of a local authority population. Additionally, guidance has been proposed indicating that a PCT should consider a petition substantive if it reaches 1% of the total population care for by the PCT. This would give required respondents as either 9215 or 5,500 for the petition to be considered substantive.

The petition received was stated to contain 3,089 signatures, though a number of these fail to state an address and a number are outside the area affected. Furthermore, there appear to be a number of cases where one individual has signed on their own behalf and written in someone else's name as well, with a signature in identical handwriting. On inspection, the delivered petition turned out to be two or more separate petitions, one with about 2,700 signatures and one with about 300 signatures, though it is not clear if this is itself one petition or a mixture of petition and canvas returns.

If the stated figure of 3,089 signatures is accepted, this falls short of 5% of the population of the affected area (122,000 Nuneaton and Bedworth + 62,300 North Warwickshire = 184,300, therefore threshold is 9,215) or 1% of the PCT population (5,500 signatures required).

The text of the main petition was: *"We the undersigned strongly object to the closure of Bramcote Hospital. This rehabilitation facility is the only one of its kind in North Warwickshire. If Bramcote closes the emphasis will be on care in the community and this service is already overstretched. Our residents deserve to have the best care services available and we believe this must also include Bramcote Hospital's facilities."*

A separate set of signatures, counted within the stated 3,089 by the individual who sent us the copies, had the text on the first page: "*We, the undersigned, are concerned citizens who urge our leaders to act now to stop the closure of Bramcote Hospital*." This set of signatures, however, did not state the petition on each page, and appeared to be a mixture of petition responses and canvas returns in different formats, including one comment "Close it".

The text of the main petition as given does not pertain to this consultation, which offers three options, two of which would see Bramcote remaining open, and the third would see significant new investment in community services to create the virtual ward. We have reviewed rejections of e-petitions by HM Government, which are published on the 10 Downing Street website, and our conclusion is that, if considered to relate to this consultation, the petition would be rejected under the rubric of 'potentially false… statements', since the petition text clearly suggests that there would be no new provision within the community if Bramcote Hospital were to close, in direct contradiction to the consultation document itself.

We received one narrative response to the consultation which referenced the petition, in which the respondent indicated that they had been assured by the

petitioners that the existing District Nursing service would be required to take up the Bramcote work if Bramcote closed. Although this is only one response, it goes to confirm that the petition was generally understood in this way.

In coming to its own conclusion, the Board should be mindful that the text of the petition as presented is against the closure of Bramcote without Option 3, and does not reference Option 3 at all.

For those considering running petitions in the future, we would emphasise the following points:

1) A petition statement should be a call to action. A petition statement which includes a claim of fact runs the risk of being overturned or bypassed if it turns out that this claim is itself untrue.
2) The statement should be printed on the piece of paper signed by the petitioners. A single cover sheet is not acceptable, as there is no way of linking the signature to the petition.
3) Each signature should be by the individual concerned. It is not acceptable for an individual to sign on behalf of someone else, even with their consent.
4) An address or other verifiable contact should be included for each person signing.
5) A petition should not be collated by NHS staff, or give an NHS address as the return address, as this could be seen to imply NHS endorsement of the petition, and would in any case constitute the use of NHS resources for a potentially political purpose.

Survey response

The commissioned survey attempted to establish the answers to three questions:

Where people would prefer to be treated if they were ill, but not ill enough to need to be in an acute hospital.

Where people would prefer their partner, close relative or friend to be treated.

Where people would like to be treated if they no longer needed to be in an acute hospital, but were not well enough to look after themselves.

The survey was conducted on the streets of Atherstone and Nuneaton by non-NHS employees who had received a printed briefing on how to conduct the survey. They were given no information on a preferred response, and those conducting the survey were not informed about other elements of the consultation, to avoid any introduction of bias. Six surveyors were employed, and they went through the survey face to face, asking the questions and noting down the responses. The surveyors were given no brief on the comparative costs or availability of treatment, and no information of this kind was included in the questions, so that respondents were free to make their decision in their own interests and in the perceived interests of those close to them, rather than altruistically for the benefit of the population as a whole.

It is important to understand that, unlike a petition, a properly conducted survey gives a statistically representative result, because respondents are given equal access to all options, and the presentation of those options is made neutrally. However, a survey is not a vote, and it does not provide a democratic mandate for any particular course of action.

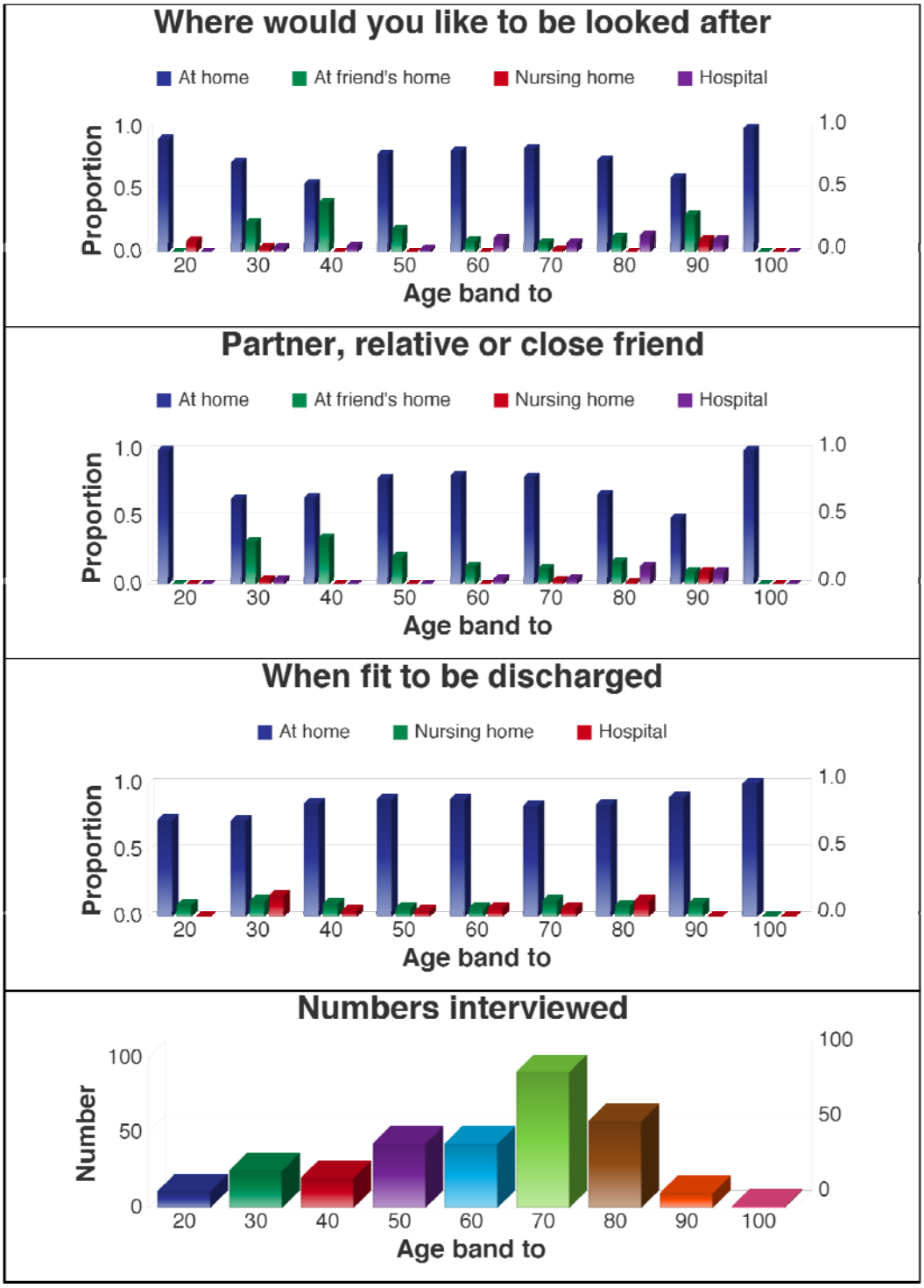
The sample size was 302 (n=302) against a total population of 184,000, giving a confidence interval of 5.65% for 95% confidence level or 7.44% for 99% confidence level on a 50% response to any particular question, with confidence intervals respectively of 3.4% and 4.5% respectively on a 10% response to a particular question.

227 of the 302 questioned stated that they lived locally to the survey, while 67 stated that they lived nearby, where nearby was defined as Coventry, Leicestershire, Rugby, and other proximate areas. If only those who stated that they lived locally are considered, the confidence interval for a 90% or 10% response rises to +/- 5.1%.

93% of those questioned said they would prefer another option to hospital if not so ill that they needed to be in hospital (confidence interval +/- 3.8%), and 92% (+/- 4%) said they would prefer another environment than a hospital for rehabilitation, of whom 84% (+/- 5.5%) said they preferred to be at home.

Survey Questions:

If you were ill, but not ill enough to need to be in hospital, where would you most like to be cared for — assuming the care was appropriate and paid for by the NHS?
(At home; At the home of friends or relatives; In a nursing home; In a hospital anyway)
If you had a sick relative, partner or close friend who was not ill enough to be in hospital, where would you most like them to be cared for, again assuming care was appropriate and NHS-funded? *(Response set as above)*
If you were in hospital, and the doctors told you that you were well enough to leave, but still needed some care, which of the following would you choose? *(Care by NHS nurses at your home; Care in a nursing home paid for by the NHS; Longer stay in an NHS hospital)*



Conclusions

Before proceeding, the Board must satisfy itself that it has given due attention to genuine concerns raised by members of the public which relate to any specific course of action it wishes to undertake. The Board is not required to follow the majority view, though the Board may take account of evidence of overwhelming public opinion in considering what kind of services the population prefer.

In contrast to other consultations conducted recently, the overall tenor of this process was relatively adversarial, with individuals at times giving the impression that they had 'chosen a side' rather than being willing to consider the evidence. This led to a tendency to mischaracterise the proposals which is most clearly seen in the text of the petition.

Notwithstanding that, and repeated claims to the contrary, it is clear that the vast majority of respondents to the survey would prefer not to be treated in a hospital environment if this can be avoided — 93% of those questioned said they would prefer another option to hospital if not so ill that they needed to be in hospital, and 92% said they would prefer another environment than a hospital for rehabilitation, of whom 84% said they preferred to be at home. Equally, the narrative responses to the consultation indicated that, among the self-selecting group which chose to respond, there was support for each of the options.

The clear implication of the consultation process is that Option 3 is most in line with the wishes of the public in North Warwickshire as a whole. This is also supported by the statutory respondents. However, the Board must satisfy itself, if it wishes to proceed in that direction, that areas of concern raised by the public are satisfied. In particular, these include:

- The question of overnight cover for those who are ill enough to require it
- The question of specialist rehabilitation equipment and its availability
- Questions of evidence and data in regard to the best cost option and the effectiveness of the Virtual Ward and other community approaches
- The question of impact on other NHS organisations and the system as a whole
- The question of the varying impact of Virtual Wards and other NHS at home approaches on carers and on those without carers
- The comparative allocation of funds in the north and south of the county

Other issues highlighted should be addressed under questions of clinical safety, on which the Board must satisfy itself in regard to the Secretary of State's Four Tests, ie: Enhanced Public Engagement, GP Support, Clinical Safety and Patient Choice.

Additionally, the Board should issue a document aimed at the general public clarifying a number of issues of misunderstanding, to include:

- That virtual ward and other NHS at home care is provided by the NHS, rather than social services, and is free at the point of delivery
- How money is being reinvested in the north of the county

NHS Warwickshire

REPORT TO NHS WARWICKSHIRE BOARD
PUBLIC SESSION
Date : 12th January 2011

Agenda Item:	**11.2**
Subject:	**Consultation for North Warwickshire Intermediate Care and Bramcote Hospital**
Presented to the Board By:	**Jill Freer** **Director of Quality & Safety; Executive Nurse**
Author:	**Jill Freer – Director of Quality & Safety; Executive Nurse**

PURPOSE OF THE REPORT:

The paper informs the Board of the next steps in relation to the future of Bramcote Hospital and the development of Intermediate Care in North Warwickshire following a public consultation.

KEY POINTS:

The paper reminds the Board of the three options for the future of Bramcote and the development of Intermediate Care in North Warwickshire:

Option 1
Continue the current service provision at Bramcote Hospital
Option 2
Use Bramcote Hospital for admission prevention and rehabilitation
Option 3
Close Bramcote Hospital and re provide the current service by the purchase of up to 8 beds providing 24 hour care and enhancing the intermediate care service. In addition, opening an additional 100 places on the virtual ward in North Warwickshire, available to all General Practitioners (GP) Practices

The consultation and the application of the 'four tests' applicable to significant service change supports the adoption of option 3 which will provide better value for money than the current service provision and provide more services in the community to a larger number of the population of North Warwickshire.

RECOMMENDATIONS:

The Board is asked to approve option 3 and authorise the necessary work for implementation..

APPROVED BY:

Committee	**Date**

IMPLICATIONS:

Financial:	
HR / Personal:	
Healthcare / National Policy:	

NHS Warwickshire

Executive Summary: North Warwickshire Intermediate Care and Bramcote Hospital

Background:

Bramcote is a Community Hospital in North Warwickshire. Historically it has taken patients from George Eliot Hospital NHS Trust (GEH) whose 'acute' episode of care has been determined as complete across two pathways one medical, one orthopaedic. Medical cover is provided by GEH consultants who are supported by General Practitioners (GP) who work as clinical assistants to the consultants.

The service provision is therefore vulnerable to cost duplication, as patients could be transferred to Bramcote from GEH while within tariff 'trim point'

Following audits of bed usage which demonstrated more than half the beds were being used for social not health needs, Bramcote bed capacity was reduced from 41 to 20 on 1st April 2010. The use of the remaining beds was then reviewed, leading to the development of three options for its future.

Options for the future

1. Continuing to use the Bramcote Hospital facility in its current format.
2. Recommissioning the beds with GP medical cover to provide admission prevention and rehabilitation services.
3. Closing the Hospital, reproviding the current service by the purchase of 24 hour care beds, enhancing the Intermediate Care Service and opening an additional 100 places on the virtual ward, in North Warwickshire, available to all GP Practices.

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

Following a public consultation and the application of the the four tests necessary to predicate service change option 3 has been identified as the chosen option providing better value for money than the current service provision and extending more services in the community to the population of North Warwickshire.

Recommendation

The Board is asked to approve the adoption of option 3 and its implementation.

1. Purpose

This paper builds on a previous paper presented to the Board of NHS Warwickshire in September 2010 which outlined three options for the future of Bramcote Hospital. The Board was asked to approve a Public Consultation on these proposals and this concluded on 7th January 2011.

2. Context

Bramcote is a Community Hospital in North Warwickshire. It provides a good standard of care within the National Performance Metric for this type of provision. It has historically taken patients from George Eliot Hospital NHS Trust (GEH) whose 'acute' episode of care has been determined as complete across two pathways one medical, one orthopaedic. It is geographically isolated and has traditionally been subject to the extended lengths of stay associated with frail older people, who potentially have health and social care needs.

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

In the recent past the inpatient service has comprised 41 beds across 2 wards. In April 2010 bed numbers were reduced to 20 following analysis of the patient cohort. This showed that at least half the beds were not being used by patients who required 24 hour nursing care. Many were awaiting care home placements and/or had social care needs.

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

3. Options for the future

The Board of NHS Warwickshire was asked to consider the three options for the future of Bramcote set out below.

Option 1: To continue the service as now

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

Benefits

Number of people supported between 228 – 261 per annum.

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

Currently, the average length of stay is 32 days over a full year, this option would support 228 people annually.

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

Risks

However the service does not represent value for money. It is possible that Commissioners pay twice for the episode of care, both on an acute setting and then again as the patient is moved from GEH to Bramcote under the contract with Warwickshire Community Health (WCH).

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

This option does not support NHS Warwickshire's strategic intentions to transform community services in line with national guidance to deliver services as close to home as possible. Patients cared for in their usual place of residence are more likely to retain their independence than if admitted to hospital. Also, rehabilitation after an acute episode of care is best achieved outside the hospital environment.

Costs

No additional costs.

Opportunity costs

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

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

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

Benefits

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

The option gives the local population admission prevention beds which have previously not been available. The average length of stay in similar health care settings, using this model, is 37 days because there are often complex and social care issues associated with discharge. Therefore, this option supports 197 people per year.

Risks

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

As in Option 1, this option does not support NHS Warwickshire's strategic intentions to transform community services in line with national guidance to deliver services as close to home as possible. Patients cared for in their usual place of residence are more likely to retain their independence than if admitted to hospital. Also, rehabilitation after an acute episode of care is best achieved outside the hospital environment.

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

Costs

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

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

**There would be a requirement to decommission other services to cover this funding gap.*

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

On the basis of inpatient analysis the care currently provided at Bramcote could be replicated by commissioning up to 10, 24 hour beds and an extended Intermediate Care Service (ICS). The ICS would provide nursing and therapy support to patients in the nursing home beds or in their own homes. Nurses and Health Care Assistants (HCAs) would work in the ICS between 8.30am -10.00pm, 7 days a week. Therapists would work between 8.30am – 6.30pm, 7 days a week.

Benefits

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

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

This new ICS provision could provide support to an average 300 patients per annum. The 24 hour care on a LOS of 32 days, support 114 patients per annum.

Therefore, this proposed service represents better value for money, delivering care to more people than in Option 1.

Risks

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

Opening an extra 100 places on the virtual ward

This option means that the existing services at Bramcote will be provided in a different way. In addition, funding released from the closure means that a new service can be extended to the whole of North Warwickshire, with the opening of 100 new places in a virtual ward setting, to give 200 in total across the north accessible to all GP practices.

The population of North Warwickshire has higher rates of Chronic Obstructive Pulmonary Disease (COPD), and Heart Disease, than the national average. The Virtual Ward team targets people with long term conditions, at high risk of an acute admission to hospital, using the BUPA Healthdialog predictive risk tool. Those identified by the risk tool are offered assessment and support to help them manage their own condition at home. Last year pilots in the north and south of the County identified that people admitted to the ward had an average of 60% fewer emergency admissions than in the 12 months prior to them being admitted to the ward.

Benefits

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

Risks

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

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

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

Costs & Savings

Savings
Revenue savings from Bramcote Closure £2,021,000

Costs (Recurrent)
Re-provisioned beds £292,000
Enhanced Intermediate Care service & related community service costs £602,000 Virtual Ward Costs £437,000. It is assumed that the cost of Virtual Ward would be offset by reduction in emergency admissions, thus a net nil cost of implementing the Virtual Ward in the North of the county.

Recurrent Savings Net Of Additional Costs **£1,127,000**

Costs (Non Recurrent)
Redundancy Risk (medical and other staff) £1,200,000*

**estimates only*

Impairment Costs

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

Financial coverage of the impairment cost has been requested from the Department of Health. Based on previous experience, such a request is likely to be approved.

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

4. The Four Tests

In July 2010 David Nicholson wrote to all Chief Executives requiring four configuration tests to be applied to service change. These are:

1) There has been real engagement of public and patients.

The consultation report presented to the Board represents the extent to which patients and the public have been involved in the consultation. NHS Warwickshire has also received a formal response to the consultation from LINKS, an organisation which represents the pubic and patients.

2) GPs, particularly in their commissioning role, have been actively involved in shaping the options, they support the overall approach and increasingly 'own the process'.

There are two GP commissioning consortia in the north of the county and they have both been fully engaged in working through options for the future of Bramcote. This has been through discussions with the consortia boards and through a half day

workshop, specifically set up for the consortia. The GPs in North Warwickshire support option 3 with the caveat that following closure of Bramcote the investment into community services needs to be made in the north of the county of Warwickshire. The GPs in Nuneaton support option 1 and maintaining the status quo. This is a difficult situation in that the two consortia have different views. It is suggested that the Board accepts the support of the North Warwickshire GPs in that they have a majority of GPs in their consortia.

3) There has been full use of the evidence base for service change by clinical leaders across the continuum of care:

Clinical colleagues in GEH have been fully engaged in the options appraisal and consultation as has Professor Ian Philp, Medical Director at NHS Warwickshire, Jill Freer Executive Nurse at NHS Warwickshire and a range of clinicians within WCH. There is little research evidence associated with the use of community hospital beds or the use of virtual wards therefore commissioners have used local audit and analysis of the audit outcomes to inform the options presented to the Board.

4) Commissioners have properly considered how the proposals affect choice of provider, setting and intervention, making a strong case for the quality of the proposed service and improvements in patient care.

If option 3 is approved by the Board potential service users will lose the opportunity to use Bramcote as part of their rehabilitation pathway from GEH but more service users will be able to access the virtual ward in North Warwickshire, more patients will have the opportunity to use Intermediate Care which will be extended and enhanced from the current provision and there will be a third option of accessing 24 hour care, when appropriate, in another setting.

5. Feedback from the Consultation

The report on consultation; Intermediate Care in North Warwickshire and the future of Bramcote Hospital, describes the extended consultation on this topic. Several questions were posed as a result of the consultation which can be answered as below:

(1) The question of overnight cover for those who are ill enough to require it

This cover will be provided by commissioning up to 10 beds, providing 24 hour care in the north of the county. The number of beds is a generous estimate using current and retrospective bed usage at Bramcote Hospital.

NB: Rugby with a population of approximately 117,000 has access to 2 care home beds for ICS, and there are no community hospital beds.

(2) The question of specialist rehabilitation equipment and its availability.

The definition of specialist rehabilitation equipment is not clear in the question. However, as elsewhere in Warwickshire, patients will be able to access rehabilitation equipment appropriate to their need.

(3) Questions of evidence and data in regard to the best cost option and the effectiveness of the Virtual Ward and other community approaches.

The answers to this question are set out in the paper. e.g. pilots of virtual wards in the north and south of the county, identified that people admitted to the ward had an average of 60% fewer admissions than in the 12 months prior to them being admitted to the ward.

(4) The question of impact on other NHS organisations and the system, as a whole

Option 3, would provide more care to more of the population in North Warwickshire and should support the work of other NHS organisations.

(5) The question of the varying impact of Virtual Wards and other NHS at home approaches on carers and those without carers.

Option 3, should support more patients and carers in the community than those in Options 1 and 2. Health and Social Care, is and will be provided to service users in the community on the basis of need. Carers needs are taken account of in assessment processes.

(6) Recent analysis was undertaken to provide a comparison of expenditure per registered patient for each of the Warwickshire GP consortia groupings.

The average rate was £1,496 per registered patient per annum, the rate for individual consortia were Nuneaton & Bedworth £1549, North Warwickshire £1454, Rugby £1523, and South Warwickshire £1499. The analysis also indicated that expenditure on community based services was higher in the North of the County (£112) than the South at (£97). Whilst this analysis only represents a provision view, it indicates that expenditure rates for each consortia are broadly similar.

6. Conclusion

NHS Warwickshire has consulted widely on the future of Bramcote Hospital and listened to a number of views in relation to its potential for the future. However, option 3, which is supported by the majority of GPs in the north and passes the four tests of service change, is the preferred option providing better value for money than the current service provision and providing more services in the community for a greater number of North Warwickshire's population.

6 Recommendation

The Board is asked to approve option 3, and authorise the necessary consultation with staff, and reprovision of services in the north of the County.

Author: Jill Freer
Director of Quality & Safety; Executive Nurse

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care and Health Overview and Scrutiny Committee**
Date of Committee	**24th January 2011**
Report Title	**Adult Social Care Annual Performance Assessment Improvement Plan**
Summary	Each year the Care Quality Commission (CQC) acting as the Adult Social Care regulator assess performance within all local authorities with social care responsibilities and award judgements which indicate the quality of service provided by each Council. As reported to O&S in December we received a positive outcome for the performance year 2009/10 but some areas for improvement were identified within the report form the CQC and this paper outlines the actions we are currently taking to address these issues.
For further information please contact:	Andrew Sharp Service Manager, Adult Social Care Tel: 01926 745610
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	O&S Report 8th December 2010 Adult Social Care APA letter 2009/10 Adult Social Care APA Report 2009/10

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	
Local Member(s)	☒	Not Applicable
Other Elected Members	☒	Councillor L Caborn, Councillor D Shilton, Councillor C Watson, Councillor S Tooth, Councillor C Rolfe, Councillor J Tandy, Councillor J Ross, Councillor P Balaam
Cabinet Member	☒	Councillor Mrs I Seccombe, Councillor H Timms
Chief Executive	☐	.....
Legal	☒	Alison Hallworth, Adult and Community Team Leader

Finance	☒	Chris Norton, Strategic Finance Manager
Other Chief Officers	☐	.....
District Councils	☐	.....
Health Authority	☒	Warwickshire PCT
Police	☐	.....
Other Bodies/Individuals	☒	Janet Purcell, Cabinet Manager Michelle McHugh, Overview and Scrutiny Manager

FINAL DECISION YES

SUGGESTED NEXT STEPS: Details to be specified

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

Agenda No

Adult Social Care and Health Overview and Scrutiny Committee – 24th January 2011

Adult Social Care Annual Performance Assessment Improvement Plan

Report of the Strategic Director, Adult, Health and Community Services

Recommendations

It is recommended that the committee considers and comments on the actions planned to address the areas for improvement highlighted by the Care Quality Commission (CQC).

1. Background

1.1 Each year the Care Quality Commission (CQC) acting as the Adult Social Care regulator assess performance within all local authorities with social care responsibilities and award judgements which indicate the quality of service provided by each Council. As reported to O&S in December we received a positive outcome for the performance year 2009/10 but some areas for improvement were identified within the report form the CQC and this paper outlines the actions we are currently taking to address these issues.

1.2 The CQC rate social services for adults in the form of a judgement, which categorises authorities as:

- Grade 4 – Performing excellently
- Grade 3 – Performing well
- Grade 2 – Performing adequately
- Grade 1 – Performing poorly

These judgements are formed through an assessment of our performance against a set of seven outcomes:

- Improved health and well–being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination or harassment
- Economic well-being

- Maintaining personal dignity and respect

1.3 In addition to these outcomes we are also assessed against two additional areas (domains), these being:

- Leadership
- Commissioning & Resources

1.4 Overall the CQC has rated adult social care in Warwickshire as Grade 3 – Performing Well, this means that in the view of the CQC services in Warwickshire "consistently deliver above minimum requirements for people, are cost-effective and makes contributions to wider outcomes for the community."

This judgement is extremely positive and although it falls in line with the rating that we received for 2008/09 the level of continued improvement and progress in relation to adult social care services in the County is highlighted through the specific judgements that have been made by the CQC in relation to the outcomes against which we are assessed.

When compared to the results we received in our 2008/09 assessment we have improved in one of the seven areas, achieving our second excellent rating in relation to "Improved Quality of Life" and maintained our excellent status in relation to "Making a Positive Contribution". The table below shows our 2008/09 judgements compared to the new 2009/10 judgements.

Areas for judgment	**2008/09**	**2009/10**
Improved health and emotional well–being	Well	**Well**
Improved quality of life	Well	**Excellent**
Making a positive contribution	Excellently	**Excellent**
Increased choice and control	Well	**Well**
Freedom from discrimination & harassment	Well	**Well**
Economic well-being	Well	**Well**
Maintaining personal dignity and respect	Well	**Well**
Performance Rating	Performing Well	**Performing Well**

2. Information and Advice

2.1 The CQC only identified areas for improvement and further development in some of the criteria considered as part of the assessment and as a result the improvement plan at appendix A does not cover all of the seven outcomes and two domains of the Annual Performance Assessment.

2.2 The improvement plan has been developed through discussion with responsible managers across the Directorate and has been considered and approved by the Adult, Health & Community Services Directorate Leadership Team. Although there is currently no intention for the CQC to undertake an annual performance assessment for the year 2010/11 the Directorate Leadership Team will monitor the delivery of the improvement plan as part of its regular performance management and reporting framework to ensure that the required improvements are delivered.

WENDY FABBRO
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick

January 2011

Appendix A

Adult Health & Community Services

Annual Performance Assessment 2009/10 – Improvement Plan

Warwickshire County Council

Working for Warwickshire

Outcome 1: Improved health and emotional well–being
No areas for improvement identified against this criteria

Outcome 2: Improved quality of life				
Area for Improvement	Action	Lead Officer	Impact of Action	Delivery Date
Waiting times for adaptations should be reduced in line with other Councils.	Currently, there are no waiting lists for the minor adaptations in Warwickshire. However waiting times for major adaptations continue to be higher than the reported average through the CQC. Waiting times have increased due to the volume of adaptations that are required. Major adaptations are managed through district councils and we continue to work in partnership with these authorities to streamline arrangements. Development & implementation of a revised approach to telecare across Warwickshire.	Andy Clayton	The use of new technology linked to telecare has the potential to reduced the number of customers in need of a major adaptation which would reduce waiting times.	31st March 2011

Outcome 3: Making a positive contribution
No areas for improvement identified against this criteria

Outcome 4: Increased choice & control				
Area for Improvement	Action	Lead Officer	Impact of Action	Delivery Date
Deliver planned roll out of reablement services and self directed support across Warwickshire	Self Directed Support as a model has now been rolled out to all OPPD teams and plans are in place to undertake a similar process within Learning Disability Teams. Reablement has now been rolled out to all OPPD and Hospital teams across the county.	Gill Jowers Zoe Bogg	The use of this approach increases customer choice and control in the services and support they receive. The use of reablement ensures that where possible those who access the service are able to recover following a period of crisis which reduces dependency on social care services.	In place In place

Outcome 5: Freedom from discrimination or harassment
No areas for improvement identified against this criteria

Outcome 6: Economic well-being
No areas for improvement identified against this criteria

Outcome 7: Maintaining personal dignity and respect				
Area for Improvement	Action	Lead Officer	Impact of Action	Delivery Date
Further development and extension of work to evaluate outcomes for people subject to a safeguarding review.	Warwickshire ASC currently record and report the range of outcomes required for submission in the DoH Information Centre Abuse of Vulnerable Adults (AVA) dataset. Analysis of this information takes place annually and is reported in the Warwickshire Safeguarding Adults Board Annual Report. The AVA dataset are objective measures and do not capture self reported satisfaction, or perception of feeling safer as a result. We piloted a paper recording system to capture this level of subjective outcome information in 2009-10 and will mainstream this type of data capture.	Edward Williams	We will have increased access to data to inform our approach to safeguarding and to manage our interventions to ensure they are effective.	From January 2011 in line with the expansion of the enhanced assessment and care management recording system (CareFirst6)

Agenda No

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
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

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
Rachel Norwood, WCC
Harm Gordijn, NHS Warwickshire
Tim Willis, WCC
Denise Cross, NHS Warwickshire
Parmjit Dhaliwal, WCC
Emily Smith, WCC & NHS Warwickshire
Lorna Ferguson, WCC
Nick Darwen, WCC
Andy Clayton
Julie Humphries - WCC
Elizabeth Phillips, Age UK Warwickshire
Jayne Longfield, Age UK Warwickshire
Kate Richmond, Age UK Warwickshire
Jane Coleman – County Enterprise Foods
Paul Tolley, WCAVA
Helal Shalid, Warwickshire Race Equality Partnership
Tejay De Kretser, WCC
Maggie Marshall, WCC
& 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 26th 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

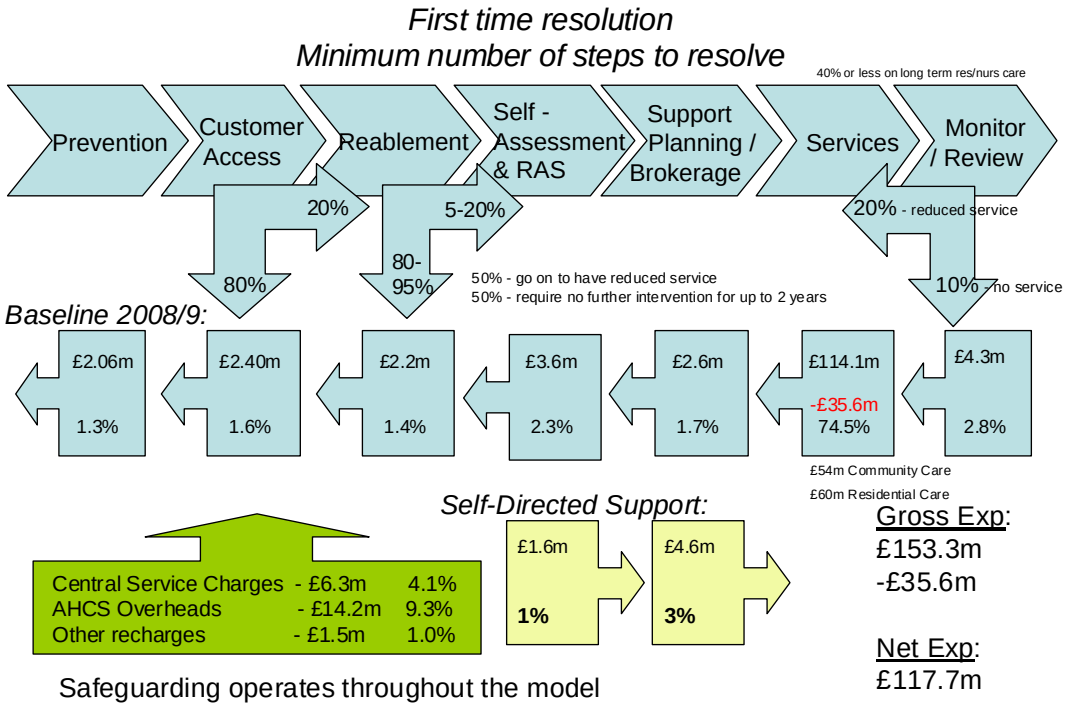
1.6 The Task and finish Group met on three occasions with representatives from WCC Adult Social Care, voluntary and community groups. They visited the Integrated Community Equipment Store (ICES), telecare flat and control centre and a user of telecare services.

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
Broad based provision that has an impact on health and social care but is available to an entire community. *It may also represent the health and social care impact of particular policies and interventions by public bodies, e.g., local government, police.*	*Low intensity services that have a solely health and social care focus.* *Many of these services are provided by voluntary organisations or private companies.*	*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.*	*Services that defer from or often more likely, delay further high intensity provision.* *These populations may already have had 'a taste' of high end provision, perhaps through respite or intermediate care.* *This group may also include those who receive high intensity provision from family carers.*

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 31st 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 1/3rd 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 17th 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 import 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 1st 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 1st 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 1st 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 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

Review Topic (Name of review)	**Adult Social Care Prevention Services - Vision for the Future**
Panel/Working Group etc – Members	Councillor Watson (Chair) Councillor Ashford Councillor Tooth Councillor Fox Councillor Clarke Councillor Compton WCC Officers – Jon Reading, Kim Harlock
Key Officer Contact	Alwin McGibbon
Relevant Portfolio Holder(s)	Cllr Izzi Seccombe; Adult Social Care Cllr Bob Stevens, Health
Relevant Corporate/LAA Priorities/Targets	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. • Supporting people to remain at home living independently • Increasing the numbers of people accessing housing related support services, disabled facilities grants, aids and adaptations to support independent living. • Decrease ongoing home care packages due to the introduction of prevention and early intervention including reablement • Development and Implementation of the prevention strategy • Increase in the percentage of people in receipt of 'telecare' and expansion of service available • Narrowing the gaps and sustainable affordable services fit for the future. 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 **NB** - 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

Timing Issues	There are a number of streams of work currently underway which will determine when it is most appropriate to commence this review. ▪ 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&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 ▪ 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.
Type of Review	In depth review
Resource Estimate	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.

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 to 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)

Objectives of Review (Specify exactly what the review should achieve)	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 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 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. 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? 5) To identify whether there are areas where improved working with partners and the Third Sector could improve the offer or its affordability. 6) To identify whether there could be improvements in access to aids, adaptations, and 'telecare' to better support a prevention strategy. 7) To assess the appropriateness of proposed prevention strategy whether it will meet the needs of customers and challenging financial situation. 8) To promote user/carer confidence in user's abilities to manage their own care needs without recourse to the social care system 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 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 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
Scope of the Topic (What is specifically to be included/excluded)	<u>Include</u> The following is included in the scope of the review: • Adult Social Care's vision for the future and their action plan • Prevention services – what is being provided in own homes, 'telecare', Aids and Adaptations, extra care, housing related support services, community meals, lunchtime clubs • A briefing to update the progress of the Falls Prevention Review & Excess Winter Deaths & Fuel Poverty Review • Role of Third Sector <u>Excluded</u> The following falls outside the scope of the review: ▪ Universal services such as information/signposting services ▪ Reablement ▪ Admissions/readmissions – hospitals & care homes ▪ Public Health measures such as support to stop smoking, healthier eating, etc
Indicators of Success – Outputs (What factors would tell you what a good review should look like?)	• Indicators that reflect more sustainable independent living • Recommendations accepted and implemented to deliver improvements

Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	• Recognisable improvements in the provision of services • Raising profile of the prevention agenda with our partners • Reassure users/carers & promote confidence
Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	See above

2011-12 Commissioning Plan

This report provides an update on the work-in-progress by NHSW to establish a balanced budget for 2011-12 and an effective, high quality and comprehensive range of health services for the population of Warwickshire.

2011-12 Operating Framework

The Department of Health issued the national operating framework for 2011-12 on 15th December 2010.

As stated in the framework, '2011-12 will be a very demanding year for the NHS as we take on the challenge of continuing to deliver high quality care for our patients, while beginning in earnest the transition to the new system envisaged in *Equity and excellence: Liberating the NHS*. Our over-arching goal in this period is to build strong foundations for the new system by maintaining and improving quality, by keeping tight financial control and delivering on the quality and productivity challenge, and by creating energy and momentum for transition and reform.'

The NHS plans need to be viewed in the context of three inter-related themes:
• transition and reform – what will happen in 2011-12 to begin to realise the challenges set out in the White Paper and manage the transitional period;
• transparency and local accountability –to involve public and patients to give them a better understanding of how and where their money is being spent to improve services and strengthen local accountability;
• service quality – how we deliver on the quality and productivity challenge through securing improvement in services, making the wider productivity gains and quality improvement outlined in QIPP (Quality, Innovation, Productivity and Performance), securing re-investment to meet demand and improve quality and outcomes, and taking more responsibility for working together with the council.

The financial position for the NHS where we move away from a position of high growth in funding makes it all the more imperative that we get the finance and business rules right and that we maintain financial control. For 2011-12, the financial framework will require NHS organisations to ensure they gain the maximum benefit when making investment decisions and running costs will need to be reduced at every level.

Development of the Warwickshire and Coventry Cluster

Whilst NHSW will have a critical role up to April 2013, in order to secure the capacity and flexibility needed for the transition period and create capacity for the development of the new GP Consortia, NHSW will form a cluster with NHS Coventry and our staff will be increasingly assigned to emerging GP consortia to support their development.

The broad role of the cluster will be twofold. Firstly: to oversee delivery during the transition and the close down of the old system. In so doing, it will ensure PCT statutory functions are delivered up to April 2013. Secondly, the cluster will support emerging GP consortia, the development of commissioning support providers and the emergence of the new system.

The cluster will have a single Executive Team and will be in place by June 2011.

2011-12 Financial Framework

NHSW issued a financial framework to local providers in September, setting out the forecast resource and expenditure position for 2011-12, based on a series of assumptions around growth funds, activity growth, tariffs and cost pressures. The framework incorporated feedback from patient and public surveys about their views on priorities (which includes placing priority on emergency care and support local services) and took into account an assessment on comparative access to services across the county (which broadly demonstrated comparable access from all areas). The framework also identified the financial impact by contract for the major providers. Since then a second version has been issued, which has been updated for the changes to those assumptions detailed in the Government's Comprehensive Spending Review (CSR).

The second version of the NHSW framework identified a gap of £69m between the resources available for 2011-12 and the forecast expenditure – this is mapped out in more detail in the following table.

The CSR and subsequent papers issued have, however, left a number of resource questions unanswered, some of which were resolved when the NHS Operating Framework was issued on the 15th December. Unfortunately the release of the final piece of the picture, the new tariff prices, has been delayed and will not be issued until some time in January. A final version of the framework will be completed, therefore, after the tariff has been analysed.

Our initial assessment of the amendments required, arising from the Operating Framework, is that there is a small increase in the financial gap to £70.6m, though a number of commitments remain to be worked through in detail. Whilst there has been a small (0.2%) increase in the allocation growth for NHSW to 3% and CQUIN is lower than expected remaining at 1.5%, these gains are offset by higher than anticipated increase in the resource earmarked for Social Care (£6m) and the tariff decrease, which was announced as 1.5% and not the anticipated 2%. Some further analysis is required of the detail for confirmation of this position.

Within the NHSW financial framework detail, the gap has been analysed and assigned to each provider in order to bridge the shortfall. The impact of this is therefore hugely significant for the local providers and the following table summarises the financial impact by provider.

Since September NHSW has been heavily engaged with providers via the commissioning intentions process to craft a mechanism to bridge the gap. The culmination of stage 1 of this process was a recent summit where providers presented their proposals to NHSW. The result has been variable across providers, but what is clear is that those proposals will not bridge the £69m gap. Consequently, NHSW is currently engaged strategy development to complete the bridge. Progress on this work was presented at NHSW's Board Workshop on the 8th December and subsequently at a workshop with Warwickshire's Practice-based-Commissioning groups (PBC) on 16th December by the Director of Strategy.

This work is ongoing and NHSW is working with the four Warwickshire PPC groups to negotiate the financial and activity plans and the QIPP plans with providers to deliver the necessary improvements and efficiency gains. These negotiations will continue through January and February 2011.

NHS WARWICKSHIRE
2011/12 Expenditure Bridge

	Total	Acute Services					Mental Health & LD			Contin.	Community		Palliative	WCH	
		GEH	UHCW	SWFT	Spec. S.	All Other	CWPT	Other	LD	Care	WCH	Other	& Other	I&E	GP
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
2010/11 Recurrent expenditure	829,641	73,286	96,614	114,567	57,608	70,600	66,567	10,046	16,260	46,280	55,067	2,727	2,477	0	71,795
LD Transfer to WCC	(11,421)						(845)		(10,576)						
Growth Pressures	34,477	4,764	6,280	7,447	1,613	4,589	0	0	455	3,702	1,652	0	0	0	0
High cost drugs	2,500	0	0	0	0	2,500	0	0	0	0	0	0	0	0	0
Tariff / Price Changes	(10,669)	(1,466)	(1,932)	(2,291)	(1,152)	(1,412)	(1,314)	0	0	0	(1,101)	0	0	0	0
System change investments	6,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Cost Pressures	6,012	734	967	1,147	577	707	658	101	57	463	551	27	25	0	0
Create Contingency	8,195	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Before CQUIN	864,735	77,317	101,929	120,869	58,645	76,984	65,065	10,147	6,196	50,446	56,169	2,754	2,502	0	71,795
CQUIN	9,398	1,160	1,529	1,813	880	1,155	976	152	93	757	843	41	0	0	0
2011/12 Expenditure Projection	874,132	78,477	103,458	122,682	59,525	78,138	66,041	10,299	6,289	51,202	57,011	2,796	2,502	0	71,795
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Growth	4.2%	6.5%	6.5%	6.5%	2.8%	6.5%	0.0%	0.0%	2.8%	8.0%	3.0%	0.0%	0.0%	0.0%	0.0%
Tariff / Price Change	-1.3%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	0.0%	0.0%	0.0%	-2.0%	0.0%	0.0%	0.0%	0.0%
General Cost Pressures	0.7%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.3%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%
CQUIN	1.1%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	0.0%	0.0%	0.0%

2011/12 Resource Bridge

	£000's
2011/12 Recurrent Resource	819,736
Growth @ 2.84%	23,281
Top slice @ -2%	(16,395)
LD Transfer	(11,421)
Non recurrent allocation deductions	(10,500)
2012/13 Resource Projections	804,701
Projected Financial Gap	69,431

Options for Closing the Gap

£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Continuing Care - price / process	(4,011)									(4,011)					
Commissioning management cost savings	(2,276)														
Prescribing - price / process	(2,000)														
Secondary Care - Throughput reduction**	(41,037)	(9,487)	(12,507)	(14,832)		(4,211)									
CQUIN - develop zero cost initiatives	(7,077)	(1,160)	(1,529)	(1,813)			(976)			(757)	(843)				
Mental Health & Community service redesign	(7,032)						(3,766)				(3,266)				
Drawdown from top slice re system changes	(6,000)														
Totals	(69,432)	(10,647)	(14,036)	(16,645)	0	(4,211)	(4,742)	0	0	(4,768)	(4,108)	0	0	0	0

2011-12 QIPP plans

The financial gap of £69m between projected demand and available resources will only be resolved with the implementation of an effective set of QIPP plans that are supported by all relevant parties to the Warwickshire health and social care system. The key parties involved with the most significant contributions to make are: GPs, Community services, Acute & Mental Health providers, and Social Care. Four of the main QIPP programmes currently in development are summarised below and illustrated in the following diagram. An inevitable consequence of these plans will be a resultant reduction in the need for current levels of capacity, especially hospital in-patient beds. But at this stage, until the negotiations have been completed with providers, it is not possible to quantify the extent of these reductions.

QIPP 1 - elective referral management. Ensuring effective and appropriate referrals for treatment will be the responsibility of the newly emerging GP consortia. Active performance and audit will enable the GP consortia to evaluate and review variations in referral practice and support improvement in accordance with best practice.

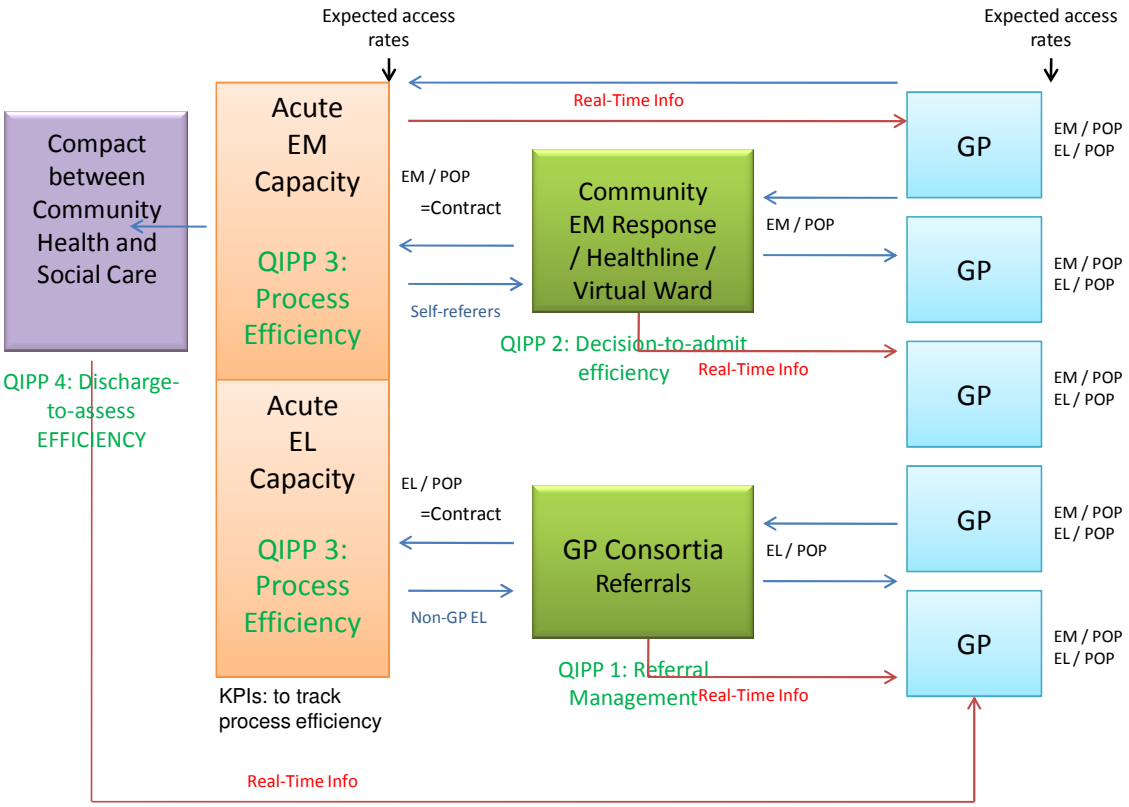
QIPP 2 - reducing demand for emergency hospital services with the premise that there should be a decision-to-admit rather than a default-to-admit. Predominantly the responsibility of out-of-hours services, ambulance and particularly community services – the main objective will be to support patients managing long-term conditions to reduce their need for emergency care. This includes continued development of the Warwickshire Healthline, more emergency community response and expansion of the virtual ward services. If emergency access rises then these providers are held to account for taking proactive action to actively reduce demand.

QIPP 3 - hospital provider (both acute and mental health) process efficiency. This is the responsibility of the acute providers and CWPT to deliver. More than just a CIP programme to achieve tariff reductions this will include reducing the number of steps in the care pathway to both improve the efficiency of the service as well as the patient experience (eg: reducing avoidable OP appointments, reducing length of stay). Ie: providers will be charged with taking responsibility for delivering on improvements for all steps in the process occurring after they have received a referral from the GP.

QIPP 4 – achieving effective discharges and re-ablement with the premise that patients are discharged to subsequently assess their needs rather than that assessment being undertaken in the dependency inducing environment of the hospital. This is a shared responsibility between community health and social care services. With objectives to both reduce unnecessary delays in hospital but also reducing the need for admitting patients to long-term care (both health and social care funded services) by delivering responsive and effective re-ablement services. NHSW will be working partnership with the council to secure a clear agreement on how to achieve this, including the use of the 1% funds transfer from NHSW to the council.

In addition NHSW continues to work with the providers to improve the integration of services across the local health system where this is appropriate and necessary to improve the quality and safety of services. The most significant development in this area will be the integration of the management of paediatric services across GEH and UHCW.

System Flows needed to support 2011-12 delivery



Agenda No

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care and Health Overview and Scrutiny Committee**
Date of Committee	**24th January 2011**
Report Title	**Warwickshire Local Involvement Network (LINk) – Progress Report**
Summary	This Report describes recent progress made by Warwickshire LINk, updates members regarding the work programme being pursued by the LINk in 2010/11, seeks to gain the views of members on the hosting arrangements which might apply on the expiry of the current contractual arrangement and sets the scene for the transition of LINk into local Healthwatch
For further information please contact:	Nick Gower Johnson County Localities and Communities Manager 01926 412053 nickgower-johnson@warwickshire.gov.uk
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)	☐	
Other Elected Members	☒	Councillor Caborn, Councillor Shilton, Councillor Stevens, Councillor Timms
Cabinet Member	☒	Councillor Hayfield
Chief Executive	☐	
Legal	☒	Sarah Duxbury and Alison Hallworth
Finance	☒	Chris Juckes
Other Chief Officers	☒	Wendy Fabro, Monica Fogarty

District Councils	☐	
NHS Warwickshire	☒	Rachel Pearce
Other Bodies/Individuals	☒	Warwickshire Community and Voluntary Action (WCAVA) – Paul Tolley
		Cllr Jerry Roodhouse – Chair of the Warwickshire LINk Council
		Paul White – Strategic Procurement Manager

FINAL DECISION NO

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by the Cabinet	☐	
To Council	☐	
To an O & S Committee	☐	.....
To an Area Committee	☐	
Further Consultation	☐	

Agenda No

Adult Social Care and Health Overview and Scrutiny Committee

Report of the Strategic Director of Customers Workforce & Governance

Warwickshire Local Involvement Network (LINk) – Progress Report

24th January 2011

Recommendations:

That the Committee:

a) Note the present position in relation to the Warwickshire Local Involvement Network (LINk)

b) Discuss the current work programme of the LINk for 2010/11 and make such comments and suggestions as the Committee considers appropriate

c) Notes the position in relation to the transition of the LINk into local Healthwatch and makes such comments as it considers appropriate

d) Notes the need to put into place new arrangements for the hosting of the LINk with effect from 1st April 2011 and the steps being taken to progress this

1. Context

1.1 The Warwickshire LINk is the umbrella organisation which aims to bring together other networks, organisations and individuals in Warwickshire, concerned with health and social care. The LINk aims to provide a network for individuals, groups and communities that use services within the Warwickshire to:

a) encourage and support more people to get involved in shaping local health and social care services

b) help decide what health and social care services should be commissioned

c) influence the way health and social cares services are delivered

d) actively canvas a broad section of the community for their views and experiences of local health and social care services

e) provide the community with a mechanism for monitoring and reviewing local health and care services and the ability to hold them to account

f) inform those who commission, run and scrutinise local health and social care services, what local people have recommended to help improve services.

1.2 This Report describes the current position in relation to the Warwickshire Local Involvement Network (LINk). In particular it describes:

- The current position in relation to the transition of the LINk into Warwickshire Local Healthwatch from April 2012
- The recent work competed by the LINk and work in progress
- Arrangements that are being made for the hosting of the LINk from April 2011

1.3 In overall terms the LINK is progressing well. It has previously been reported to this Committee that only very limited progress was made by the LINk in the first eighteen months of its operation. However, following the completion of election arrangements for the LINk Council and its Chair earlier this year and the introduction of focused support and project management by Warwickshire Community and Voluntary Action (WCAVA) good progress has been made with two valuable engagement projects having recently been completed and a further four projects on course to deliver over the forthcoming few months. This recent progress compares very favourably with the many months of limited outcomes that featured in the early days of the LINk. More information concerning this work is given at paragraph 3 of this report.

2. The Transition of the LINk into local Healthwatch

2.1 The Committee will recall that in the Health White Paper, the government proposed that the LINk should merge into a new body called local Healthwatch. Following consultation on the White Paper, the government published a Legislative Framework in December 2010 in response to the consultation on the White Paper. In summary, this makes clear the intention to create a more distinct identity for Healthwatch England, led by a statutory committee within the Care Quality Commission (CQC) and phase the timetable for giving local authorities responsibility for commissioning NHS complaints advocacy services, and allow flexibility to commission from other organisations as well as from local Healthwatch.

2.2 The Health & Social Care Bill will:

- Give Health watch additional functions on top of LINks' current role.
- Provide for local Healthwatch to continue LINks' role in promoting and supporting public involvement in the commissioning, provision and scrutiny of local care services.
- Provide for local authorities to commission Healthwatch to provide advice and information to enable people to make choices about health and social care. This could include helping people to access and understand information about provider performance and safety, and the NHS Constitution.

- Give local Healthwatch the power to make recommendations to the Healthwatch England committee of CQC for CQC to carry out investigations into health and care services.
- Provide flexibility concerning whom local authorities will commission NHS complaints advocacy services from – this could be either local Healthwatch, or other organisations with HealthWatch signposting these services to people.

2.3 Funding for LINks will continue through the transition into local Healthwatch, and will be enhanced to reflect Healthwatch's responsibilities. Local authorities will have funding for Healthwatch built into their existing allocations, including additional funding for NHS complaints advocacy and providing advice and information for people making choices.. Local Healthwatch funding will not be ring-fenced.

2.4 The Bill will set up local Healthwatch organisations and will place local authorities under a duty to make sure that it arranges with them to deliver the above functions. Additionally, the Bill will provide for regulations to be made setting out what local Healthwatch membership should look like.

2.5 Responsibility for commissioning independent mental health advocacy under the Mental Health Act will move from PCTs to local authorities, together with the role of the supervisory body in respect of hospitals under the Mental Capacity Act deprivation of liberty safeguards. However, owing to its highly specialised nature, mental health advocacy will not be a part of the NHS complaints advocacy services that local authorities will be able to commission from Healthwatch.

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2.6 In early 2011, the consultations on choice and information will close and **t**he Department of Health will publish a transition plan early in 2011, which will provide for LINks to continue to influence local services while local Healthwatch prepares to start exercising functions.

2.7 From April 2012, local authorities will fund local Healthwatch to deliver most of their new functions. Responsibility for commissioning NHS complaints advocacy won't transfer to local authorities until April 2013. During the transition period the Government will invite local authorities to develop pathfinder organisations to help with preparations for local Healthwatch, for example;

- to help with preparations for local Healthwatch
- to test which models most effectively deliver locally commissioned services to support patient choice and complaints advocacy
- to test different structures for governance and accountability of local Healthwatch, including the role of hosts
- to explore how different patient engagement organisations can work in a complementary way
- to identify how best to work together with organisations such as Patient Participation Groups (PPGs), Patient Advice and Liaison Services (PALS), Foundation trust governors etc.

3. Current Work Programme

3.1 The 2010/11 work programme of the LINk has been managed by WCAVA in conjunction with the host organisation, HAP UK Ltd. So far, two engagement

projects have been completed and work is well advanced in relation to a further four. In outline these are as follows:

- **Review of Out of Hours GP Service** – This Project has been completed and the final report submitted to Warwickshire PCT whose comments are awaited

- **Review of access to information by blind and partially sighted people** – The Project has been completed and the final report submitted to service commissioners and providers for comment

- **Dignity in Care Homes Project** – This project is reasonably well advanced. The LINk is working with five care homes to find out the views and experiences of residents and their families in relation to dignity and respect

- **Access to GP Health Services by the Gypsy and Traveller Community** – The Project is in its comparatively early stages. The main purposes are to identify experiences in accessing GP health services and to identify transferable good practice.

- **Mental Health Project** – This is underway with a view to identifying the views of carers and service users regarding the support that they have been given on discharge from in-patient or acute /crisis services.

- **Broader Engagement with LINk members and other stakeholders** – The LINk hosted a well attended conference in November 2010 and is currently preparing a report which will identify the issues that its membership might wish it to address in the future and also to make clear the membership's preferences for fuller involvement in the work of the LINk generally.

3.2 The work programme will be concluded by 31st March 2011, and steps are currently being taken by the LINk Council to develop a further programme for 2011/12. Members of the Council are very keen to build on recent progress, maintain momentum and demonstrate to the County Council and all stakeholders the continuing value of its work.

4. Hosting the LINk from 1st April 2011.

4.1 The County Council has responsibility to ensure that LINk activities can take place and we are required to make contractual arrangements with a 'host organisation' to support the LINk. This role is undertaken by HAP UK Limited, an independent not-for-profit social enterprise organisation based in Wiltshire. HAP UK Limited undertakes the 'host role' for Warwickshire LINk and 7 other LINKs across the country, and has had this responsibility in Warwickshire since June 2008.

4.2 The current contract with HAP UK Ltd expires on 31st March 2011. The following options are open to the County Council:

i) To extend the current contract with HAP UK Ltd for a further 12 months

ii) To enter into a contract with a different provider for a 12 month period

4.3 Having discussed matters with the LINk Council, it is clear that they do not wish to automatically extend the current arrangement with HAP UK Ltd. Accordingly, advice is being taken about ways in which a new contract could be entered into with the minimum level of bureaucracy and cost and a decision will be taken on this once advice has been received and the level of funding available to the LINk in 2011/12 is known.

David Carter
Strategic Director for Customers Workforce & Governance
22nd December 2010

Updated 29 September 2010

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

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
8 Nov 2010	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Banbury Obstetric, maternity and paediatric Services, Paul Maubach (NHS Warwickshire)	Update			✓						
	Bramcote Hospital Consultation (Rachel Pearce, NHS Warwickshire)	To consider the Bramcote Hospital Consulltation									
	Telecare Progress Report, Kim Harlock	To consider progress of implementing Telecare			✓			High			NI 124 People with long term condition supported to be independent
	Transfer of Community Services, NHS Warwickshire, Rachel Pearce	To consider proposed transfer of community services to South Warwickshire Foundation Trust and George Elliot Hospital and to consider how NHS Warwickshire has involved users in the process			✓	✓					
8 Dec 2010, 2pm	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									

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

Updated 29 September 2010

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
	Dementia Strategy, Lorna Ferguson, Lead Commissioner – Mental Health	To consider the proposed Dementia Strategy			✓			High			
24 Jan 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Links –Progress Report, Councillor Roodhouse and Nick Gower-Johnson)	To consider the work and progress of the LINk and their future	✓			✓		Med			
	The future of WCC's residential care homes for older people, Ron Williamson	To consider the outcomes of the consultation on the future of WCC's residential care homes for older people, prior to Cabinet consideration.		✓	✓			High			
	Adult Social Care Low Level Prevention Services, Cllr Warson	To consider the final report and recommendations from the Task and Finish Group established to scrutinise low level prevention services			✓			High			
13th April 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
22nd June 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									

Updated 29 September 2010

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
7IH Sept 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
19th Oct 2011	Fairer Charging and Contributions, Ron Williamson	To consider impact of changes to charges and contributions						High			
Dates to be set	Learning Disability Consultattion	Requested by the Committee on 12/10/10									

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