

# Adult Social Care and Health Overview and Scrutiny Committee

**13 April 2011**

## Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK** on **WEDNESDAY, 13 APRIL 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 23 February 2011**
- (4) Chair's Announcements**

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

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

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

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

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

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

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

## **Health items**

### **4. Virtual Wards**

The Committee will receive a dvd presentation on Virtual Wards.

### **5. Maternity Services Consultation**

The Committee will receive a pre-consultation presentation from NHS Warwickshire on the Maternity Services Consultation.

For further information please contact Rachel Pearce, Assistant Chief Executive/Director Compliance, NHS Warwickshire, Tel: 01926 493491.

### **6. Orthopaedic Surgery**

The Committee will receive an update on NHS Warwickshire's Plan for the Financial Year from April 2011, following decisions to reduce activity and commissioning plan for 2011/12.

For further information please contact Rachel Pearce, Assistant Chief Executive/Director Compliance, NHS Warwickshire, Tel: 01926 493491.

## **7. Scrutiny of CAMHS- Progress Report**

This report provides the Committee with a summary of the progress made in implementing the Committees recommendations following the scrutiny review into CAMHS.

### **Recommendation**

The Committee is asked to scrutinise the progress made in implementing the CAMHS recommendations and make any further recommendations as appropriate.

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

## **8. Concordat between NHS Warwickshire and Warwickshire County Council**

This report describes the relationship between Health and Social Care for the management of funds transferred from PCT to County Council..

### **Recommendation**

The committee are asked to consider and comment on the content of the report.

For further information please contact Wendy Fabbro, Strategic Director for Adult, Health and Community Services, Tel: 01926 742947, e-mail [wendyfabbro@warwickshire.gov.uk](mailto:wendyfabbro@warwickshire.gov.uk) or Rachel Pearce, NHS Warwickshire, Tel: 01926 493491.

## **Adult Social Care items**

## **9. Adult, Health & Community Services Directorate Plan 2011-13 and Performance Report**

The County Council has a formal structure for the development of business plans at a Directorate level. This report introduces the AHCS Directorate Plan for 2011-13 and in addition expresses performance to date against the measures and indicators used to track progress in 2010/11.

## Recommendation

It is recommended that the committee:

1. Consider and comment on the content of the report and approve the Directorate Business Plan 2011-12, attached at appendix A.
2. Consider and comment on the content of the performance report used to support the development of the plan, attached at appendix B.

For further information please contact Andrew Sharp, Service Manager, OPPD, Intelligence & Market Facilitation, Tel: 01926 745610 E-mail [andrewsharp@warwickshire.gov.uk](mailto:andrewsharp@warwickshire.gov.uk).

## 10. Adult, Health & Community Services “Supporting Independence (Prevention) Strategy”

The Supporting Independence (Prevention) Strategy expresses the approach that will be taken to reduce deterioration in the condition of those at substantial or critical level of social care need. In addition it highlights our approach to developing and facilitating community based services to respond to those with low and moderate needs to prevent their progression towards substantial or critical levels.

### Recommendation

It is recommended that the committee consider and comment on the content of the report and approve the Supporting Independence (Prevention) Strategy, attached as appendix A.

For further information please contact Andrew Sharp, Service Manager, OPPD, Intelligence & Market Facilitation, Tel: 01926 745610 e-mail [andrewsharp@warwickshire.gov.uk](mailto:andrewsharp@warwickshire.gov.uk).

## 11. Personalisation – A progress update

April 2011 sees the end of the first phase of transforming Adult Social Care, (spanning the three year period 2008-2011).

The report provides information about the progress made towards delivery of personalised Adult Social Care services in Warwickshire.

### Recommendation

It is recommended that the Adult Social Care and Health Overview and Scrutiny committee:

1. Acknowledge the progress made to deliver personalised services across Adult Social Care, to meet the requirements of the national Putting People

- First Milestones.
2. Support proposals for next steps, which include:
    - Further embedding the cultural change necessary to fully deliver personalisation as '*the way we do things around here,*' into front line practice, our work with partners and our responsibilities as strategic commissioners.
    - Extending customer engagement in development initiatives.
    - Further developing processes, systems and tools in line with recommendations from separate evaluation mechanisms recently commissioned by the directorate:
      - an internal evaluation by staff;
      - an internal audit;
      - early feedback from the national survey of people who have a personal budget, (for which Warwickshire is one of the ten demonstrator sites).

For further information please contact Gill Fletcher, Head of Transformation Programme Office, Tel: 01926 743257 E-mail [gillfletcher@warwickshire.gov.uk](mailto:gillfletcher@warwickshire.gov.uk).

## Joint Health and Adult Social Care items

### 12. 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 agreed 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](mailto:michellemchugh@warwickshire.gov.uk) or Ann Mawdsley, Principal Committee Administrator, Tel: 01926 418079 E-mail [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

### 13. Any Other Items

which the Chair decides are urgent.

**JIM GRAHAM**  
Chief Executive

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## **Adult Social Care and Health Overview and Scrutiny Committee Membership**

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

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

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

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

## **The reports referred to are available in large print if requested**

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

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

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Mike Hetherington, Mencap

**1. General**

The Chair welcomed everyone to the meeting, in particular Anna Burns and Mark Harris representing NHS Warwickshire and Maria Fennel attending on behalf of CWPT.

**(1) Apologies for absence**

Apologies for absence were received on behalf of Councillor Kate Rolfe (replaced by Councillor Jerry Roodhouse for this meeting), Councillor Heather Timms, Paul Maubach (NHS Warwickshire), Rachel Pearce (NHS Warwickshire) and Nigel Barton (CWPT).

**(2) Members Declarations of Personal and Prejudicial Interests**

Councillor Penny Bould declared a personal interest as she receives a Disability Living Allowance and Direct Payments.

Councillor Jose Compton declared a personal interest as her son works for People in Action.

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 Bob Stevens declared a personal interest In connection with his association with Galanos House Care Home, Southam.

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 24 January 2011**

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 24 January 2011 were agreed as an accurate record and signed by the Chair. The Chair thanked Ann Mawdsley for the comprehensive minute of the care home discussion.

**Matters Arising**

None.



#### **(4) Chair's Announcements**

The Chair welcomed Jenny Wood, the newly appointed Head of Service for Personal Care Coordination, to her first meeting of this Committee.

The Chair announced that the NHS Transformation would now be considered at a Member seminar on 21 April 2011. Speakers would include representatives from Adult Social Care, NHS Warwickshire, GPs and the Centre for Public Scrutiny and further details would be made available as soon as possible.

#### **2. Public Question Time**

The Chair noted that a public question had been received from Mr Mike Hetherington of Mencap, but this would be taken at the appropriate item.

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

##### Councillor Bob Stevens

1. Councillor Martyn Ashford spoke about a family member admitted into Warwick Hospital and the difficulties experienced in long waiting times in A&E and again waiting for discharge and asked what could be done about this.

Councillor Bob Stevens noted that this was a Foundation Trust matter and that Councillor Ashford should complain officially through the Hospital Complaints Procedure. Councillor Shilton noted that he had had a similar problem at University Hospital. Councillor Jose Compton, Chair of the Task and Finish Group currently reviewing Hospital Discharges and Reablement undertook to look at this at their next meeting.

2. Councillor Sid Tooth asked for an update on the situation at Bramcote Hospital.

Jill Freer, Director of Quality and Safety and Executive Nurse, NHS Warwickshire noted that there were currently four workstreams in place to deal with the closure, which were:

- working with GPs in North Warwickshire
- redeployment of staff currently working at Bramcote
- the site and future disposal
- arrangements for current Bramcote patients.

She added that the aim was for Bramcote to be closed by 31 March 2011, and that patients would continue to be cared for by the current staff until further arrangements had been made.

3. Councillor Michael Kinson OBE asked for clarification on the voting rights of the District/Borough members of the Committee.

The Chair confirmed that the Adult Social Care section of the agenda was related to County Council work, and while the input of co-opted Members was welcomed, only County Councillors could vote on Adult Social Care items.

4. David Gee, Warwickshire LINKs asked for an update on the undertakings made by CWPT in relation to the recommendations made by the Health Overview and Scrutiny Committee on the changes to Adult Mental Health Services in Rugby. Michelle McHugh undertook to forward a copy of the recommendations to Maria Fennell, in order that an update could be provided. Councillor Jerry Roodhouse suggested that the recommendations from the Report of the Joint Panel of Health OSC & Rugby Borough Council be revisited.

#### Councillor Izzi Seccombe

1. Councillor Jose Compton noted that she had received an e-mail letter from the West Midlands office of Rethink about the mental health cuts in Rugby.

Councillor Izzi Seccombe noted that following a dialogue with the sender, it was clear that there needed to be further consideration of the transition and change rather than the direction of travel. Wendy Fabbro added that residential care was an expensive resource and every effort was being made to ensure that only beds that were needed were being purchased. The current contractual arrangements were not sustainable or good value for money and the County Council were negotiating a reduction in the number of beds.

2. Councillor Sid Tooth asked for an update on the situation with Warwickshire Care Services Group.

Councillor Izzi Seccombe stated that although this organisation had originally been a joint venture, it was now a stand-alone company that Warwickshire County Council purchased beds from.

3. Councillor Michael Kinson OBE asked whether the recommendation “That Cabinet explores the legal position in relation to the transfer of the care home buildings to other providers to ascertain whether a covenant can be embedded within any agreement to ensure that the assets are retained for the elderly and communities within the social care landscape.” had been approved.

Councillor Izzi Seccombe confirmed that this had been approved at the Cabinet meeting on 27 January 2011.

4. Councillor Angela Warner stated that difficulties had been experienced in arranging for assessments for long-term care for people with dementia.

Wendy Fabbro stated that for deteriorating conditions, part of the professional task was to look at long-term plans. She asked Councillor Warner to forward to her the details of any specific instances where difficulties had been experienced.

5. Councillor Richard Dodd asked that following the decision by the Cabinet to approve the closure of Abbotsbury care home in Rugby whether the number of residents had decreased or if there had been any loss of members of staff.

Wendy Fabbro replied that she was not aware of any staff losses and that the families of some residents had taken it upon themselves to look at alternative options.

6. Councillor Penny Bould asked was the future would be for residents at Park View Care Home, Warwick and The Lawns Care Home, Whitnash.

Councillor Izzi Seccombe replied that the two homes approved for closure would be closed in the next six months. For the other care homes, a timeframe had been put in place to manage the way forward. Wendy Fabbro added that the Directorate were working with Legal Services to prepare standard procurement exercise with market testing and assistance and advice was being given to community groups as far as was possible.

7. Councillor Penny Bould asked what the situation was with regard to consulting residents.

Wendy Fabbro confirmed that all residents in all homes had been consulted over the past nine months. Councillor Izzi Seccombe

added that the recommendations approved by the Cabinet on 27 January 2011 had been shared with all consultees.

8. Councillor Penny Bould asked what strategy the County Council would put in place to allay the fears of disabled people about the results of any changes that may be made to the Disability Allowance mobility component and to ensure that people with physical disabilities were able to participate in all activities.

Councillor Izzi Seccombe responded that the direction for Warwickshire County Council was to support independent living wherever possible

## **Health Items**

### **4. Health Update**

Councillor Bob Stevens introduced the item and made the following points:

1. The White Paper: Healthy lives, healthy people: our strategy for public health in England, was currently under consultation. It was expected that a Bill would go through Parliament in the summer.
2. More detail would be available at the seminar that had been arranged for 21 April on the NHS Transformation. This would be open to all Members.
3. An overarching Warwickshire and Coventry PCT cluster had been set up for two years to aid the transition to the new arrangements. Four Warwickshire GP consortia – South, Rugby, North Warwickshire and Nuneaton and Bedworth, would be set up to operate beneath this cluster in a shadow form initially and then replacing the Cluster altogether.
4. The County Council were taking over the responsibility for Public Health in 2013 and John Linnane and his team would transfer across to Shire Hall in the next year.
5. The shadow form of the Health and Wellbeing Board was being set up and would formally be in place by April 2012. The first meeting of the shadow Board was due to take place in March, but with no formal decision making powers at this stage.

Anna Burns, Deputy Director of Strategy and Innovation, NHS Warwickshire made the following points:

- a. GP consortia were being progressed and there would be six across Coventry and Warwickshire with work being undertaken to ensure a clear understanding of how these would function and how responsibilities would be handed over in 2013.
- b. While new arrangements were being decided and implemented, the arrangements for the two separate Boards for NHS Warwickshire

and NHS Coventry would remain, but there would one management team with one chief executive. Clarification was being sought in terms of the role of the Chair within that.

- c. A System Plan was being prepared which would be a key document on the requirements for the Cluster, identifying provider organisations (Foundation Hospitals, Acute Trusts and GP Consortia) and setting up the plan for the management of the transition and related budgets. Wendy Fabbro and her team were involved in this work.

Mark Harris, Head of Compliance, NHS Warwickshire, noted the following:

- i. There was also a sub-body of further work looking at the transfer of community services.
- ii. A Business Transfer Agreement would be put in place by 31 March 2011, setting out service transfers.
- iii. The major changes being managed by the PCT included:
  - major changes to the management structure
  - significant examinations of the budget and reductions to the budget envelope
  - ensuring management was in place to hold the system together at a time of significant change.

During the discussion that followed these points were noted:

- A. Every effort was being made to assist GPs, and each Consortium had nominated an individual to work with PCT staff in order to start understanding issues and identifying opportunities. A Development Plan was also being prepared to identify and close the skills gap by 2013.
- B. The cost of the transition for Warwickshire had not been calculated.
- C. There would be opportunities for some PCT staff to transfer to GP Consortia, the Cluster and the National Consortia Board (shouldn't this be National Commissioning Board??), but the actual numbers were still unclear, although it was anticipated there would be less jobs than applicants.
- D. Frontline staff were not affected, and although GPs may have different views in terms of the impact on workload, there was not expected to be any change to services for patients over the transition period.
- E. Councillor Jerry Roodhouse noted that LINKs would not become Healthwatch, which would be a new organisation, and there would be no transition period. As Healthwatch would be implemented from 2012, Councillor Roodhouse had asked for a piece of work to be done to give some clarity on the changes.

The Committee noted the seminar on 21 April on the NHS Transformation. The Committee also agreed to include a health update on every agenda to monitor progress.

## **Adult Social Care Items**

### **5. Development of Draft Measures and Targets in Support of the CBP 2011-13**

The Committee considered the report of the Assistant Chief Executive presenting the proposed measures and targets for inclusion relevant to the remit of the Adult Social Care portfolio.

During the ensuing discussion the following points were noted:

1. Members felt that there was not enough information to comment on the CBP.
2. Areas such as the arrangements to put in place a shadow Health and Wellbeing Board should not be a target – it was perceived that this was something that WCC had to deliver and was an activity that should just be delivered without a need for a target.
3. The National Indicator Set had been abolished and the local indicators should measure the County Council's ambitions more appropriately.
4. Concern was noted that it would not be in the best interests of the people of Warwickshire if performance could not be monitored against benchmarking statistics and comparison trends over recent years.
5. There would be a series of Directorate measures that sat beneath the Measures and Targets in support of the CBP, and a further report would be brought to the next meeting of the ASC&H O&S clarifying what these were and setting out what was being achieved in Warwickshire against these indicators and targets.

Having considered and challenged the draft measures and targets, the Committee agreed to forward their comments to the Overview and Scrutiny Board and to receive a further report to the next meeting.

### **6. Living Well with Dementia in Warwickshire**

The Committee considered the report of the Strategic Director for Adult, Health and Community Services presenting the Dementia Strategy and setting out the joint key commissioning intentions in order to meet the 17 national objectives.

Chris Lewington introduced the report, noting that the Dementia Strategy had been written in conjunction with key partners and would be used as a tool for the development of the service in the future.

Maria Fennell, General Manager – Older Adults, CWPT welcomed the joined-up approach with the County Council and noted the importance of having a joined up approach with Coventry City Council as well.

Councillor Izzi Seccombe, Portfolio Holder for Adult Social Care, thanked Chris Lewington for the work she had done in producing this valuable document. She added the following points:

- i. There would be two levels of work attached to the Strategy, a strategic approach (including the work done with partners and linking in with Coventry), and the implementation of the strategy (resulting in a valuable, meaningful service to improve the lives of older people in Warwickshire).
- ii. The difficulties faced by carers were understood, and it was important that carers understood what the journey meant, where support was available and what hurdles would have to be faced.
- iii. The workforce needed to be well trained and understand people with dementia had to be valued as individuals, the same as everybody else.

During the discussion the following the following was noted:

1. Maria Fennell noted that CWPT were in the process of revisiting services provided for dementia patients in local acute hospitals and looking at how they could provide a more robust service. She added that early assessment and getting assistance with these patients as early as possible was crucial.
2. Any disruption to the lives of people suffering from dementia could result in anxiety, stress and depression.
3. Dementia was a financial pressure for available resources and this was predicted to increase over the next 10 years.
4. In response to a query regarding dealing with the gap analysis, it was noted that this work would be put into order of priority. Care pathways were key to the delivery of services, and where quick easy wins were available, such as through improving community skills or validation therapy, these would be implemented.
5. The IAPP (Improved Access to Psychological Therapies) was a national driver, receiving most referrals from GPs.
6. Care Quality Initiative monies received in 2010 had enabled a bolstering of the Memory Assessment Clinic service through the provision of a nurse specialising in memory assessment filtering patients. This was considered extremely successful after running for 5-6 months and after 12 months it was anticipated, would be absorbed into current NHS provision.
7. Chris Lewington undertook to correct the report in relation to the NHS Day Services offered in Rugby.
8. The Directorate did not yet have a full picture of service provision for early onset dementia and further work needed to be done in this

area. Maria Fennell added that CWPT was not currently commissioned to provide services for early onset young dementia patients.

9. Members asked what further work could be done to encourage people to seek help at an earlier stage. Chris Lewington noted that the County Council were making good links with colleagues in Public Health, but it had been recognised that this was an area that may need further work.
10. As the role of the County Council moved to a commissioning service, there would have to be improved working relationships with both the private and acute health sector to develop a more collaborative approach, particularly in relation to people with dementia.
11. Concern was raised around options for palliative care and death for people with dementia and the need to ensure that these patients were not automatically sent to acute settings. It was noted that the number of delayed discharges for people with dementia was a national issue.
12. Collaborative work with organisations such as LINK and Healthwatch could be built into the monitoring arrangements that were already in place using peer reviewers and the Dignity in Care Network.

The Committee agreed to:

1. Endorse the Dementia Strategy and Delivery Plan in their draft form.
2. Endorse AH&CS taking this strategy forward to the Dementia Stakeholder event on 1 March 2011 and thereafter to Cabinet and the NHS Warwickshire Board in April 2011.
3. Monitor the Delivery Plan through further reports to the Adult Social Care and Health Overview and Scrutiny Committee.

#### **7. Adult Social Care Prevention Strategy**

The Committee considered the Briefing Note setting out the purpose of the prevention strategy, which would clearly set out the vision, direction and principles of the approach to delaying the need for those with moderate needs entering the social care system and reducing dependency and need for those already in the system through recovery, rehabilitation and reablement.

The Committee noted the Briefing Note and also that a full report on the Adult Social Care Prevention Strategy would be brought to the 13 April meeting.

#### **8. Learning Disability Strategy**



The Committee considered the report of the Strategic Director for Adult, Health and Community Services setting out a programme of activity over three months to inform and consult a wide range of stakeholders on the Learning Disability Strategy.

The Chair invited Phil Hetherington, Mencap, to put his public question to the Portfolio Holder and Strategic Director. He read out his question as follows:

*“The Strategy has an ambitious timeline for personal budgets, in light of the lack of progress over the last two years.*

*I welcome the commitment to a transparent resource allocation process.*

*In light of this will people with a learning disability, families and carers, be given the current cost of their social care as a benchmark, accepting this is not a like-for-like comparison? It is important in this individualised approach, that this is given.*

*Personal budgets should not be an avenue to cut by ‘stealth’.*

Wendy Fabbro thanked Mr Hetherington for the recognition of the work that had been done in this area. She added that every effort had been made to ensure everything was in place by April, including staff training and systems. She added the following:

- i. All service users received full case reviews within each 12 month period.
- ii. This strategy was not about reducing packages, but about carrying out detailed personal assessments to develop packages that delivered against individual, personal needs.
- iii. There was a high proportion of people with learning disabilities in residential care at present, but consultations had shown people wanted their own homes and to manage their own lives, and the Directorate would assist them to achieve these ambitions.

During the ensuing discussion the following points were raised:

1. The Communication and Consultation Plans were comprehensive and a large body of work would be carried out over the next three months, the outcomes of which would be reported to Cabinet in June.
2. Transport was a big issue for people with learning disabilities and it was important to continue to develop travel training for these people to enable them to use public transport, taxis etc. Where this was not appropriate, support would continue to be offered.

3. In response to concern raised about the vulnerability of people with learning disabilities, it was noted that assumptions were often made about the limited ability for people with learning disabilities to grow in capability and confidence. The County Council had a right, duty and moral obligation to help people to fulfil their own ambitions in life and to live as independently as possible, including supporting people to take some risks themselves. This could not be achieved without a critical review of the current building-based provision.
4. If Extra Care Housing was introduced at an earlier stage, particularly with people with learning disabilities, their healthcare needs could be supported and managed as they arose. The key was around timing. There was currently no Extra Care Housing in Warwickshire, but elsewhere extremely good outcomes had been achieved.
5. There was some discussion around respite care and it was noted that respite care was an ideal option for everyone and there were other simple things that could be done rather than bed-based provision.
6. Work was ongoing with a number of partners to reduce hate crime, including police, schools and Stagecoach/bus drivers.
7. One of the advantages of having personal budgets was giving the power and control back to service users and families.

The Committee thanked Chris Lewington for the excellent report and agreed to receive an update following the consultation (including transport arrangements), before a final report was considered by the Cabinet.

## **9. Transformation of Day Centre Services within Learning Disability & Physical Disability**

The Committee considered the report of the Strategic Director for Adult, Health and Community Services outlining the work being undertaken to review and revise models of provision for Physical Disability & Sensory Impairment and Learning Disability Day Services.

During the ensuing discussion the following points were raised:

1. The County Council was required to carry out an Equality Impact Assessment for all developments and a condition of that assessment was to ensure services fall within the remit of critical and substantial needs. Where this was not happening, efforts had to be refocused.
2. The move from building based support to community support would result in more personal support for users with profound and complex needs.
3. Members requested that future reports were clearer about locations.

4. The consultation would inform the wider Learning Disability Strategy, including a model setting out the way forward, which would link into Physical Disability and health work, and in some cases include collocation of staff.

The Committee supported the direction of travel as set out in the consultation and agreed to receive a further report before a final decision was taken by the Cabinet.

## **10. Home Care Commissioning Strategy 2011-14**

The Committee considered the report of the Strategic Director for Adult, Health and Community Services outlining proposals for a new Home Care Commissioning Strategy for the period 2011 to 2014.

During the ensuing discussion the following points were raised:

1. There were several ways the quality of service and training of staff would be monitored, including all homecare services being regulated by CQC and an annual survey of customers receiving home care.
2. Users wanted consistency, punctuality and reliability from their carers and this could be more easily monitored with electronic monitoring systems.
3. Councillor Penny Bould asked a number of questions, which it was agreed would be dealt with in a one-to-one meeting with the Strategic Director.

The Committee endorsed and supported the Strategy for approval by the Cabinet.

## **Joint Health and Adult Services**

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

Members noted the work programme.

### **12. Any Other Business**

Members noted their discontent at the Council Chamber being used as a venue for Overview and Scrutiny meetings.

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Chair of Committee

The Committee rose at 1.20 p.m.



Other Bodies/Individuals  .....

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by this Committee  .....

To Council  .....

To Cabinet  .....

To an O & S Committee  .....

To an Area Committee  .....

Further Consultation  .....

## Adult Social Care And Health OSC - 13th April 2011.

### Scrutiny of CAMHS- Progress Report

#### Recommendation

The Committee is asked to scrutinise the progress made in implementing the CAMHS recommendations and make any further recommendations as appropriate.

The CAMHS Scrutiny Task and Finish Group, Chaired by Cllr Martyn Ashford, was established in June 2010, with the following objectives:

- To reduce waiting times for assessment and treatment
- To achieve clarity and a better understanding of the services being provided
- To address inconsistent access to services
- To improve public awareness of mental health issues, particularly within schools
- To understand the right language and terminology used around mental health issues, in order to reduce stigma
- To achieve better outcomes for young people, their families and schools (via clearer access, accurate referral, shorter waiting times)

Following in-depth consideration of a range of evidence that Task and Finish Group made a series of recommendations for improvement, which were endorsed by the Adult Social Care and Health OSC in September 2010 and then by Cabinet. The recommendations were sent to NHS Warwickshire and Coventry and Warwickshire Partnership Trust for endorsement and action. Appendix A provides an update of the progress made in implementing these recommendations.

**Report Author:** Michelle McHugh  
**Head(s) of Service:** Greta Needham  
**Strategic Director(s):** David Carter  
**Portfolio Holder(s):** Councillor Bob Stevens

29 March 2011

Scrutiny Review Implementation Plan – CAMHS Scrutiny Review

Coventry and Warwickshire Partnership Trust responses in normal type  
 Joint Commissioner responses in *italics*

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
A	That the CAMHS Scrutiny Panel endorses the implementation of CAPA as CWPT's model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provides to the Adult Social Care and Health OSC when		Implement CAPA in phased plan across the county  Establish process to create clear Job plans of all staff to understand team capacity  CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during November 2010 to request additional resources to meet the actual demand for our services.  Explore thresholds as well as Pathways to facilitate ease of access	To maintain CAPA without the adequate staffing will be a risk and the waiting lists will start to increase again. 1 medical consultant and 4.9 WTE staff under resourced.	The Partnership Trust has begun the process of service redesign using CAPA and this has highlighted the lack of sufficient capacity as compared to the demand. Whilst we are clear that the initial phase of the 'waiting list blitz' is having very positive results on the waiting times, the potential / ability to maintain this without adequate staffing will be a risk and fear that the waiting lists will start to increase again. CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during April, 2011 to request additional resources to meet the demand for our services.
B	That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following:				
	Providing an information pack to all schools by the start of the new school term in January 2011, that gives clear guidance on the latest procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses)		Create information pack Share this resource freely  Website to be developed for Children, Young People, Parents & Professionals.	Cost for website development and printing  £12,000.00	Information pack was created – now in process of amendment due to cuts in Services and Changes to Benefits system.

Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
<p>Implementing the necessary arrangements for parents/guardians to give permission for case information to be shared with schools (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.</p>				
<p>Acknowledging receipt of referrals made by schools within 5 working days and providing an outline of expected waiting times for an appointment</p>		<p>Refer to letter to Councillor Caborn re: implementation of CAPA. With clear Standard Pathways to be developed.</p>		<p>Good progress in South with CAPA which has resulted in clear communication being essential between CAMHS and schools.</p> <p>North Warwickshire to start 1<sup>st</sup> June, 2011.</p>
<p>Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken</p>		<p>Develop &amp; establish communication with Schools.</p> <p>Use established Forums to discuss issues with Schools.</p>		<p>Attendance at Behaviour Panels established.</p> <p>Use of Primary Mental Health Workers to link with Schools implemented</p>
<p>Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. CAMHS staff to agree a preferred time and location with parents and service users, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments and therefore increase the likelihood of attendance</p>		<p>Ensuring suitable venues with both ease of access and providing confidentiality are available. Appointments are already offered in a range of settings however Work to be done to establish the impact of outreach work against the unproductive level of travel time for our staff whilst we are operating under the current level of funding shortfall.</p>		<ul style="list-style-type: none"> <li>• Liaison with Schools for potential Venues.</li> <li>• Scope travel time and Outreach work has begun January 2011.</li> </ul>



Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
	Establishing a single named point of contact within both Specialist CAMHS and schools to ensure all parties know who to contact and how		Duty worker rota to be established PMHW role to take up conduit between universal services and CAMHS CWPT also commits to providing schools with the clarity regarding contact number and hours of operation in order to support this recommendation.	PMHW team to be funded	Duty Rota established and fully functional.  Work ongoing with Commissioners re: PMHW Service and an extension to this role.
<b>Communication between Specialist CAMHS and parents / guardians</b>					
C	That CWPT ensures Specialist CAMHS:				
	Provides parents / guardians with clear estimations of waiting times		Letters for CAPA to give clear guidance on time  Parents are encouraged to opt in to service and are given a choice of appointments to suit them  Standard operating procedures will ensure that Parents are kept informed of progress regularly		Standard Operating Procedures complete and deployed.  Standardised letters implemented.  South has started CAPA  North to Start CAPA June 2011.
	Provides parents / guardians with regular updates on progress of the referral		Correct Information to be gathered at time of referral Clear documentation is vital to this communication element being managed successfully. CWPT commits to reviewing how parents / guardians can be better informed and reminded of appointment Use of ESQ to gain feedback		ESQ has been implemented to gather feedback from Parents and enable CAMHS to feedback performance to Parents & Commissioners.

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
	Reviews how parents / guardians are informed and reminded of appointments and introduces the use of SMS and email alerts		Explore with Information how to use SMS for appointments  Email Alerts to be explored via IT system ensuring Information Governance is maintained		SMS usage - under review by CWPT IT Department and response expected shortly.
	Pays due attention to individual family circumstances, such as two-household families and non-parental childcare (grandparents, carers etc)				
<b>Referral through CAF</b>					
D	That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools		Use the joint working protocol Re: CAF  Support referrals being submitted with a CAF and these cases would also be assessed - subject to the standard service thresholds.  Regularly review the joint working All CAMHS staff to go on training  <i>Increase take up of CAF training by CAMHS staff.</i>		CAF Protocol implemented.  Service Co-ordinator monitors CAF Referrals.  South Staff CAF Trained.  North Staff to go on CAF Training June 2011.  Joint Working Protocol to be reviewed.  <i>Dates sent out to CWPT of forthcoming CAF training and £20 cost waved for ten staff. Protocol in place.</i>

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
<b>Early Intervention</b>					
E	That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:				
	Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools		<i>Enhance the current Primary Mental Health provision from 2 to 5.</i>	<i>The budget is £265,000.</i>	<i>Negotiations are currently taking place with Coventry and Warwickshire Partnership Trust with regards to extending the current team to a compliment of 5 PMHW's the outcome will depend on the price that the Trust may provide this for –.</i>
	Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the County		<i>The primary mental health worker element to be expanded – see above. Counselling and group work will depend on the individual commitment and contributions of schools.</i>	<i>TaMHS budget came to an end 31<sup>st</sup> March 2011.</i>	<i>As above negotiations with CWPT.</i>
	Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed		<i>Greater promotion of emotional well being and mental health services through media accessible to Warwickshire young people by 1<sup>st</sup> April 210.</i>	<i>Resource neutral – CAMHS commissioner and Respect Yourself Team.</i>	<i>Role of Commissioner supported by CWPT.  The 'Respect Yourself' website which has previously been about sexual health and teenage pregnancy has been expanded to accommodate emotional wellbeing and mental health. This will go live on</i>

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
	Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children's Centres		As above	<i>Kooth are more than happy to do this free of charge.</i>	Role of Commissioner but supported by CWPT.  <i>As above – Kooth is due to be retendered this year, but if they are successful they are happy to re market their services across CC and Schools. Children's Centre packs sent.</i>
<b>Collaboration with partners</b>					
F	That communication and collaboration with partners be improved through:				
	Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes				Work in progress to ensure closer working relationships.
	Possible co-location of CAMHS and EPS workers				Work on hold due to change in funding for EPS.
	The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards				Where appropriate this work is being explored.
	The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign				All Tier 1 & 2 Specialist CAMHS (CWPT) involved in CAPA
	The greater use of CAF as a mechanism to share information between relevant partners				Work in progress. Review of Joint Working to include this element.
G	That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as Kooth.com online counselling service		Continue to support the creative approach that online counselling services brings to the access for young people.		This recommendation is one that the CWPT had already organised a meeting with the Joint Commissioners during November in

Recommendation		Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
			<p>Look to include this element within our service redesign strategy.</p> <p>Build up a business case to map out the cost for investment Options Appraisal / Reprioritising of the plans for our services in order to deliver this objective.</p> <p>This recommendation is one that the CWPT has already organised a meeting with the Joint Commissioners during November in order to address our potential provision of this type of service.</p>		order to address our potential provision of this type of service – To be rearranged
<b>Understanding User Views</b>					
H	That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign		<p>Introduction of the Care Programme Approach (CPA) into CAMHS Copies of care plans to be shared with families and young people.</p> <p>Continue work on a web based system for children, young people and professionals to access clear information on the service.</p> <p>Provide up to date information, leaflets for families and other users of the service.</p>		Web design complete. Anticipate available June 2011.

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date
<b>Communication between Commissioners and CWPT</b>					
I	That CWPT provides CAMHS Commissioner with more timely and accurate performance and financial information		<p>CWPT to continue to work hard with the Commissioners.</p> <p>Continuously improve our ability to provide clear and timely performance and financial information.</p> <p>Continue to make significant advances in Information.</p> <p>Commit through our monthly Contracting and Performance Meetings with the Joint Commissioners to address this recommendation.</p> <p>To continuously improve in this area.</p>		<p>CWPT meet Commissioners Quarterly to share information and performance data.</p> <p>CAMHS have achieved all three CQUIN targets set by the Commissioners to date in 2010/11.</p>



- Police  .....
- Other Bodies/Individuals  Michelle McHugh, O&S 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  .....



## Adult Social Care and Health Overview and Scrutiny Committee – 13<sup>th</sup> April 2011

### Concordat between NHS Warwickshire and Warwickshire County Council

#### Recommendation

The committee are asked to consider and comment on the content of the report.

- 1.1 There is a strong desire to build a more efficient, effective and integrated approach to health and social care for the County which balances the need to maintain and improve service delivery and address budgetary pressures. This is set in the context of an overall requirement to have a more effective working interface between health and social care that delivers value for money and better outcomes for citizens and patients. Specifically, it is imperative that we clarify our working relationship as part of the transfer to the Council. All parties agree this as it offers opportunities to improve service outcomes and streamlines the care pathway service users follow.
- 1.2 A meeting took place on 21<sup>st</sup> March 2011 attended by officers from Warwickshire County Council and NHS Warwickshire. The purpose of the meeting was to establish a process for agreeing a Concordat which will capture the joint strategic vision and principles of working in partnership, to improve efficiency and enhance services.
- 1.3 The meeting discussed what the concordat should contain and the relationship to areas of work where a joint approach is already a feature. It concluded that alongside a range of joint working initiatives, the concordat needed to reflect shared objectives and common values in relation to the way the two organisations worked together. It needed to,
  - Provide clarity around the processes of joint working
  - Define some governance structures
  - Identify key joint performance areas and some KPIs
- 1.4 It was acknowledged that excessive detail in this document could constrain the spirit of joint working. There was a desire to proceed with the spirit of the document and jointly refine its contents and structure through a number of task groups (as overleaf):-

## Task groups going forwards

Task	Deadline
<b>High level vision and values</b>	
1. Analyse existing plans and strategies and identify common priorities between the two organisations  a. Map the possible areas of work which sit beneath the concordat	15 <sup>th</sup> April
2. Establish a process for resolving disputes or challenges regarding an approach to patient care or responsibilities on the care and patient pathway	15 <sup>th</sup> April
3. Identify specific joint commissioning arrangements we need to develop	15 <sup>th</sup> April
<b>Practical applications</b>	
4. Opportunities for joint procurement regarding Continuing Health Care	15 <sup>th</sup> April
5. Map the process necessary for creating a joint strategy, using the Stroke Strategy as an example	15 <sup>th</sup> April
<b>Immediate</b>	
6. Finalise the delivery plans for reablement to include performance measures a. Check the legality of a Section 75 arrangement for reablement funding	7 <sup>th</sup> April
7. Provide comments on the wording and content of the draft concordat document to Gary Hammersley ( <a href="mailto:gary.hammersley@warwickshire.nhs.uk">gary.hammersley@warwickshire.nhs.uk</a> )	30 <sup>th</sup> March

1.5 It has been agreed to hold a meeting to draw these elements together in Mid April 2011.

**Report Author:** Wendy Fabbro

**Head(s) of Service:** n/a

**Strategic Director(s):** Wendy Fabbro

**Portfolio Holder(s):** Councillor Izzi Seccombe, Councillor Bob Stevens

March 2011

**AGENDA MANAGEMENT SHEET**

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

**Date of Committee**                      **13<sup>th</sup> April 2011**

**Report Title**                                      **Adult, Health & Community Services Directorate Plan 2011-13 and Performance Report**

**Summary**    The County Council has a formal structure for the development of business plans at a Directorate level. This report introduces the AHCS Directorate Plan for 2011-13 and in addition expresses performance to date against the measures and indicators used to track progress in 2010/11.

**For further information please contact:**                      Andrew Sharp  
Service Manager, OPPD, Intelligence & Market Facilitation  
Tel: 01926 745610

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

**Background papers**                                      Corporate Business Plan 2011-13  
Corporate Performance Framework report May 2011

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

Other Committees                       Health Overview and Scrutiny Committee

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 A Farnell, 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

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

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

## Adult Social Care and Health Overview and Scrutiny Committee – 13<sup>th</sup> April 2011

### Adult, Health & Community Services Directorate Plan 2011- 13 and Performance Report

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

#### **Recommendations**

It is recommended that the committee:

1. Consider and comment on the content of the report and approve the Directorate Business Plan 2011-12, attached at appendix A.
2. Consider and comment on the content of the performance report used to support the development of the plan, attached at appendix B.

#### **1. Background**

- 1.1 The County Council has in place a formal structure for the development of business plans at a corporate and Directorate level. Although it is anticipated that following decisions by Cabinet to move to a structure of three groups with a series of supporting business units, the Directorate have produced the plan attached as appendix A to this report to support the transition process.
- 1.2 Directorate Business Plans are produced in line with a corporate template however steps have been taken to ensure that the content of the plan for 2011-13 is in line with the information contained within our transformation programme plans. Although this document is a separate entity to our strategic transformation document there is significant synergy between them.

#### **2. Information and Advice**

- 2.1 The Corporate Business Plan 2011-13 was approved by Council in February 2011 and contains within it an element specifically related to the delivery of adult social care (Ambition 3 – Care & Independence). In addition to this there is a generic organisational element within the plan to which all Directorates and services are required to contribute (Ambition 7 – Organisation). In developing the Directorate plan the focus of our activity has been directed towards the delivery of these two over arching strategic objectives.
- 2.2 Underpinning the deliver of these headline strategic objectives the Directorate has ensured that the activity and direction of travel expressed within the plan responds to the specific expectations of the leaders ambitions related to them.

For ambition 3 – Care & Independence the Directorate is committed to working

towards the following aims and associated outcomes for residents of Warwickshire.

#### Delivery Aims:

- Fulfil our duty of care to older and vulnerable people
- Ensure that all those eligible are offered an adult care personal budget
- Increase the scope of re-ablement services
- Improve numbers of older people living independently in their own homes
- Continue improving our relationship with Health services whilst managing changes to the Health community
- Embrace the Public Health Service within our responsibilities

#### Outcomes for Warwickshire:

- Warwickshire's residents have more choice & control
- The number of home care packages is decreased
- Warwickshire's vulnerable residents are supported at home
- Residents of Warwickshire have greater access to specialist residential care
- The successful transfer of the Public Health Service to the Local Authority.

2.3 Within the Directorate Business Plan 2011-13 we have clearly stated our commitment to the delivery of our mission statement as expressed within our transformation programme 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."*

2.4 Building upon this mission statement the direction of travel for the Directorate is highlighted as being in response to both national and local drivers for change. The programme of transformation for the Directorate is significant and the plan identifies the strategic nature of this change whilst recognising and reflecting the need to maintain effective operational delivery during a period of transition. For this reason the work strands and objectives within the delivery plan element of the document are reflective of the objectives within the transformation programme. The Directorate has achieved a lot in the past few years in terms of improvements in its performance against national measures but it is recognised that further step change is required.

2.5 As part of the development of the Business Plan, robust links have been made to our financial planning and workforce planning frameworks. Not only does the plan reflect the financial position of the Directorate but also demonstrates the financial implications of the delivery of the transformation agenda.

In addition, from an employee perspective, in recognition of the need to ensure an efficient, effective and skilled workforce to deliver the change agenda we have highlighted a range of interventions that will be required over the life of the business plan, these being:

- Transformational leadership & management skills
- Capacity, skills and structures to deliver our new business model
- Market development & joint commissioning skills
- Partnership working with other teams, directorates and organisations
- Management of individual performance

2.6 In developing the Directorate Business Plan 2011-13 we have undertaken an assessment of our performance in 2010/11 against the national and regulatory measures that we have been working towards for the past few years. Following the completion of the current performance year (2010/11) many of these national and regulatory measures will be deleted by the Government Departments that currently require their collection. For this reason the performance measures contained at appendix B to this report reflect the position for the current year and are different to the proposed measures for the future contained within the business plan.

2.7 The measures contained at appendix B to this report show progress against our corporate and directorate plan objectives for the planning period 2010/11. It is important to note that at the time of producing this report, final performance data as at the end of the year is not available and the data presented is therefore forecast information. The following provides an overview of our headline performance in delivering against these outcomes:

**Maximising independence for older people and people with disabilities:**

We have been measuring performance against 26 indicators for this outcome and as at the current forecast we project that target will be exceeded in relation to 14 (54%) of the measures. In addition to this it is anticipated that our targets will be met for a further 8 measures (31%) with an expectation that we will perform below target for the remaining 4 (15%).

Of particular note from a performance perspective is the progress we have made in the year with regards to reablement and intermediate care (NI125), ensuring that vulnerable people to achieve independent living (NI141) and increasing the number of those accessing secondary mental health services in settled accommodation (NI149).

**Our Customers:**

For this outcome there are only 2 measures against which we have been judged in the past year and although the data to report our effectiveness in meeting our targets in this area is still under development, we are forecasting that we will exceed our targets for both of them.

**Our Resources:**

Of the 6 measures used to assess performance in this area we anticipate that we will exceed our targets in relation to 2 of them (33%) whilst anticipating that we will hit target for a further 2 measures meaning that we are forecasting to perform below target in 2 areas.

In relation to positive performance areas, of particular note is the increase in the proportion of our customers placed in a residential setting who are accessing care rated as good or excellent by the Care Quality Commission.

### **Our People:**

In order to assess the way in which the Council supports the development of its workforce to deliver the objectives of the organisation a set of 9 measures have been set under the people heading. Due to time lag in data collection arrangements within the authority we are unable to report performance against 5 of these measures at this point in the year. Of the 4 measures against which reporting is possible we currently forecast that we will exceed our target for 1 indicator (25%) with the expectation that target will not be met for the remaining 3 (75%).

WENDY FABBRO  
Strategic Director of Adult,  
Health and Community Services

Shire Hall  
Warwick

March 2011



**Communications to design a common brand.**

**Adult, Health & Community Services**

**DIRECTORATE BUSINESS PLAN**

**2011-13**

## Collective Generic Statement from whole SDLT

- **This section to be provided by the PPU**

### **Foreword from the Portfolio Holder and Strategic Director**

The agenda for adult social care is changing; there is a clear and real shift in direction through the Putting People First agenda with increased focus on personalisation, self direction and increased levels of choice and control for customers. These changes which place a significant expectation upon adult social care and the way in which we operate in conjunction with our partners needs to be considered alongside the recent white paper “Liberating the NHS” which highlights the need for changes in the way in which health services are delivered and the interaction between these services and those provided by local authorities and in particular adult social care.

The reduction in funding available to the public sector as part of the response to the economic downturn have resulted in a real and imminent need for the public sector to shrink in line with the current political and economic landscape and as a result recent levels of investment in service provision, which has built in recent years, will need to be reduced along with investment in the Public Sector in general. In order to maintain quality in the social care sector and to continue to meet the aspirations and expectations of our customers and their carers as well as meeting the challenging national agenda we require a new model of service delivery.

Aside from these recent economic and political shifts there continues to be real demographic pressure upon the services that we provide with significant growth across all client groups’ particularly older people who form the largest proportion of our customer base. The issue in relation to demographics is not just however, one of numbers, although increases in the customer base do generate pressure upon social care services it is the increase in expectation around the levels and types of care and support that can be expected which is the greatest challenge to us and the rest of the public sector. If we are to meet these challenges a greater focus on the development of personalised services which are outside of those traditionally provided and commissioned through adult social is required. To deliver against this we have already commenced a significant programme of change as part of a broad based Transformation Programme which covers all of the services that we provide and commission across all client groups.

## Appendix A

Our progress in achieving our aspirations as a Directorate to improve the lives of the people in Warwickshire has been impressive and from a Social Care perspective in our most recent assessment by the Care Quality Commission (CQC), which covered the performance year 2009/10, we were rated as “performing well” which is one of the best ratings that can be achieved, this result builds on previous judgements and recognises that our performance in the criteria that form this assessment has improved and this translates into better experiences and outcomes for the people who use adult social care services and their carers from all client groups across Warwickshire. However despite all of the good work that has been done and the real progress that has been made, there continues to be major challenges facing our Directorate. These challenges, in many cases are not new and we have already started work to address them, however in the current economic situation at a national level there are some new issues that we must face and some of the traditional challenges take on a new dimension in the light of this global shift.

Our Transformation Programme which will be the main delivery vehicle for our directorate plan has been running for the past year and we have made significant progress in delivering against the targets we have set for ourselves. The programme is being delivered through a range of projects covering:

- Review of residential care and increase community charges
- Learning Disability Services
- Older People & Physical Disability Community Services
- Mental Health
- Adult Customer Journey

The key message that we would want to express is that together we have achieved a tremendous amount over recent years but recognise that there is still more to do. It will take a continued concerted effort and strategic and operational changes to the way in which we work to meet the key delivery priorities that we have set as part of this plan.

## Appendix A

We have proven that we have a real ability to meet our aspirations through our achievements to date and for this reason we believe that the challenges we face are achievable and by delivering against the objectives of this plan, everyone across the Directorate can play a role in making our aspiration a reality.

Wendy Fabbro

Strategic Director, Adult, Health & Community Services

Cllr Mrs Izzi Seccombe,

Portfolio Holder, Adult Social Care

DRAFT

## **Contents**

### **Our Vision and Priorities**

- 1. Introducing the Directorate Plan 2011-13**
  - 1.1 Directorates Vision and Priorities**
  - 1.2 Key Actions and Outcomes**
- 2. Finance & Efficiency Statement**
- 3. Workforce Planning**
- 4. Directorate Report Card Measures**
- 5. Further Information**
- 6. Appendix Risk Register**

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**WCC Vision & Priorities for the County of Warwickshire – *note: this section may still be subject to change.***

**Priorities are to:**

- Offer well being and independence for Warwickshire's vulnerable people
- Improve levels of safety in our communities and on our roads

**In a period of reduced finances, we know that we will have to do things differently, but we will continue to:**

- Support economic enterprise
- Improve recycling rates and minimise waste to landfill
- Raise standards in education
- Protect Warwickshire's environment and heritage.

## **Introducing the Directorate Plan**

This plan presents a strategic overview of the Adult, Health & Community Services Directorate. The purpose is to express how we as a Directorate will support the Council in achieving the shared vision and objectives of the organisation alongside a recognition of our need to work in partnership across the public sector. By reading this plan you should be able to gain a clear picture of the services that we provide as a Directorate, our priorities over the course of the next three years and how these link to the aims and aspirations of the Council and its partners as well as an understanding of the key challenges that we face in delivering against our commitments. You will also be able to see the progress that we have made so far and particularly in the past year towards achieving our strategic and transformational objectives. The achievement that we have made is set in the context of the steps that we will be taking at a strategic and operational level to address any barriers or blockages in meeting our current and future commitments.

As a Directorate we are currently structured as three Divisions each led by a Head of Service with specific responsibilities. There are clear inter relationships between the Divisions but each area has a specific focus within the delivery framework of our services.

The following provides a brief overview of the work of these Divisions:

### Localities – Head of Service, Jenny Wood

The localities Division is responsible for the commissioning of services for all client groups supported by the Directorate at a local level. In addition to this core responsibility the strategic direction for this Division continues to build on the transformation of Adult Social Care in Warwickshire, which began in October 2008. The transformation of adult social care is our response to the White paper 'Our Health, Our Care, Our say' and improving our performance and ensuring we are Putting People First by creating more personalised care services for Warwickshire citizens.

Over the course of the past year the Division has played a key role in increasing the number of people in Warwickshire who are helped to continue to live independently rather than having to be supported through residential provision, implemented developments in line our approach to the provision of personal budgets and supported the use of reablement services.

## Appendix A

### Strategic Commissioning – Head of Service, Vacant

The Strategic Commissioning Division delivers a diverse set of services that are a mix of front line services such as Supporting People, assessment and development services such as contract monitoring and Coventry & Warwickshire Partnership for Care as well as back office support functions such as Business Intelligence which support strategic decision making. Although the work of the services in this Division are very different they are complimentary in nature and in many cases there are close and joint working arrangements between teams to deliver against our core objectives. Over the course of the past year the Division has taken the lead on the implementation of joint commissioning strategies for all client groups supported by the Directorate, has managed the continued delivery of the Care & Choice Accommodation Programme and undertaken work to positively and effectively engage with customers and carers to ensure that their needs and expectations are at the heart of the way in which we design and deliver services.

### Communities & Wellbeing – Head of Service, Ron Williamson

The functions within the Division that had previously been termed as local provider services form the bulk of this Division and cover the management of our directly provided adult social care residential homes, homecare and day services. In addition our reablement service which was full established in 2010/11 and some client group specific services such as Supported Employment for people with learning disabilities are also managed as part of this structure. Over the course of the past year this Division has successfully supported the transformation programme for adult social care by working with colleagues in strategic commissioning and localities to reshape services in order to focus on more personalised approaches.

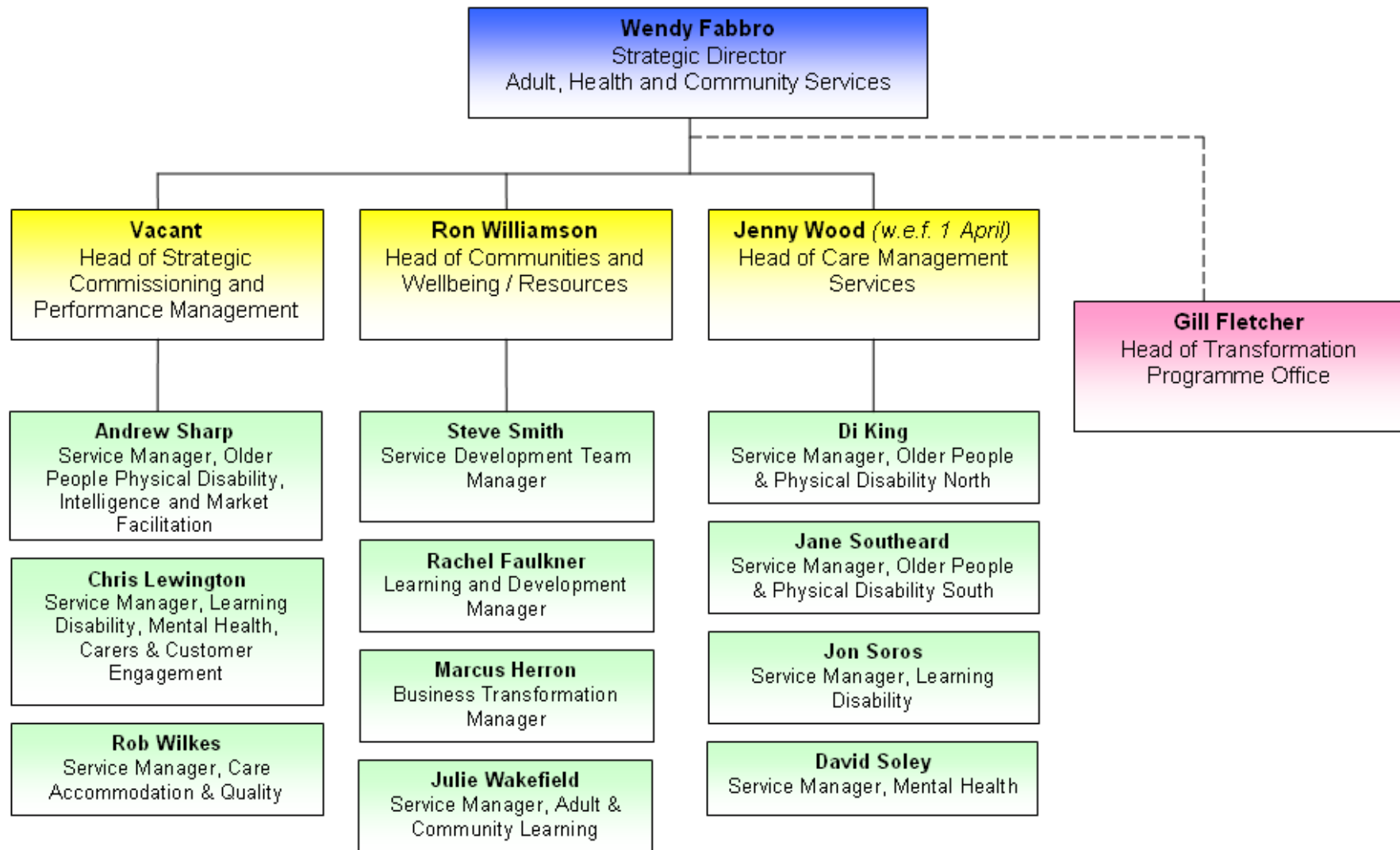
In addition to our provider arm this Division also manages the Adult and Community Learning Service and the residual resources functions that remain with the Directorate such as learning and development and business transformation.



Infrastructure & Support Arrangements

The way the Directorate and the wider Authority manages its support services and resources has changed in recent years with the majority of the functions being centralised within the Resources Group. The aim of this approach is to ensure the Directorate operates in a joined up, cohesive and efficient way while facilitating the necessary cultural transformation for the future. This configuration of centralised functions with outposted officers working within Directorates is designed to ensure that front line functions work closely and in partnership with Corporate Services and other stakeholders delivering services to a range of customers both directly and through Business Partnerships.

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## **Directorate Priorities & how they support the Strategic Priorities for the County of Warwickshire**

Underpinning our commitment to the vision for Warwickshire, we have developed a mission statement for the Directorate, which informs our programme of service transformation and underpins all of the work that we do.

Our Directorate Mission 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”.*

In order to ensure that we deliver the expectations of the vision and mission, whilst delivering high quality services that maximise dignity and respect for the individuals who use them, and that services promote self determination and encourage independence, it is vital that the workforce providing our many diverse services share a common value base.

## Appendix A

The Adult, Health and Community Services core values are:

- **We put our customers first** – we must put systems in place for ongoing engagement with customers and then act on what we have heard
- **We take responsibility for the Council's services** – we are part of one Council and take responsibility for ensuring the customer receives a positive experience when engaging with us
- **We are proactive and learn from our mistakes** – we need to be prepared to take calculated risks and learn from mistakes
- **We have a praise culture not a blame culture** – we want a positive working environment where everyone's contribution is valued and appreciated
- **We challenge discrimination or bullying in any shape or form** – discrimination and bullying could divide us and create a negative environment if it went unchallenged
- **We work as members of teams and value the contribution of individuals in them** – none of us can deliver effective services on our own and we must work to develop strong teams and strong relationships with other teams
- **We treat our customers and other staff as we would want to be treated ourselves** – this is fundamental to working together effectively

## **Strategic Direction**

From an adult social care perspective we have clearly defined the areas in which we need to develop and enhance our working arrangements, structures and practice to meet the changing needs of the local population as part of a strategic transformation programme for the future. If we are to generate the financial savings required as a result of the current economic climate and to maintain or even grow the quality and level of service that we are able to provide, there is a clear need to invert the triangle of provision to move away from treatment and begin to focus more on supporting independence linked to prevention of deterioration.

This change in approach requires a cultural shift within the public sector and is challenging because there is a continued need to provide treatment and support to existing customers in a traditional format, whilst also seeking to invest in reducing the numbers of people who will require further more complex services in the future. Based upon this as part of the transformation of adult social care we need to be extremely clear about how we can move more towards approaches which support independence. The financial benefits of working in this way to the organisation are easy to define but the real human benefit of this approach is at the heart of our drive to deliver services in this way. Through services and approaches which support independence we can make a difference to people's lives and reduce their dependency whilst increasing their ability to live a full and active life.

Whilst we recognise the need to focus on the shift to supporting independence, we must continue to manage our existing services to ensure that they are efficient, effective and meet the needs of our customers. One of the ways in which we do this is to keep our Fair Access to Care Services (FACS) eligibility criteria under review; FACS in Warwickshire is currently set at substantial & critical which is in line with national benchmarks. As part of the ongoing debate around the future of social care services, consideration has been given to the notion of raising the eligibility criteria but it is considered that this would be self defeating as it would be counter to our work around moving more towards preventing those who are in receipt of our services deteriorating further and requiring high end complex services normally associated with those in critical need.

One of the issues that has come out of our review of FACS is a need to ensure that we continuously assess its application to ensure that services are only provided to those who meet this criteria and that alternative community based methods of support are provided to those with moderate or low level needs.

## Directorate Outcomes and Supporting Actions

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• Warwickshire's residents have more choice &amp; control</li> <li>• On going home care packages are decreased</li> <li>• Warwickshire's vulnerable residents are supported at home</li> <li>• Residents of Warwickshire have greater access to specialist residential care</li> </ul>		
<b>Transformation Portfolio</b>		<b>Learning Disability Services</b>		<b>Jenney Wood</b>
<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
Use of the Care Fund Calculator to reduce the cost of packages provided for customers with complex needs	Chris Lewington & Jon Soros	Sept 2010 – March 2011		To be confirmed by DLT Transformation Board (7 <sup>th</sup> April 2011)
Implement a business model to re-accommodate 75 people in residential care who wish to move to independent living	Chris Lewington & Jon Soros	Sept 2010 – March 2013		As above
Introduce personal budgets and create alternative affordable community support options	Chris Lewington & Jon Soros	Sept 2010 – March 2012		As above
Modernise day opportunities to create affordable day opportunity programmes including costs of transport	Chris Lewington & Jon Soros	Sept 2010 – March 2014		As above

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• Warwickshire's residents have more choice &amp; control</li> <li>• On going home care packages are decreased</li> <li>• Warwickshire's vulnerable residents are supported at home</li> <li>• Residents of Warwickshire have greater access to specialist residential care</li> </ul>			
<b>Transformation Portfolio</b>		<b>Older People &amp; Physical Disability Community Services</b>		<b>Head of Strategic Commissioning</b>	
<b>Actions(2)</b>		<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
Develop a partnership model with NHS Warwickshire, re-ablement service and intermediate care		Zoe Bogg	Sept 2010 – Sept 2011		To be confirmed by DLT Transformation Board (7 <sup>th</sup> April 2011)
Reduce demand for domiciliary care through re-ablement		Zoe Bogg	Sept 2010 – on-going		As above
Procure domiciliary care contract to meet our strategic objectives		Rob Wilkes/Andy Sharp	Jan 2010 – October 2011		As above
Develop & implement a prevention strategy to focus and target services		Andy Sharp	Dec 2010 – May 2011		As above
Develop & implement an information and advice strategy to focus and target services		Marcus Herron	Sept 2010 -		As above

<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
<b>Undertake a review of low level support contracts in line with the prevention approach</b>	<b>Andy Sharp</b>	<b>Complete</b>		<b>To be confirmed by DLT Transformation Board (7<sup>th</sup> April 2011)</b>
<b>Reduce high cost care packages utilising alternative forms of support linked to personalisation</b>	<b>Di King</b>	<b>Sept 2010 – March 2012</b>		<b>As above</b>

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• <b>Warwickshire’s residents have more choice &amp; control</b></li> <li>• <b>On going home care packages are decreased</b></li> <li>• <b>Warwickshire’s vulnerable residents are supported at home</b></li> <li>• <b>Residents of Warwickshire have greater access to specialist residential care</b></li> </ul>		
<b>Transformation Portfolio</b>	<b>Review of residential care and increase community charges</b>	<b>Ron Williamson</b>		
<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
<b>Reduce high costs of residential care (WCC and WCS)</b>	<b>Rob Wilkes</b>	<b>Sept 2010 – March 20</b>		<b>To be confirmed by DLT Transformation Board (7<sup>th</sup> April 2011)</b>
<b>Commission 20 new extra care housing facilities across the county by 2015</b>	<b>Tim Willis</b>	<b>April 2010 – March 2015</b>		<b>As above</b>
<b>Review Charging and implement fairer charging to reduce demand</b>	<b>Ron Williamson</b>	<b>Sept 2010 – July 2011</b>		<b>As above</b>



<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
<b>Review day opportunities programmes and identify alternatives</b>	<b>Steve J Smith</b>	<b>Sept 2010 – March 2012</b>		<b>To be confirmed by DLT Transformation Board (7<sup>th</sup> April 2011)</b>

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• <b>Warwickshire’s residents have more choice &amp; control</b></li> <li>• <b>On going home care packages are decreased</b></li> <li>• <b>Warwickshire’s vulnerable residents are supported at home</b></li> <li>• <b>Residents of Warwickshire have greater access to specialist residential care</b></li> </ul>		
<b>Transformation Portfolio</b>		<b>Review services for Adults with a Physical Disability</b>	<b>Andy Sharp</b>	
<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
<b>Reshape day centre services to offer community based alternatives and expand the use of personal budgets and direct payments</b>	<b>Andy Sharp</b>	<b>Sept 2010 – July 2011</b>		<b>To be confirmed by DLT Transformation Board (7<sup>th</sup> April 2011)</b>
<b>Reduce high cost residential care packages for customers with complex needs</b>	<b>Edward Roberts</b>	<b>Sept 2010 - TBC</b>		<b>As above</b>
<b>Reduce high cost domiciliary care packages through provision of alternative methods of support</b>	<b>Di King</b>	<b>Sept 2010 – March 2012</b>		<b>As above</b>

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• Warwickshire's residents have more choice &amp; control</li> <li>• On going home care packages are decreased</li> <li>• Warwickshire's vulnerable residents are supported at home</li> <li>• Residents of Warwickshire have greater access to specialist residential care</li> </ul>		
<b>Transformation Portfolio</b>		<b>Adult Customer Journey</b>		<b>Jenney Wood</b>
<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
Develop an access approach in partnership with the Council's One Front Door project to deliver a two-tier operational model for social care support	Gill Fletcher	TBC		To be confirmed by DLT Transformation Board (7 <sup>th</sup> April 2011)
Implementation support to address issues raised in the recent personalisation audit and internal review of self-directed support	Gill Fletcher	TBC		As above
Undertake workload analysis data capture to baseline the existing 'Adult Customer Journey' and identify areas for improvement	Gill Fletcher	TBC		As above
Develop a requirements analysis to bring together business requirements for financial systems	Gill Fletcher	TBC		As above

<b>Strategic Outcomes for Warwickshire:</b>		<ul style="list-style-type: none"> <li>• Warwickshire's residents have more choice &amp; control</li> <li>• On going home care packages are decreased</li> <li>• Warwickshire's vulnerable residents are supported at home</li> <li>• Residents of Warwickshire have greater access to specialist residential care</li> </ul>		
<b>Transformation Portfolio</b>		<b>Review Mental Health Services</b>		<b>Jenney Wood</b>
<b>Actions(2)</b>	<b>Accountable Officer (3)</b>	<b>Start / End Date(4)</b>	<b>Milestone Dates (5)</b>	<b>Measure of performance (6)</b>
Introduce personal budgets	Chris Lewington & David Soley	TBC		To be confirmed by DLT Transformation Board (7 <sup>th</sup> April 2011)
Undertake a review of day opportunity programmes and provide alternative support in line with personalisation	Chris Lewington & David Soley	TBC		As above
Reduce high cost residential care packages for customers with complex needs	Chris Lewington & David Soley	TBC		As above
Reduce high cost domiciliary care packages through provision of alternative methods of support	Chris Lewington & David Soley	TBC		As above

## Financial and Efficiency Statement – To be provided by finance

### Financial Statement – Revenue Budget and Capital Payments

Financial resources allocated to the Directorate for 2011/12 are as follows:

<b>Revenue Budget 2011/12</b>				
<b>Service</b>	<b>Base Budget £000</b>	<b>Increased Allocations £000</b>	<b>Decreased Allocation £000</b>	<b>2011/12 Budget £000</b>
<b>BUSINESS MANAGER</b>	41,751	(2,398)	(1,164)	38,189
Adult & Community Learning	0	0	0	0
Communities And Wellbeing AHCS	23,249	(4,944)	(864)	17,441
Director of Social Care and Health Resources	388	10	0	398
Strategic Commissioning Development	16,336	2,752	(116)	18,972
	0	3	0	3
	1,778	(219)	(184)	1,375
<b>PERSONAL CARE CO-ORDINATION</b>	74,174	23,548	(6,214)	91,508
Communities And Wellbeing AHCS	66	3,430	0	3,496
Locality Services	74,108	20,118	(6,214)	88,012
- Head of Locality Services	(7,995)	3,070	(2,554)	(7,479)
- Learning Disabilities	25,510	14,091	(650)	38,951
- Local Teams – Older People and Physical Disabilities	40,089	2,466	(2,606)	39,949
- Mental Health	6,287	255	(404)	6,138
- Reviewing Service	6,223	216	0	6,439
- Specialist Services	3,994	20	0	4014

Appendix A

STRATEGIC COMMISSIONING	14,627	(722)	(683)	13,222
Strategic Commissioning	14,627	(722)	(683)	13,222
SAFEGUARDING	556	137	0	693
Locality Services	556	137	0	693
SUSTAINABLE COMMUNITIES	19	0	0	20
Locality Services	19	0	0	20
LOCALITIES & COMMUNITY SAFETY	192	5	0	197
Locality Services	192	5	0	197
PUBLIC HEALTH	98	(51)	0	47
Strategic Commissioning	98	(51)	0	47
OTHER SERVICES	231	0	0	231
Strategic Director – People Group	231	0	0	231
<b>Total</b>	<b>131,648</b>	<b>20,519</b>	<b>(8,061)</b>	<b>144,107</b>

Appendix A

<b>Capital Payments 2011/12</b>				
<b>Scheme</b>	<b>Schemes Started in Previous Years</b>	<b>2011/12 New Starts</b>	<b>2011/12 Capital Payments</b>	<b>Payments in 2012/13 and 2013/14</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>BA01</b> Day Services Modernisation Programme 2005/2006	581.3			
<b>BH01</b> Ahcs Premises Sml Scale Reac. Wks-Base Prog 2007/08	87.3		31.2	
<b>BI01</b> Ahcs Premises Sml Scale Reac. Wks-Base Prog 08/09	55.5		44.4	
<b>BJ01</b> Ahcs Premises Sml Scale Reac. Wks-Base Prog 2009/10	67.4		76.5	
<b>BO01</b> Ahcs Premises Sml Scale Reac Wks - Base 2010/11	35		80	
<b>BL01</b> Ahcs Veh & Equip Replacement-Base Prog. 2007/08	459.1			
<b>BN01</b> Ahcs Veh & Equip Replacement-Base Prog 2009/10	439.5			
<b>BP01</b> Ahcs Veh & Equip Replacement Base Prog 2010/11	24.1		90	
<b>BP00</b> Homes For Elderly People Upgrade - 2003/04	192.3			
<b>CACAPA</b> CACAP - St Margaret's	0			

Appendix A

<b>CACAPB</b>	CACAP - St Nicholas				
<b>S114</b>	Accommodation Strategy...Nuneaton...Warwick House	0		423.8	
<b>S140</b>	Adult Social Care It Infrastructure Grant 2008/9	138.9			
<b>S141</b>	Adult Social Care It Infrastructure Grant 2009/10	149.3			
<b>S142</b>	Adult Social Care It Infrastructure Grant 2010/11	100		59.8	
<b>S143</b>	Transfer Of Adult Ld	4325			
<b>SA02</b>	C.A.F.- Development Team - Social Care It..2008/10	1216			
<b>SA03</b>	Care Homes Fire Regulations	177.6		422.4	
<b>SB01</b>	CAF Development Team - Social Care IT 2010/11	437		875	438
<b>SS01</b>	Mental Health 2006/07	174.5			
<b>SS02</b>	Mental Health 2007/08	162		14.4	
<b>SS03</b>	Mental Health 2008/09	31.3			
<b>SS04</b>	Mental Health 2009/10	178			
<b>S139</b>	Mental Health Grant 2010/11	70		108	
<b>S145</b>	Netherfield....2008-9	60		89	
<b>S200</b>	St Nicholas Annex - Refurbishment	14			
<b>TBC1</b>	Social Care Reform Grant 10/11	26		26	

Appendix A

<b>TBC2</b>	Social Care Reform Grant 10/11 - Works at Bedworth Chapel Street	125		125	
<b>S131</b>	Whitnash - Lawns Hfe Refurbishment	650			
	Adult Social Care Modernisation and Capacity - Strategy being developed	0	2333		
	<b>Total</b>	<b>9976.1</b>	<b>2333</b>	<b>2465.5</b>	<b>438</b>

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## Efficiency and Savings Statement

Efficiency and Savings Project	Description of the Project and Explanation of the Changes Required	Responsible Officer	Saving in 2011/12	Extra Savings in 2012/13	Extra Savings in 2013/14
LD - Care Funding Calculator - Residential Care	Using Care Funding Calculator to drive down cost of residential care	Jenny Wood	707	667	778
LD - Care Funding Calculator - Supported Living	Using Care Funding Calculator to drive down cost of supported living	Jenny Wood	110	113	112
LD - Supported Living	Developing Supported Living as an alternative to Residential Care	Jenny Wood	0	118	311
LD - Learning Disability Development Fund		Jenny Wood	65	0	0
LD Day opportunities	Decommissioning LD day services, and reprovision of services to FACS eligible customers through personal budgets	Jenny Wood	100	700	400
<b>Sub Total - Learning Disability Services</b>			<b>982</b>	<b>1,598</b>	<b>1,601</b>
OP - Reablement		Ron Williamson	1,827	828	(141)
OP - Homecare Modernisation	Reducing the size of the internal mainstream homecare service	Ron Williamson	160	108	146
OP - Domiciliary care contracts	Savings from moving purchasing from spot prices to block prices, and potentially from the contract re-tender	Ron Williamson	150	0	0
Information, advice, and low level services	Decommissioning the Warwickshire Welfare Rights service	Ron Williamson	184	61	0
OP - High Cost Packages	Review of high cost community care packages - both existing packages and new packages	Ron Williamson	130	130	0
<b>Sub Total - Older People's Services (Prevention)</b>			<b>2,451</b>	<b>1,127</b>	<b>5</b>

Appendix A

Efficiency and Savings Project	Description of the Project and Explanation of the Changes Required	Responsible Officer	Saving in 2011/12	Extra Savings in 2012/13	Extra Savings in 2013/14
Residential Care	Reducing high cost internal residential care - closure, sale, and / or joint venture of internal residential care homes	Ron Williamson	367	633	500
Extra Care	Developing Extra Care as an alternative to Residential Care	Ron Williamson	0	100	300
Charging Review	Reducing the subsidy of care charges	Ron Williamson	2,344	896	10
OP - Day opportunities	Review of day opportunities	Ron Williamson	130	54	0
	<b>Sub Total - Residential Care and Charging</b>		<b>2,841</b>	<b>1,683</b>	<b>810</b>
PD - Day opportunities	Review of day opportunities	Ron Williamson	176	95	0
PD - Care Funding Calculator - Residential Care	Using Care Funding Calculator to drive down cost of residential care	Ron Williamson	63	63	0
PD - community care alternatives	Developing community based alternatives to residential care	Ron Williamson	0	105	145
	<b>Sub Total - Review Services for Adults with a Physical Disability</b>		<b>239</b>	<b>263</b>	<b>145</b>
MH - Staffing and Non Service Costs		Jenny Wood	175	0	0
MH - Service Contracts		Jenny Wood	229	144	30
	<b>Sub Total - Review Mental Health Services</b>		<b>404</b>	<b>144</b>	<b>30</b>
Staffing Costs			0	0	2,000
	<b>Sub Total - Reduce Staffing Costs</b>		<b>0</b>	<b>0</b>	<b>2,000</b>
Supporting People	Contract savings	Head of Strategic Commissioning	400	400	400
Workforce Development		Ron Williamson	116	134	100
Mental Capacity Act		Jenny Wood	52	0	0

Appendix A

Efficiency and Savings Project	Description of the Project and Explanation of the Changes Required	Responsible Officer	Saving in 2011/12	Extra Savings in 2012/13	Extra Savings in 2013/14
Carers	Contract savings	Head of Strategic Commissioning	166	84	100
Service development costs	Reductions in service transformation spending as transformation is delivered	Jenny Wood	410	100	100
	<b>Sub Total - Other Savings</b>		<b>1,144</b>	<b>718</b>	<b>700</b>
	<b>Total Corporate Savings Plans</b>		<b>8,061</b>	<b>5,533</b>	<b>5,291</b>

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## Workforce Planning & Succession Planning

### Employee Profile Template as at 1st March 2011

Full-time/Part-time	Postions	Heads
FT Male (%)	164 (9.4%)	163 (9.7%)
FT Female (%)	923 (53.1%)	914 (54.2%)
PT Male (%)	44 (2.5%)	40 (2.4%)
PT Female (%)	606 (34.9%)	573 (34.0%)
Male/Female	Postions	Heads
Male (%)	208 (12.0%)	203 (12.0%)
Female (%)	1529 (88.0%)	1482 (88.0%)

Salary Analysis - Heads			
	% Total	% Male	% Female
Hay (%)	35 (2.1%)	11 (0.7%)	24 (1.4%)
Scale K - Q (%)	255 (15.2%)	56 (3.3%)	199 (11.8%)
Scale F - J (%)	563 (33.5%)	84 (5.0%)	479 (28.5%)
Scale A - E (%)	823 (48.9%)	48 (2.9%)	775 (46.0%)

**2nd March 2010 to 1st March 2011**

## Appendix A

Age Analysis - Heads			
	% Total	% Male	% Female
<21 (%)	14 (0.8%)	5 (0.3%)	9 (0.5%)
21 - 30 (%)	227 (13.5%)	32 (1.9%)	195 (11.6%)
31 - 40 (%)	334 (19.8%)	33 (2.0%)	301 (17.9%)
41 - 50 (%)	563 (33.4%)	54 (3.2%)	509 (30.2%)
51 - 60 (%)	477 (28.3%)	72 (4.3%)	405 (24.0%)
>60 (%)	70 (4.2%)	7 (0.4%)	63 (3.7%)

Turnover over past 12 months (% of positions ending)	
Leaver (%)	15.3% (265)

Absence Information	
Time lost due to sickness absence (%)	7.15%

Ethnicity Information - Heads			
	% Total	% Male	% Female
White	1529 (90.7%)	175 (10.4%)	1354 (80.4%)
Mixed	13 (0.8%)	2 (0.1%)	11 (0.7%)
Asian or Asian British	73 (4.3%)	10 (0.6%)	63 (3.7%)
Black or Black British	22 (1.3%)	6 (0.4%)	16 (0.9%)
Other Ethnicity Group	7 (0.4%)	1 (0.1%)	6 (0.4%)
Unknown	41 (2.4%)	9 (0.5%)	32 (1.9%)

### Key workforce challenges

Our Directorate has identified five key workforce challenges which we believe if not addressed may impeded our ability to be able to provide and commission effective, quality services for and with the people of Warwickshire.

- ***Transformational Leadership & Management Skills***

We have identified a need to better equip our managers with improved skills to successfully lead and embed our transformation programme.

- ***Capacity, Skills and Structures to deliver the business model***

A review of our current structures and staffing needs to be undertaken to ensure we are fit for purpose and appropriately resourced to be able to deliver the new business model.

- ***Market Development & Joint Commissioning skills***

The skills and capabilities of relevant staff to successfully manage productive relationships with providers need to be developed to ensure high quality affordable services which promote personalisation, choice, control and dignity.

- ***Working in Partnership with other teams, directorates and organisations***

The skills to identify and maximise the benefits of strategic partnerships and to manage these complex relationships in a political setting will be key to moving our services forward.

- ***Management of Individual performance***

Staff need to be empowered and skilled to deliver organisational priorities, whilst managers' confidence needs to be developed so they initiate challenge and undertake difficult conversations where necessary.

## Appendix A

### How to respond to the challenges

An action plan has been produced within our Directorate Workforce Plan which identifies potential interventions to address each of the challenges detailed above. This includes both corporate and directorate specific interventions. A Workforce Development Strategy board consisting of Heads of Service and HR/L&D staff meet on a regular basis to oversee the progress of the workforce plan. They are also responsible for identifying and feeding in additional workforce issues which come to light through the progression of their transformation programme portfolios

Directorate training audit analysis has taken place over the last 6 months. All programmes have been reviewed. Programmes which do not align to the transformation programme will be deleted and remaining training and development will be prioritised in line with transformation. This will ensure that limited funds and resources are fully maximised and focused on priority areas.

[Link to current Directorate Workforce Plan](#)

## Directorate Report Card

Warwickshire's residents have more choice & control				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Emergency readmissions	Emergency readmissions within 28 days of discharge from hospital (low is good)	New measure	New measure	New measure
Enhancing independence & control over own support	(NI136 derivative) The proportion of those using social care who have control over their daily life (high is good)	New measure	New measure	New measure
Enhancing quality of life for carers	Carer reported quality of life (survey based – high is good))	New measure	New measure	New measure
Enhancing quality of life for people with learning disabilities	(NI146 exact match) Proportion of adults with a learning disability in employment (high is good)	11%	13%	TBC
Enhancing quality of life for people with mental illness	(NI150 exact match) Proportion of adults in contact with secondary mental health services in employment (high is good)	28%	31%	TBC
Improving access to information about care and support	The proportion of people using social car and carers who express difficulty in finding information and advice about local services (survey based – low is good)	New measure	New measure	New measure



Appendix A

Title	Definition	Target 11/12	Target 12/13	Target 13/14
Treating carers as equal partners	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (survey based – high is good)	New measure	New measure	New measure
Ensuring a safe environment for people with mental illness	(NI149 exact match) Proportion of adults in contact with secondary mental health services in settled accommodation (high is good)	92%	93%	TBC
Ensuring a safe environment for people with learning disabilities	(NI145 exact match) Proportion of adults in with a learning disability in settled accommodation (high is good)	70%	75%	TBC
Providing effective safeguarding	The proportion of referrals to adult safeguarding services which are repeat referrals (low is good)	New measure	New measure	New measure

Appendix A

On going home care packages are decreased				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Helping older people to recover independence	Proportion of older people (65+) who are still at home after 91 days following discharge from hospital (high is good)	New measure	New measure	New measure
Protecting from avoidable falls and related injuries	Acute hospital admissions as a result of falls or injuries for over 65s (low is good)	New measure	New measure	New measure

Warwickshire's vulnerable residents are supported at home				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Admissions to residential care	Admissions to residential care homes per 1,000 population (low is good)	54.0	50.0	TBC
Preventing deterioration and emergency admissions	(NI134 derivative) Emergency bed days associated with multiple (two or more in a year) acute hospital admissions for over 75s (low is good)	Health Indicator, we were never able to access information on this indicator as health were working to a different definition		
Improving recovery from falls and falls injuries	The proportion of people suffering fragility fractures who recover to their previous levels of mobility at 120 days (high is good)	New measure	New measure	New measure

Appendix A

Title	Definition	Target 11/12	Target 12/13	Target 13/14
Promoting personalisation	(NI130 exact match) Proportion of people using social care who receive self directed support (high is good)	45%	60%	75%
Ensuring people feel supported to manage their own condition	(NI124 derivative) Proportion of people with long term conditions feeling supported to be independent and manage their condition (high is good)	PCT Indicator, we don't set the targets		
Delivering efficient services which prevent dependency	Proportion of Council spend on residential care (low is good)	No Target Previously Set		

Residents of Warwickshire have greater access to specialist residential care				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Supporting recovery at the most appropriate place	(NI131 exact match) Delayed transfers of care (low is good)	15.0	10.0	TBC

## Appendix A: Directorate Risk Register

The Directorate has assessed the significant risks that may impact on the delivery of its' business and transformation plans and created a single strategic Risk Register. As part of the register we have identified mitigating actions that are targeted to reduce the likelihood and impact of each risk providing assurance to the Directorate Leadership on the delivery of our programme. The register is a live document and is monitored and assessed by the Directorates Transformation Board.

R e f	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
1	Traditional Services continue to be the norm	Putting People First Milestones not achieved None delivery against personalisation targets Staff do not support service users to maximise all opportunities to live independently Poor communications (both internal and external)	Legal Challenges restrict pace of our change programme Failure to deliver projects and savings Vision for service users not achieved Lack of choice and control Lack of access of universal services	4	4	16	Engagement and Consultation processes delivered for charging and home closure programmes Clear vision for our change programme developed and communicated Clearly articulate transitional plans by business change leads	4	2	8	Develop and sign off policy that supports our new Business models <b>Policy Officer - Ongoing</b>  Carry out a stakeholder analysis and develop and implement a stakeholder engagement plan with specific actions and activities to	Wendy Fabbro

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
		Lack of transitional support for customers. Lack of service user / carer engagement Failure to modernise old style services Double running of services during Transition								engage with service users and their carers at all stages and levels of the Programme Business Change Leads – On going Develop and implement an information and advice strategy and resources directory Marcus Herron - April 2011 Self Directed Support fully rolled out Localities Service Managers - May 2011		
2	Lack of capacity and capability to support	Limited pool of managers with the	Projects under resourced leading to failure to deliver	4	4	16	Clear project structure in place	3	2	6	Budgets for individual projects	Gill Jowers

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
	Transformation	<p>right skills</p> <p>Managers lack of confidence in themselves to implement change</p> <p>Siloed thinking and inflexibility in the deployment of staff</p> <p>Lack of support / poor advice from the Corporate centre restricting pace</p> <p>Double running of existing services while Directorate Transforms</p> <p>Reviewing capacity restricts pace of change</p>	<p>savings on time</p> <p>Insufficient pump priming to implement change</p> <p>Failure to deliver savings on time</p> <p>Inability to deliver current services effectively</p> <p>Managers experience high levels of pressure and stress, sickness levels increase and / or managers leave.</p>				<p>Clear Governance arrangements and escalation for reporting in place</p> <p>Clear performance and business planning arrangements in place</p> <p>Appropriate representation at Corporate meetings</p> <p>Coaching Style of leadership development course delivered</p> <p>Corporate short 'change' courses available to support Managers</p> <p>Analysed the reviewing resource requirement for each portfolio</p> <p>Agreed a number of</p>				<p>in place</p> <p>Chris Norton - May 2011</p> <p>A clear prioritisation process developed to support project planning</p> <p>Gill Jowers - April 2011</p> <p>Review our approach to reviewing and the role of the reviewing team</p> <p>Jenny Wood – tbc</p> <p>Agree a prioritisation process for accessing reviewing capacity</p> <p>Gill Fletcher – May 2011</p>	

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
						9	approaches to avoid the need for reviews or to prioritise  Monitoring arrangements through transformation milestones / board			6	Reassign reviewing responsibilities to free capacity  Wendy Fabbro – April 2011	
3	Failure to maximise benefits of linking projects in the programme	Siloed management  Lack of attention to / identification of interdependencies across projects.	Double counting of savings  Failure to release saving targets  Increased implementation costs  Double investment in service change / failure to maximise investment	3	3	9	Analysis of current plans through the interdependencies work to identify duplication in change programme  Foundation Projects in place to align support service changes from across the Directorate  Financial savings toolkit individual risk registers completed at portfolio and project level and used to inform	2	3	6	Audit of existing Risk Registers  Marcus Herron - April 2011	Gill Jowers / Business Change Leads

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
						8	management of risk across the Programme Workshops held to agree strategic direction Business Planning process in place to cascade direction Developed contingency plans to identify alternatives for savings not released Ensure clear communications between DLT Portfolio Boards			6		
4	Leadership failure	Ineffective leadership in driving change Poor engagement with frontline	Changes are not achieved on the frontline Service users are not supported to	4	2	8	Staff roadshows delivered to communicate direction and gather staff suggestions	3	2	6	Develop leadership capacity by implementing recommendations of Workforce Plan	Wendy Fabbro / DLT



Appendix A

R e f	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
		<p>managers and practitioners</p> <p>Practitioners believe focus is on achieving savings and not improving services for service users</p> <p>Focus is on processes not outcomes</p> <p>Lack of management capacity and change management skills</p> <p>Directorates culture and staff resistance to change</p> <p>Lack of consistent communications and direction at all tiers of the organisation,</p>	<p>maximise all opportunities to live independently and continue to choose traditional services</p> <p>Changes aren't implemented across the Directorate leading to inconsistent services and increased cost</p> <p>Failure to deliver projects and savings</p> <p>Performance isn't managed effectively</p> <p>Lack of opportunities for staff to engage with the change</p>				<p>Workforce Plan developed to deliver leadership and change skills</p> <p>A clear strategy and change management plan for delivering cultural and practice change</p>				<p>Sue Evans - June 2011</p> <p>Ensure the old ways of doing things are removed as part of change process</p> <p><b>Business Change Leads – On going</b></p> <p>Explore opportunities for staff to engage in change initiatives.</p> <p><b>Sarah Sharland / Marcus Herron - June 2011</b></p> <p>Consideration of revised Job Descriptions and performance that reflect policy direction</p> <p><b>Business Change Leads – On going</b></p>	

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
5	External Market not developed in line with our future business model	Lack of clarity in our vision and the types of service required by the business  Scatter-gun approach to stakeholder engagement	Services not live / without capacity in time for transformed business leading to inability to achieve savings  Inadequate information about the current market, its strengths and weaknesses and its capacity to respond to the blueprint for a transformed service.  Increasing costs due to maintaining inhouse services  We commission wrong services to support our	3	3	9	Vision and direction clearly communicated with key commissioning staff  Portfolio Board membership reflects appropriate commissioning needs  Markey Facilitation Team in place to support market development	3	2	6	Develop a robust plan for stakeholder engagement to:  - Engage with new and existing providers  - Engage with the community  - Communicate our vision to the external market  <b>Market Facilitation Manager - Ongoing</b>	Wendy Fabbro (until Head of Service for Strategic Commissioning in post)

Appendix A

R e f	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
			customers Inability to achieve savings Legal challenges as a result of procurement process / advice									
6	Lack of Partnership engagement	Changes to public service delivery such as the creation of GP consortia  Current fundamental restructure of Health	Partners savings plans increasing social care demand  Savings achieved offset by increased demand  Social Care vision not deliverable  Loss of benefits of joint / partnership working	3	3	9	Representation on the Health Transition Board to influence transfer of health  DLT representation on Key partnership boards  Influence the Counties response to white papers and respond to Comprehensive Savings Review when details are known	2	3	6	Engage in partnership initiatives with GPs, other Health Partners  <b>Business Change Leads – On going</b>  Deliver the Health Concordat  <b>Strategic Director – April 2011</b>	Wendy Fabbro

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
7	Savings targets are not met	<p>Lack of market awareness</p> <p>Poor data quality</p> <p>Lack of research into best practice</p> <p>Unclear reporting and escalation arrangements</p> <p>Savings plans aren't robust and will not sustain the new service delivery models</p> <p>Existing structural overspend / lack of balanced budget</p> <p>Business processes aren't efficient or automated (such as charging on actuals)</p>	<p>Increased financial pressures leading to service and staffing cuts rather than developments</p> <p>Inability to make savings required</p> <p>Double running costs due to inefficient process</p> <p>Inability to implement policy decisions due to lack of technology or resource</p>	3	4	12	<p>Clear programme Governance and reporting structures in place</p> <p>Financial monitoring (forecasting) processes are in place</p> <p>Savings Toolkits have been developed for each project</p> <p>Performance management arrangements are in place</p> <p>Risk management process has been revised and implemented</p> <p>Develop the use of benefits realisation model</p> <p>Develop contingency</p>	2	4	8	<p>Implement a programme of scrutiny to our project plans (audit / quality assurance)</p> <p><b>Rachel Shovel May 2011</b></p> <p>Ensure savings are removed from budgets once achieved (z-codes)</p> <p><b>Chris Norton April 2011</b></p> <p>Targeted review of cost centres to reflect authority before</p> <p><b>Chris Norton - April 11</b></p>	Wendy Fabbro / Business Change Leads

Appendix A

Ref	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
							plans for non delivery of savings					
8	Change in Government vision for Adult Social Care	New vision for Adult Social Care published Nov 2010 New legislative framework for social care due 2011	Current plans not able to meet new requirements / funding levels leading to increased investment and revenue costs	4	4	16	Research has enabled us to anticipate future direction	Not able to mitigate at this time		Monitor Government developments All, Ongoing	Wendy Fabbro	
9	IT systems and internal processes do not support or facilitate the changes in practice	IT systems developed in isolation from the changes. Systems do not have the functionality to accommodate the changes the business needs Pace of system development does	Changes become systems led and there is a focus on processes not outcomes Processes become more bureaucratic and time consuming for staff and positive benefits of the changes are	3	3	9	Information Management and technology Plan and Board in place SLA renegotiated to release Project Manager Explored further developments with supplier	3	2	6	Functionality developed for customers to manage their own personal budgets Chris Norton – September 2011	Marcus Herron

Appendix A

R e f	Risk Description	Cause	Effect	Gross Risk			Existing Actions	Net Risk			Further Actions	Risk Owner
				Likelihood	Impact	Risk Level		Likelihood	Impact	Risk Level		
		not support pace of change Business not being clear on the developments or details of requirements Supplier not able to deliver business requirements	undermined Staff find alternate ways of doing things or revert to old ways of working				Board to agree milestones in Carefirst 6 rollout Risk to Technology development managed by IMT Board					









Appendix B











AHCS - Maximising independence for older people and people with disabilities								
Ref	Indicator	Aim	Collection Frequency	2008/09	2009/10 Baseline	Cumulative Actual 31/12/2010	YE Forecast 31/12/2010	Target 31/03/2011
Li120a	All age all cause mortality - Males Nuneaton & Bedworth (Rate per 100,000)	Smaller is Better	Annually	767.32	767.32 (2008/09)	Not yet available	Not yet available	666
Li120b	All age all cause mortality - Females Nuneaton & Bedworth (Rate per 100,000)	Smaller is Better	Annually	543.84	543.84 (2008/09)	Not yet available	Not yet available	506
Li120e	All age all cause mortality - Disparity within deprivation quintiles of Warwickshire	Smaller is Better	Annually	4.90	4.90 (2008/09)	Not yet available	Not yet available	7
Li141	Number of vulnerable people achieving independent living (Supporting People) - Stretch target	Bigger is Better	Annually	65.85	73.8	76.51	77	77
Li403	Reduce the number of people that fall - People 65+ with fractured neck of femur (per 100,000)	Smaller is Better	Annually	403.5	438	430.6	430.6	423
Li410	No. admissions of supported residents aged 65 or over to residential/ nursing care per 10,000 population	Smaller is Better	Quarterly	56.67	62.3	42.8	58	58
NI119	Self-reported measure of people's overall health and wellbeing (Number)	Bigger is Better	Biennial	77.7	77.5	Not yet available	Not yet available	83
NI120f	All-age all cause mortality rate - countywide female (Rate per 100,000)	Smaller is Better	Annually	486.59	486.59 (2008/09)	Not yet available	Not yet available	467









Ref	Indicator	Aim	Collection Frequency	2008/09	Baseline	Cumulative Actual 31/12/2010	YE Forecast 31/12/2010	Target 31/03/2011
NI120m	All-age all cause mortality rate - countywide male (Rate per 100,000)	Smaller is Better	Annually	664.61	664.61 (2008/09)	Not yet available	Not yet available	608
NI123	16+ current smoking rate prevalence (number of 4 week quitters)	Bigger is Better	Quarterly	3102	3629	2054	3077	3077
NI124	People with a long-term condition supported to be independent and in control of their condition (%)	Bigger is Better	Annually	76	76% (2008/09)	82	82	82
NI125	Achieving independence for older people through rehabilitation/intermediate care (%)	Bigger is Better	Annually	New Indicator	80%	85.27	85.27	83
NI127	Self reported experience of social care users	Bigger is Better	Annually	New Indicator	66.2	Not yet available	Not yet available	68
NI128	User reported measure of respect and dignity in their treatment	Bigger is Better	Annually	New Indicator	83.8	Not yet available	Not yet available	87
NI130	Social care clients receiving Self Directed Support (per 100,000)	Bigger is Better	Annually	6.7	14.2	20.6	22.2	30
NI131	Delayed transfers of care (per 100,000)	Smaller is Better	Annually	New Indicator	20.34	18.11	17.5	17.5
NI135	Carers receiving needs assessment or review and a specific carer's service or advice and information (%)	Bigger is Better	Annually	34.6	51.8	45.4	52	66.55
NI136	People supported to live independently through social services - all adults (per 100,000)	Bigger is Better	Annually	2827.5	2641.7	2711	3614.7	2828.39



Ref	Indicator	Aim	Collection Frequency	2008/09	Baseline	Cumulative Actual 31/12/2010	YE Forecast 31/12/2010	Target 31/03/2011
NI138	Satisfaction of people over 65 with both home and neighbourhood (%)	Bigger is Better	Biennial	86.4	88.4	Not yet available	Not yet available	90
NI139	The extent to which older people feel they receive the support they need to live independently (%)	Bigger is Better	Biennial	30.7	30.5	Not yet available	Not yet available	50
NI141	Vulnerable people achieving independent living - Supporting People (%)	Bigger is Better	Quarterly	65.85	73.8	76.51	77	66
NI142	Number of vulnerable people who are supported to maintain independent living (Number)	Bigger is Better	Quarterly	New Indicator	99	98.89	99	99
NI145	Adults with learning disabilities in settled accommodation (%)	Bigger is Better	Annually	49	53.7	24.7	58	65
NI146	Adults with learning disabilities in employment (%)	Bigger is Better	Annually	4	5.2	3	7	9
NI149	Adults in contact with secondary mental health services in settled accommodation (%)	Bigger is Better	Annually	New Indicator	87%	92.2	92.2	90
NI150	Adults receiving secondary mental health services in employment (%)	Bigger is Better	Annually	New Indicator	22.4%	22.3	25	25

Comments	Alert
Figures released by Office of National Statistics - not available yet	
Figures released by Office of National Statistics - not available yet	
Figures released by Office of National Statistics - not available yet	
	
	
	
This indicator was intended to be collected as part of the Place Survey. As this survey has been abolished it is unlikely to be collected this year.	
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Comments	Alert
This indicator was intended to be collected as part of the Place Survey. As this survey has been abolished it is unlikely to be collected this year.	
	
	
	
Results are due from the Satisfaction Survey (available in May)	
Results are due from the Satisfaction Survey (available in May)	
Due to delays in the rollout of the SDS process across teams, numbers have been lower than expected	
	
	
	

Comments	Alert
This indicator was intended to be collected as part of the Place Survey. As the Place Survey has been abolished it is unlikely it will be collected for this year.	
This indicator was intended to be collected as part of the Place Survey. As the Place Survey has been abolished it is unlikely it will be collected for this year.	
New local target was set as the LAA target was due to be exceeded significantly	
	
A new system will be introduced to better capture this information, following a data quality exercise	
A new system will be introduced to better capture this information, following a data quality exercise	
	
	

**AGENDA MANAGEMENT SHEET**

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

**Date of Committee**                      **13<sup>th</sup> April 2011**

**Report Title**                                **Adult, Health & Community Services  
“Supporting Independence (Prevention) Strategy”**

**Summary**                                    The Supporting Independence (Prevention) Strategy expresses the approach that will be taken to reduce deterioration in the condition of those at substantial or critical level of social care need. In addition it highlights our approach to developing and facilitating community based services to respond to those with low and moderate needs to prevent their progression towards substantial or critical levels.

**For further information please contact:**                      Andrew Sharp  
Service Manager, OPPD, Intelligence & Market Facilitation  
Tel: 01926 745610

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

**Background papers**                      O&S Briefing note – Prevention Strategy (February 2011)

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

Other Committees                       Health Overview and Scrutiny Committee

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 A Farnell, 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 NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee  .....
- To Council  .....
- To Cabinet  Cabinet – 12<sup>th</sup> May 2011
- To an O & S Committee  .....
- To an Area Committee  .....
- Further Consultation  .....

## Adult Social Care and Health Overview and Scrutiny Committee – 13<sup>th</sup> April 2011

### Adult, Health & Community Services “Supporting Independence (Prevention) Strategy”

#### Recommendation

It is recommended that the committee consider and comment on the content of the report and approve the Supporting Independence (Prevention) Strategy, attached as appendix A.

#### 1. Background

- 1.1 Our strategic approach to supporting independence sets out the way in which we will promote and protect people’s health and wellbeing through recovery, rehabilitation and reablement to increase independence and improve quality of life. The wider prevention and health inequalities agendas beyond those in contact with social care is delivered on a cross partnership basis and although we will continue to play a role in this work our focus in this strategy is upon working with health and housing colleagues to deal with issues related to our direct customer base.
- 1.2 Developing a strategic response to the Department of Health expectations around “prevention” as underpinned by the Putting People First agenda is a key component of the current transformation programme within adult social care. The purpose of the this strategy is to clearly set out the vision, direction and principles of the approach to delaying those with high end moderate needs entering the social care system and reducing dependency and need for those already in the system through recovery, rehabilitation and reablement. In addition it also expresses our approach to building and facilitating community based approaches to support independence for those with low and moderate needs.
- 1.3 Delivering against this strategy will ensure that we are well placed to respond to the needs of our customers and improve their outcomes, whilst also supporting changes in our service model, which respond to the need to reduce costs in both the short and long-term.

#### 2. Information and Advice

- 2.1 Clearly the development of this strategy is set against the context of reducing resources and central government funding for the provision of social care and health services alongside an aging population. However, public sector partners within Warwickshire recognise that by changing our model of delivery we will not only be able to respond to this financial pressure but also improve outcomes for

customers and carers. Moving towards more personalised approaches to service delivery and inverting the triangle of care to move away from treatment as the first point of interaction responds positively to national policy drivers linked to the Putting People First agenda.

2.2 Our commitment to the Putting People First agenda and the associated delivery milestones is at the heart of this work and approach. Through the development of this strategic approach we have been clear that we are not recreating our existing commissioning strategies or redefining our approach to health inequalities, rather we are bringing these approaches together and confirming our joint commitment to a set of shared commissioning intentions which will deliver real and meaningful change across the health and social care sector.

2.3 The purpose of this strategy is to:

- Highlight the ways in which we can support independence to reduce deterioration for those with critical or substantial needs
- Consider the use of information and advice to signpost to community based services for those with low or moderate needs
- Reduce dependency and the need for ongoing support by using short term interventions to aid recovery, rehabilitation and reablement
- Encourage the development of a joined up approach to services which support independence

2.4 In developing the strategy the Directorate is seeking to build upon approaches and activity which is already in place across the County and to respond to the findings of the “Review of Adult Social Care Prevention Services” reported to Cabinet in January 2011. In addition, the strategy confirms and expresses our commitment to a continued focus on supporting those with “critical” or “substantial” needs through the services that we provide and commission, alongside a tightening of our interpretation of the Fair Access to Care (FACs) criteria in line with decisions taken by Cabinet in July 2010. We have also taken account of changes in the way that health and social care will be delivered on a national level and the local response to the white paper “Liberating the NHS” is central to the development of our strategic approach.

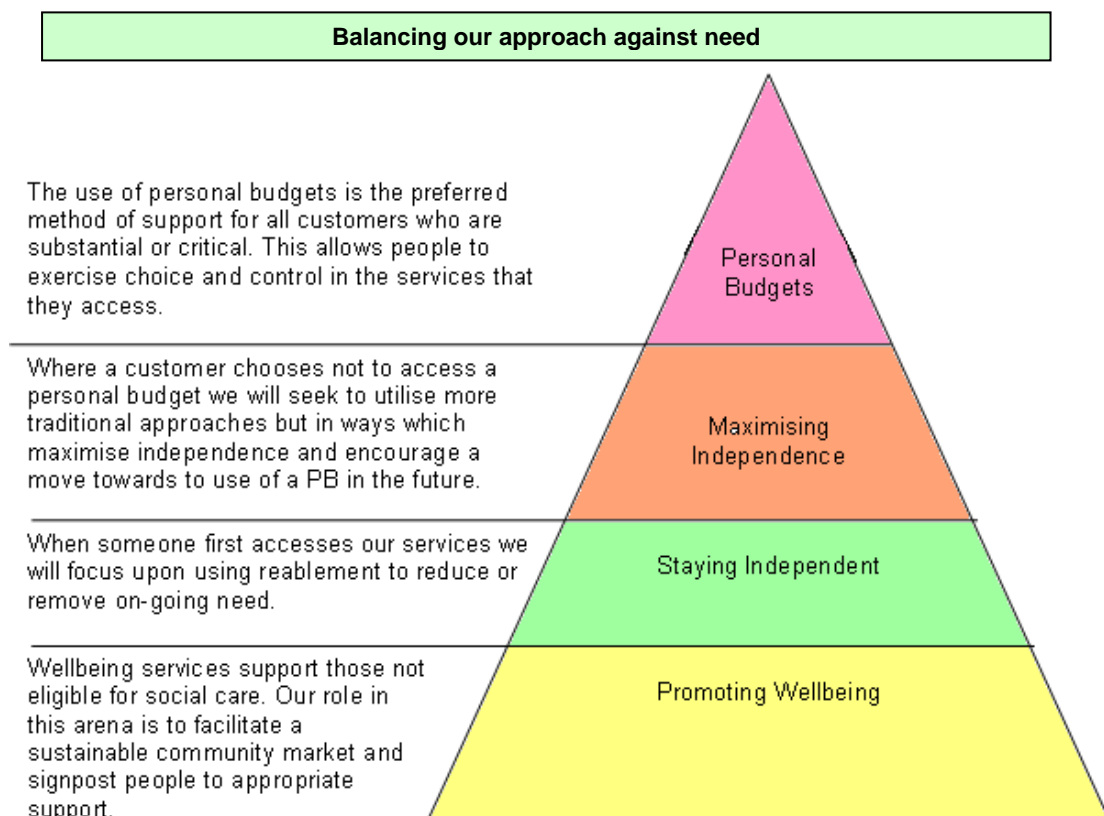
2.5 The strategy is designed to address services for all adults in Warwickshire supported by a variety of providers in the community, through adult social care and across health where arrangements overlap.

The strategy cuts across all of the client groups within which adult social care hold commissioning responsibilities, namely older people, learning disability, physical disability (including sensory impairment), mental health and their carers who:

- Require or will require access to information, advice and advocacy services
- Require or are at risk of requiring intensive health or social care support
- Require or will require specified low level non health or social care based support to maximise their independence.



- 2.6 From a delivery perspective the strategy sets out our approach to address support across all levels of need but clearly defines responsibilities which rest directly with adult social care (critical and substantial need), those services which are designed for those on the cusp of accessing social care services (upper moderate needs) and those who would benefit from support outside of the social care arena (moderate and low needs).
- 2.7 In order to deliver against the vision and aspirations of this strategy, we will focus our efforts to deliver a set of services and interventions at appropriate levels of the social care spectrum. The following diagram shows the principles behind the approach and way in which specific interventions contribute to supporting independence across the FACS eligibility continuum.



- 2.8 In terms of activity delivered and commissioned by the Directorate the strategy expresses headline directions against each core area of development, these being:

- Services to promote wellbeing (community based not social care)
- Information, advice and signposting
- Reablement
- Intermediate care
- Long term conditions
- Specialist residential and extra care housing
- Falls prevention
- Telecare and telehealth
- Aids, adaptations and equipment

The diagram below expresses the impact of activity across the FACs need continuum and the interaction across the four levels of FACs:

Promoting Wellbeing & Staying Independent		Maximising Independence	
Low	Moderate	Substantial	Critical
Healthy Lifestyles			
Vaccination			
Screening			
Falls Prevention			
Aids, Adaptations and practical support			
Information, Advice & Signposting			
	Telecare		
	Intermediate Care		
Low Level Reablement (hospital discharge)		Social Care Reablement	
		Extra Care Housing	
		Long term conditions	

2.9 The approach outlined in this strategy document plays a key role in supporting the achievement of our ambitions and objectives as a corporate organisation. Within the Corporate Business Plan 2011/13 the Council has clearly stated its intentions around “Care & Independence” as part of which the Directorate is committed to working towards the following aims and associated outcomes for the residents of Warwickshire.

**Delivery Aims:**

- Fulfil our duty of care to older and vulnerable people
- Ensure that all those eligible are offered an adult care personal budget
- Increase the scope of re-ablement services
- Improve numbers of older people living independently in their own homes
- Continue improving our relationship with Health services whilst managing changes to the Health community
- Embrace the Public Health Service within our responsibilities

**Outcomes for Warwickshire:**

- Warwickshire’s residents have more choice & control
- The number of home care packages is decreased
- Warwickshire’s vulnerable residents are supported at home
- Residents of Warwickshire have greater access to specialist residential care
- The successful transfer of the Public Health Service to the Local Authority

### **3. Next Steps**

- 3.1 As part of the transfer of resources from the NHS to the County Council in support of the delivery of reablement services and implementation plan is being developed to express how these resources will be used. The focus of the activity contained within the Supporting Independence (Prevention) Strategy is intrinsically linked to this work and as a result once developed; the delivery plan will also act as the implementation plan for this strategy.
- 3.2 At the time of producing this strategy the development of the corporate and directorate based performance frameworks for 2011/12 is ongoing and as a result the measures and targets detailed in this section of the document remain subject to potential change. Further work will be taking place in the coming weeks to ensure effective management arrangements are in place linked to the governance framework and structure presented within the strategy.

**Report Author:** Andrew Sharp

**Head(s) of Service:**

**Strategic Director(s):** Wendy Fabbro

**Portfolio Holder(s):** Councillor Izzi Seccombe

March 2011



# **Warwickshire Adult Social Care & Health**

## **Supporting Independence (prevention) Strategy**

**2011 – 2014**

*Working for  
Warwickshire*

## Contents

- Foreword
- Introduction & Purpose
- Scope of the Strategy
- Vision & Key Principles
- Defining Prevention
- Current Position & Initiatives - Building Effective Interventions
- Benefits Realisation and Resource Arrangements
- Outcomes & Measures
- Governance Framework
- Contact Details

## Foreword

We are delighted to present our Supporting Independence (prevention) strategy for Warwickshire which has been developed jointly across adult social care, health and other strategic partners, including district and borough councils. Through positive engagement and interaction with customers and their carers we are confident that this document maps out the direction of travel for the future as agreed by Cabinet to address and manage the demand placed upon adult social care.

The key purpose of this strategy is to respond to the aim expressed to us by customers and carers, that being that they want to be able to remain in their own home and to live healthy active lives for as long as possible. By delivering against the aims and objectives of this strategy we will be seeking to support this agenda to allow people to maintain their independence for as long as possible through a clear focus upon *recovery, rehabilitation and reablement* which represents the vision for adult social care in Warwickshire.

Our strategic approach to supporting independence sets out the way in which we will promote and protect people's health and wellbeing through recovery, rehabilitation and reablement to increase independence and improving quality of life. The wider prevention and health inequalities agendas beyond those in contact with social care is delivered on a cross partnership basis and although we will continue to play a role in this work our focus is upon working with health and housing colleagues to deal with issues related to our direct customer base. To do this we recognise that our services need to change; they need to be more responsive and focused on new models of provision, particularly in adult social care.

This strategy is intrinsically linked to the transformation of adult social care and the move away from traditional services to a more personalised approach and the development of community based alternatives to care. This will include a sharp focus upon the expansion of supported housing and the use of extra care across the County. Our work through this strategy will be person centred and provide people with choice and control in the types of care and support that they access alongside a recognition of the contribution that carers make to the health and social care economy and the support that they require to help them to maintain their caring role for as long as they choose. As this is a community based model we will work closely and positively with community and voluntary organisations with a focus on support and care for people in their own community.

The current model of provision in Warwickshire is mainly based upon provision of support when problems arise and this can lead to the creation of a dependency based approach. There is a clear need to strike a balance between delivery of support in a crisis through the use of short term interventions and on-going mechanisms to support independence.

## Appendix A

As part of the transformation programme for adult social care we have recognised the need to provide reactive services where appropriate but to shift our focus more towards facilitating community based services and signposting to these alternatives which promote health and wellbeing, prevent or limit deterioration and support recovery following a period of crisis.

By shifting our approach in this way we can begin to address the key challenges presented by issues associated with an aging population and changes in the social structure which has resulted in reductions in support provided through extended family carer roles. The production of this strategy recognises the value of targeting resources in ways which support independence for the wider population and prevent deterioration in those already needing social care.

Clearly the development of this strategy is set against the context of reducing resources and reduction in central government funding for the provision of social care and health services alongside an aging population. However, public sector partners within Warwickshire recognise that by changing our model of delivery we will not only be able to respond to this financial pressure but also improve outcomes for customers and carers. Moving towards more personalised approaches to services delivery, inverting the triangle of care to move away from treatment as the first point of interaction responds positively to national policy drivers linked to the Putting People First agenda.

Our commitment to the Putting People First agenda and the associated delivery milestones is also at the heart of this work and approach. Through the development of this document and strategic approach we have been clear that we are not recreating our existing commissioning strategies or redefining our approach to health inequalities, rather we are bringing these approaches together and confirming our joint commitment to a set of shared commissioning intentions which will deliver real and meaningful change across the health and social care sector.

The aim throughout this document and its development has also been to ensure a shared and common vision of the term 'prevention' and what this means in the local context of service delivery.



Wendy Fabbro  
Strategic Director, Adult, Health & Community Services

## Introduction & Purpose

Through the Putting People First agenda there is an increasing emphasis for public services to operate in ways which support people to retain their independence and to live full, active lives as part of the local community. In instances where people do require interaction with statutory services such as adult social care, the emphasis should be on the customer being able to exercise choice and control over the services that they receive and for agencies involved in working with them the main driver for intervention should be to support the individuals' independence. Within the public health agenda there has been a clear shift towards engagement with the public to ensure that people have access to the information and advice which allows them to make informed choices which improve and maintain health and wellbeing.

Developments in treatment and intervention in the medical sector have led to populations living longer. Although people are living longer there is clear evidence that these additional years are not necessarily healthy years and the level of health and social care interventions for people in the older age group are higher. However older people are now generally healthier and more active than previous generations and projects such as "active aging" show that where older people are supported to be independent the benefits on their general health and wellbeing are significant.

There are inequalities in life length and experience across the County; this is linked to a range of factors including economic status, educational attainment, housing and access to services. To combat these issues Warwickshire has already developed a health inequalities strategy and this document seeks to take full account of this agreed partnership approach to meet this agenda and aims to build on the commitments that we in the public sector have already made.

Demographic changes in Warwickshire mean that there is the potential for a significant increase in the numbers of people accessing social care and health services in the years to come. This is largely due to increases in the aging population but we are also anticipating an increase in demand for services to support people with disabilities and mental health issues. This increase in demand is clearly taking place alongside a reduction in the resources available to support people through social care and health services. National data suggests that if demand and current spend continue on the same trajectory then we would need to double our investment in care services by 2026. The issues faced around this are of significant national importance and in July 2011 central government will be presenting their vision to address this.

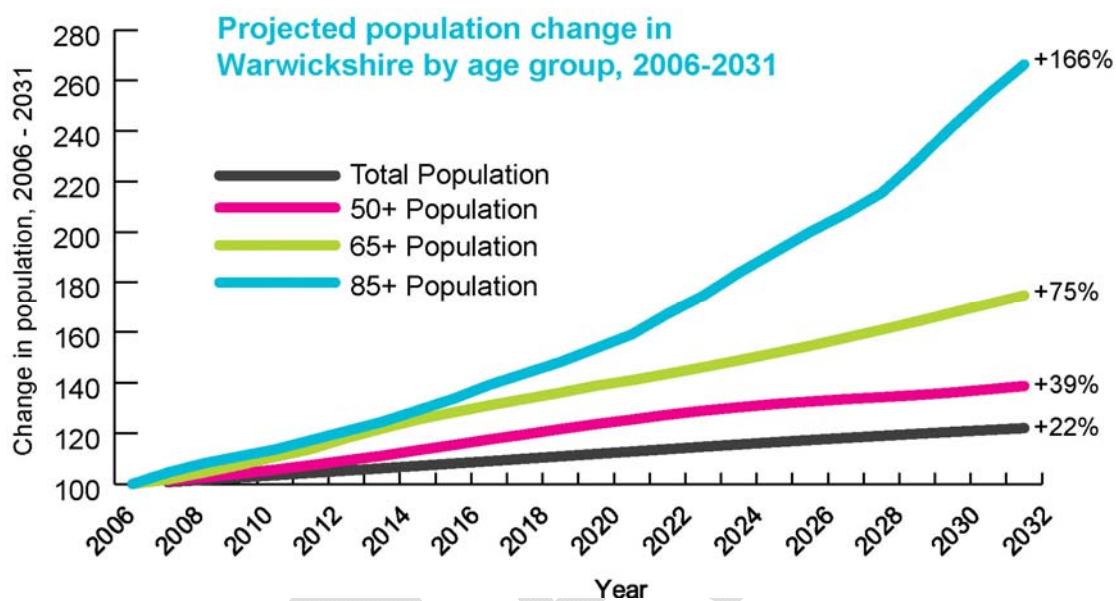
Clearly on a local level the level of investment suggested above is not an option and over the course of the next three to four years the amount of money available to provide services will reduce by around 20%, however we will still be spending significant sums on the provision of services (around £100M for adult social care) and the challenge for us is to use these resources more effectively.



## Appendix A

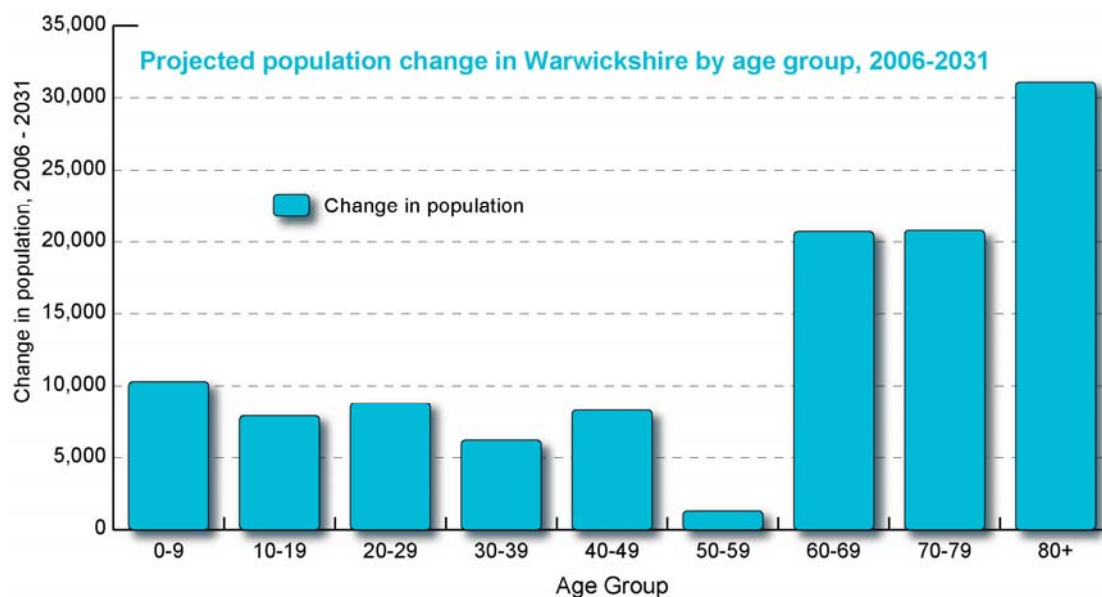
In addition to using resources more wisely we also recognise the need to change our role from one of provider to commissioner and facilitator. Managing demographic demand is a key issue for social care and the potential increase in the customer base could place greater pressure on health and social care structures if we don't utilise alternative models of provision.

Data from the JSNA suggests that the number of people aged 85+ is projected to increase at a level of more than 166% by 2031.



Not only would this place pressure upon traditional public sector services if everyone of 85 and over needed to access social care but also upon carers whose contribution to supporting individuals with care needs is currently under recognised on a national basis. Hidden and informal carers within the community have been identified through local and national work as a critical issue for the future and the cost of this group not being recognised is of real concern for the future of both social care and health. Without the continued support of this regularly under recognised group the levels of increased pressure on social care and health services would be of a level which would leave both organisations unable to cope with increased demand. One of the key issues related to this is the increase in the numbers of people over the age of 80 who are likely to be cared for, formally or informally and the reduction in numbers of people in the 50-59 age range who traditionally act as carers.

## Appendix A



As well as the ongoing growth in the older population the level of people with dementia is increasing at a very high rate with studies predicting a 37% increase to almost 11,000 people by 2025. Not only will this increase have an impact upon carers and statutory services but it will also mean that the types of support we provide to both the carer and the cared for will need to change. In addition to this community based responses to increases in people with dementia will also be critical in maintaining people at lower levels of need. The dementia strategy for Warwickshire, which has recently been published, expresses our partnership approach in this arena in greater detail. When working with carers and service providers both groups highlight the difference in the type of support and care that is required for people with dementia and it will be a real challenge to ensure that the social care market and the community is developed and mature enough to respond to these expectations in ways which prevent deterioration for the carer and cared for.

Within adult social care we have taken the strategic decision to focus our interventions and service provision towards those with the greatest need. To do this we will be using the national framework of Fair Access to Care Services (FACS) to define our delivery model. It is important to note at this point that our intention to focus on those in the greatest need does not represent a change in policy in Warwickshire, our eligibility criteria remains as it has for the past few years but we are intending to tighten our application of this policy as agreed by Cabinet in July 2010.

There are four levels of FACS which can be described as:

**Critical** – There are significant risks to independence through an inability to carry out **vital** personal care and/or domestic tasks and **vital** relationships or responsibilities are threatened.

A persons needs are deemed critical when it is assessed that if support was not provided, then this would lead to the individual being admitted to hospital or 24 hour care within two weeks.

**Substantial** – There are significant risks to independence through an inability to carry out the **majority** of personal care and/or domestic tasks and the **majority** of relationships and responsibilities are threatened.

**Moderate** – There is a risk to independence through an inability to carry out **several** personal care and/or domestic tasks, **several** relationships and responsibilities are threatened. A persons needs are deemed moderate if support was not provided leading to a hospital or 24 hour care admission.

**Low** – There is a risk to independence through an inability to carry out **one or two** personal care and/or domestic tasks, **one or two** relationships and responsibilities are threatened. A persons needs are deemed low if support was not provided leading to a hospital or 24 hour care admission.

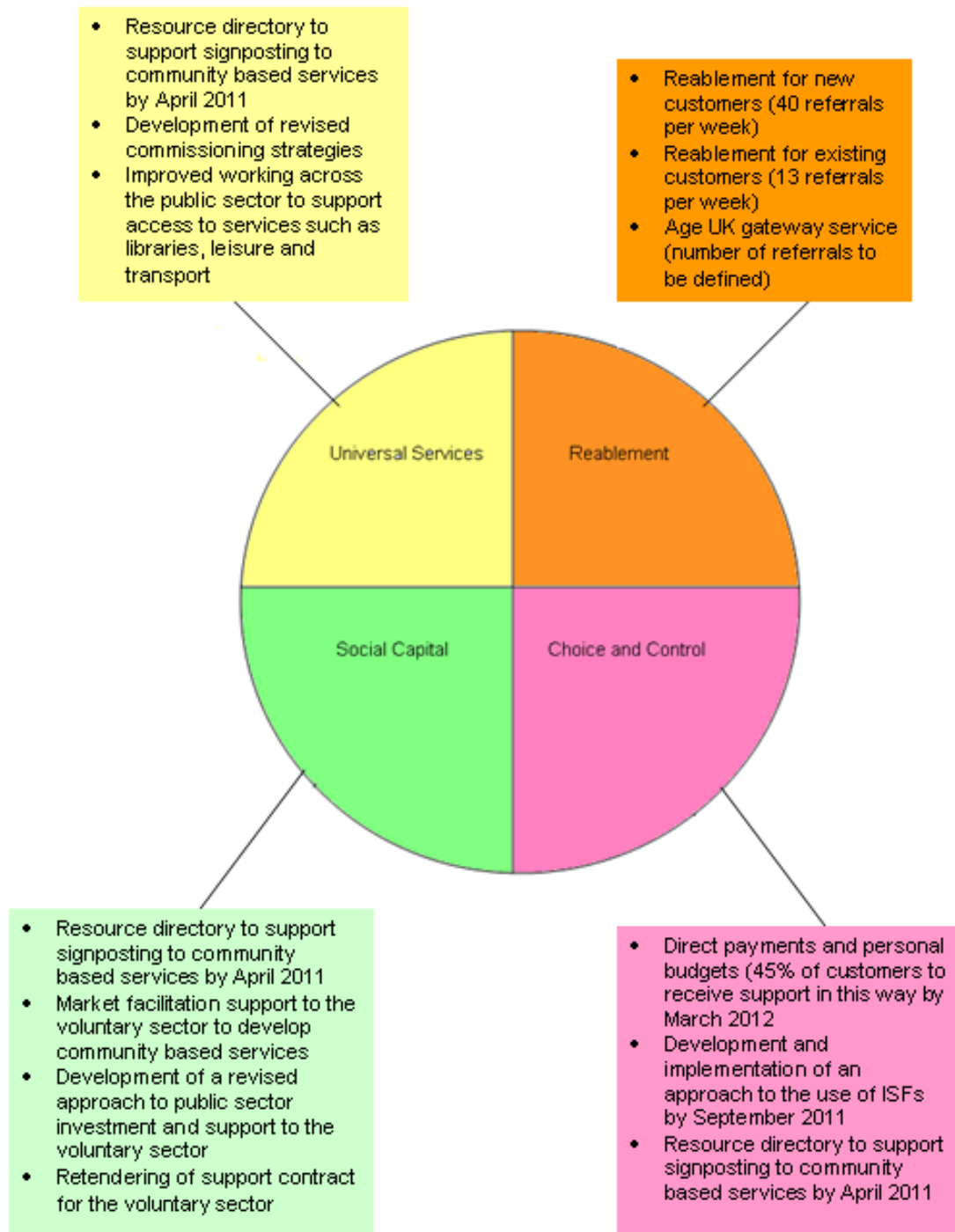
The purpose of this strategy is to:

- Highlight the ways in which we can support independence to reduce deterioration for those with critical or substantial needs
- Consider the use of information and advice to signpost to community based services for those with low or moderate needs
- Reduce dependency and the need for ongoing support by using short term interventions to aid recovery, rehabilitation and reablement
- Encourage the development of a joined up approach to services which support independence

As part of our approach there is a need to highlight the way in which the community sector and statutory services can work together in ways which reduce deterioration for those with substantial or critical needs. In addition to this, there is also a need for these sectors to work together in the provision of information, advice and low level community based interventions.

Clearly statutory services such as adult social care play a critical part in this but the picture is completed by other agencies and sectors. Increasingly the role of the local authority will be one of a facilitator offering advice and business support to community organisations with the aim of encouraging them to grow in ways which will better support the wider community. The following diagram illustrates the cross-over between these arrangements.

## Appendix A



This strategy is linked to a range of other activities taking place across the public sector and as a result there is no intention to replicate information presented elsewhere, instead the focus will be on bringing this activity together and highlighting additional specific approaches that will need to take place to ensure that we deliver against this agenda.

## Appendix A

Through all of the work that we have undertaken to date in support of the transformation of social care services to meet the expectations of Putting People First there has been a clear message from customers and carers that one size doesn't fit all in the services that we provide and commission. To ensure that people are able to exercise real choice and control in the services that they access we need to act as a facilitator to shape the social care market to ensure that a menu of flexible options are available to those who require support.

In particular there is a clear need for people to be able to access services early to prevent bigger problems in the future, for the most part these early intervention services are not part of the social care or statutory sector market so our role in this will be to signpost and inform people as to the options available to them through the local community. To deliver this we have committed to the development of a resource directory, which will identify the services that are available and how they can be accessed. In addition to this, through our market facilitation function we will offer business development advice and support to voluntary sector organisations to encourage and grow them to be self sufficient.

Delivering and driving improvements in our approach to supporting independence within social care services must be seen in the context of the wider preventative agenda. Much of the work we do in this area is underpinned and supported by our existing health inequalities strategy which will continue to act as the framework for our wider contribution which will not be replicated in this document. The wider approach within the health inequalities strategy recognises that taking steps to address issues of prevention from a health inequalities cuts across the whole of society and public services. Actions to address healthy lifestyle and the determinants of health through changes in behaviour can result in better health in the longer term, reduction in disease and limiting conditions and an associated reduction in demand for health and social care services.

Adopting a universal approach to this type of prevention across all sectors can help to reduce levels of need and the associated pressure that this places upon the health and social care sector as well as improving life experience and chances for those people who live in Warwickshire. However it is clear that much of the activity to deal with the wider prevention operates over a significant length of time and the outcomes of such interventions are not always clear. For this reason the focus of our approach in the short term must compliment this by working in ways which support independence within the services that people access.

On a national level the commitment to developing integrated approaches across social care and health and the intention to bring services closer to the customer couldn't be clearer. The Government have set out their expectation around a preventative approach through a range of strategic documents including the Darzi review, Transforming Community Services and the NHS Quality, Innovation, Productivity and Prevention Challenge.

## Appendix A

The advent of the white paper “Liberating the NHS” further demonstrates this direction of travel with the move to establish Health and Wellbeing Boards and GP consortia. As part of this shift in approach the creation of the new national body Public Health England and the change in the way that resources are allocated across health and social care further underline the significance of this approach.

In addition to these strategic changes recent legislation means that funding will be transferred from the NHS to social care in the form of ringfenced funding.

This funding will be used to support the development of reablement services and approaches as well as interventions which target support for carers. This resource transfer forms a critical component of our approach to supporting independence for people in Warwickshire and the delivery plan for this strategy will be built upon the actions that we will take to deliver against these expectations.

The agenda for change that we are currently working towards on a national level provides a challenge but also real opportunity to local areas and communities such as Warwickshire. On a local level we are already committed to a significant transformation of our adult social care services which will mean radical change in the way that we deliver all of our services. Our transformation approach, which is based upon a portfolio approach to change, is built around the following structure:

- Review of residential care and increased community charges
- Learning disability services
- Older people and physical disability community services
- Mental Health
- Adult Customer Journey (the social care pathway)

The portfolios of work cover the full range of traditional services provided through social care and contain within them activity to expand our use of supported housing and extra care and telecare. In developing modern approaches to delivering services for the future issues of safeguarding are at the core of our delivery models. By linking our work through the transformation programme to the supporting independence agenda we will be well placed to ensure a sustainable social care structure and market both now and in the future.

The purpose of this strategy is therefore to ensure a joined up approach to delivering services which are focused upon the preventative agenda across the customer base of adult social care and health. By delivering this approach we will build a stronger community infrastructure and develop clear access channels underpinned by an approach to information and advice which is focused towards reducing health inequalities, delaying or preventing social exclusion and the need for intensive, costly support from social care and health agencies.

## Appendix A

To develop the strategy we have taken full account of the data within the Joint Strategic Needs Analysis (JSNA) which defines and describes the future local health and social care needs across the County.

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## Scope of the Strategy

Defining the scope of this strategy is critical to its potential for success; the prevention agenda in its widest sense can be seen to encompass all of the services that are accessed by a local community. To ensure that the development and delivery of this strategy is manageable it has been vital to define a shared understanding of the prevention agenda for Warwickshire and the associated boundaries within which this strategy will operate. For this reason the strategy is focused upon supporting independence which includes our contribution to the prevention agenda rather than seeking to be a “prevention strategy”.

This strategy is designed to address services for all adults in Warwickshire supported by a variety of providers in the community, through adult social care and across health where arrangements overlap. The strategy is designed to cut across all of the client groups within which adult social care hold commissioning responsibilities, namely older people, learning disability, physical disability (including sensory impairment), mental health and their carers who:

- Require or will require access to information, advice and advocacy services
- Require or are at risk of requiring intensive health or social care support
- Require or will require low level non health or social care based support to maximise their independence

Throughout the development of the strategy we have made clear reference to the wider prevention agenda and have ensured that the actions we propose to take are supportive of this agenda but our focus must be upon our existing and potentially imminent customer base. In addition to this the basic tenant of the development of the strategy has been upon the agreed need to focus upon recovery, rehabilitation and reablement as the key to reducing dependency and mitigating the need for ongoing support through social care and health services.



## Vision & Key Principles

Our vision for social care 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. This combined with NHS Warwickshire's vision "Best Health for Everyone" is summarised in the following set of priorities which also illustrates the key principles of transformation underpinning our vision developed through the use of intelligence collected within the JSNA:

- We will move from a focus on treating illness and ill health to a system of promoting health, wellbeing and independence where this is seen to be as important as commissioning for ill health and high dependency care
- We will move away from doing things to or for people and will instead focus on enabling people to do things for themselves for example through reductions in on-going homecare packages and residential placements as an outcome from the use of re-ablement
- There will be a shift from one size fits all approaches to structures which reduce inequalities and promote equality in ways which give everyone the chance to live healthy lives and access services at the right time
- Rather than commissioning in block and on a volume and price basis we will seek to grow a market which allows individuals to access or commission services to meet their needs in the way that they choose, which will support health, wellbeing and independence
- We have traditionally used national and historical data and trends to inform commissioning decisions, which has led to replication of existing service models, this will be replaced with the use of local, real time data and analysis to inform decision making
- We will move away from traditional long term residential provision wherever possible to be replaced with more flexible options such as extra care with a focus on preventing deterioration and aiding recovery to reduce the need for on-going support.
- As opposed to seeing the health and social care economy as separate entities we will focus on joined up approaches and services to deliver seamless transition across agencies with the customer individual retaining control
- Intrinsic to the joint approach is a recognition that we are working across one service economy with the need to plan together and be flexible about the way we use our resources

## Appendix A

- Traditional models of social care placed the practitioner in control of decision making with minimal choice for the individual, through our personalised approach to commissioning we will invert this relationship to allow flexibility and choice for the individual supported by professional advice
- Over the past few years our approach and service models have been driven by national targets and initiatives, this will be replaced by an emphasis on local priorities and activity to address need in the local population informed by effective engagement

By delivering against this strategic vision and key principles we will expect to ensure a range of positive outcomes for the people of Warwickshire. As expressed in the Corporate Business Plan for 2011/14 the Council is committed to:

- **Residents having more choice & control**
- **On going home care packages being decreased (because reablement has enabled people to become more independent)**
- **Vulnerable residents being supported at home wherever this is appropriate or;**
- **Ensuring greater access to specialist residential care when support at home is no longer practical or safe with an emphasis on the expansion of Extra Care Housing as an option**

When developing this strategy we have clearly needed to take account of changes in the way that health and social care will be delivered on a national level and responding to the white paper “Liberating the NHS” is central to the development of our strategic approach to prevention. To support this we have developed a shared vision for health and social care which will be used to inform the development and implementation of the health and wellbeing board, a new cross agency body which is designed to take oversight of health responsibilities across the local area. Our approach to the use of this board and the way that this will link to our other governance structures is explored later in this document.

There are clear links between prevention in a social care sense and the public health agenda and the changes proposed to the way in which public health is delivered following the white paper will mean new ways of working across the public sector. One of the key elements of the white paper is the proposal that elements of the public health service and infrastructure transfer to the Local Authority.

## Appendix A

The County Council has a lead role to play in supporting, facilitating and leading this change programme. As part of this commitment we have developed a shared vision for public health in Warwickshire

The vision has been developed with the Faculty of Public Health definition of public health in mind which states that:

***The science and art of promoting and protecting health and well being, preventing ill health and prolonging life through the efforts of society.***

### **Outline vision for Warwickshire**

The public's health is our priority, where wellness and tackling health inequalities will be central to all we do. We will work collaboratively with all on outcomes that will reduce the preventable causes of ill-health, use the least intrusive approaches necessary to achieve the desired effect, and focus on enabling and guiding people towards life prolonging choices wherever possible.

In Warwickshire we will:

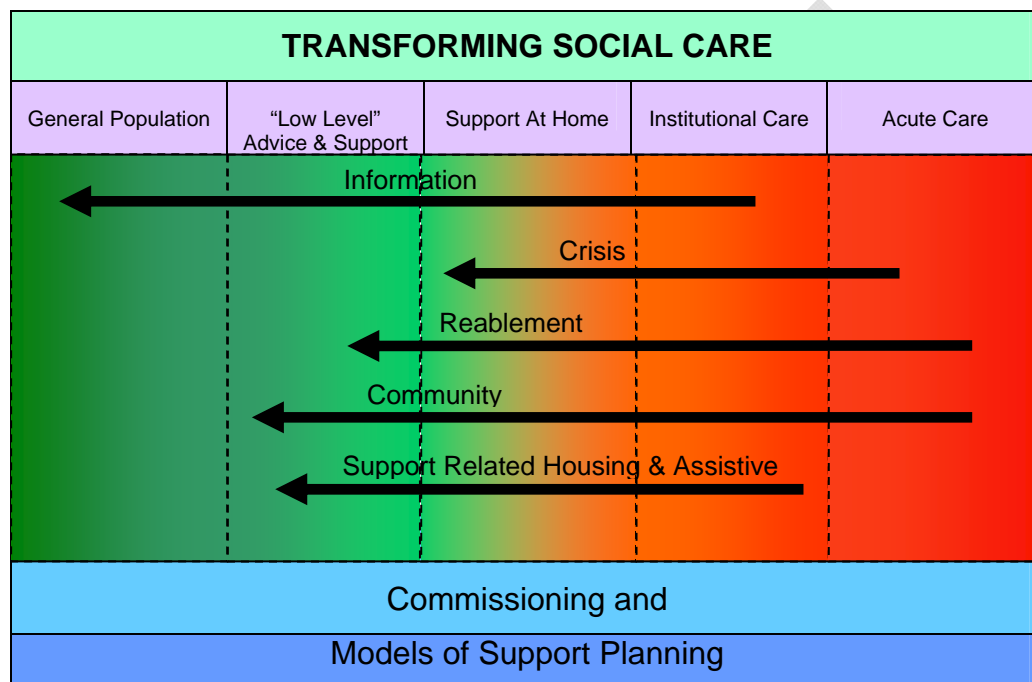
- Improve and protect peoples' health and well-being, improve the health of the poorest fastest
- Integrate expertise, action, advice and influence through a strong and protected public health system (Public Health England) to ensure world-leading health protection, and set challenging local objectives with clarity over our aims.
- Aim to use the least intrusive approach necessary to achieve the desired effect, seeking to use approaches that focus on enabling and guiding people to live healthier lifestyles and make healthy choices.
- Effectively bring together all the interests of NHS, social care, education, transport and environment and effect a positive impact on our public health
- Adopt a new and collaborative approach to fighting health inequalities, rooted in local communities and with the wider determinants of health including economic status, education opportunity, employment, housing and environment – integral to our efforts.
- Use the proposed health premium to reward progress on specific public health outcomes.
- Work with businesses to make them aware of their responsibility for tackling the rising burden of preventable ill-health in order to deliver the improvements we wish to see and empower local communities to come together to tackle the challenges they face involving more work being done by the voluntary sector, rather than the state

## Appendix A

- Work in partnership with all, including businesses and the voluntary sector through the Public Health Responsibility Deal to create an environment that supports informed, balanced, health-improving choices about what we eat and drink and our level of physical activity.
- Use the five national networks focusing on food, alcohol, physical activity, health in the workplace and the role of behaviour change recognising that all of society influences our health decisions.
- Work together to tackle our public health challenges, using the best new insights of social psychology and behavioral economics to achieve real improvements in public health healthy living.
- Ensure the public health priorities and actions tackle the preventable causes of ill-health.
- Protect people from major health emergencies and serious harm to health through our control role in Health protection and resilience planning.
- Tackle the wider determinant of ill health through combined efforts of all public services.

## Defining Prevention

The concept of prevention can be understood in a variety of ways which is why it is important to define what we mean by the term in the context of this strategy. As part of the Transformation Programme within adult social care for Warwickshire we have adopted a model which builds upon the work undertaken by ADASS in 2003 around “Inverting the triangle of care”. This work highlighted the need to shift the focus of delivery for health and social care services away from high end acute and critical interventions and more towards lower level and early intervention. The model below expresses our local approach in more detail:



Through this model we have defined the need to move away from high end care and support by targeting our interventions, this can be categorised as:

### Critical level needs

**Reablement and on-going support** as with customers who have substantial needs we would seek to use our reablement service to mitigate or reduce the need for on-going social care support. However we recognise that for people with this level of need it is likely that a proportion will still require support of some kind after going through reablement. Current data suggests that around 43% of those who leave reablement require a service but at a lower level of intensity than would have been required without an intervention of this nature.

In order to ensure that we provide appropriate options and levels of support or choice customers will still have the option to be supported through traditional forms of provision such as residential care and domiciliary care; however we would seek to use new modes of support where possible and where this is financially sustainable.

## Appendix A

Extra care is being developed as our longer term replacement to residential provision and where possible customers will be encouraged to use personal budgets to identify and commission their own support to meet their needs in ways which are outside of the scope of traditional services.

### Substantial level needs

**Reablement and Maximising Independence** services to help those who already have an illness or disability to live as active and full a life as possible and to be safe in the services that they access. These services could be traditional social care and health based interventions but they need to be tailored to give people the right sort of support and help so that they can do more for themselves and remain independent for longer. As a policy intention we would be seeking to support customers with this type of need through Direct Payments or Personal Budgets wherever possible. In addition to this the use of telecare and telehealth equipment for this group will reduce dependency on traditional provision. Where possible interventions will be for a short term defined period rather than on-going.

### Moderate level needs

**Staying Independent** services focused on people who need some support to stop their condition getting worse. As with wellbeing services these should be provided outside of the traditional health and social care economy within the community.

### Low level needs

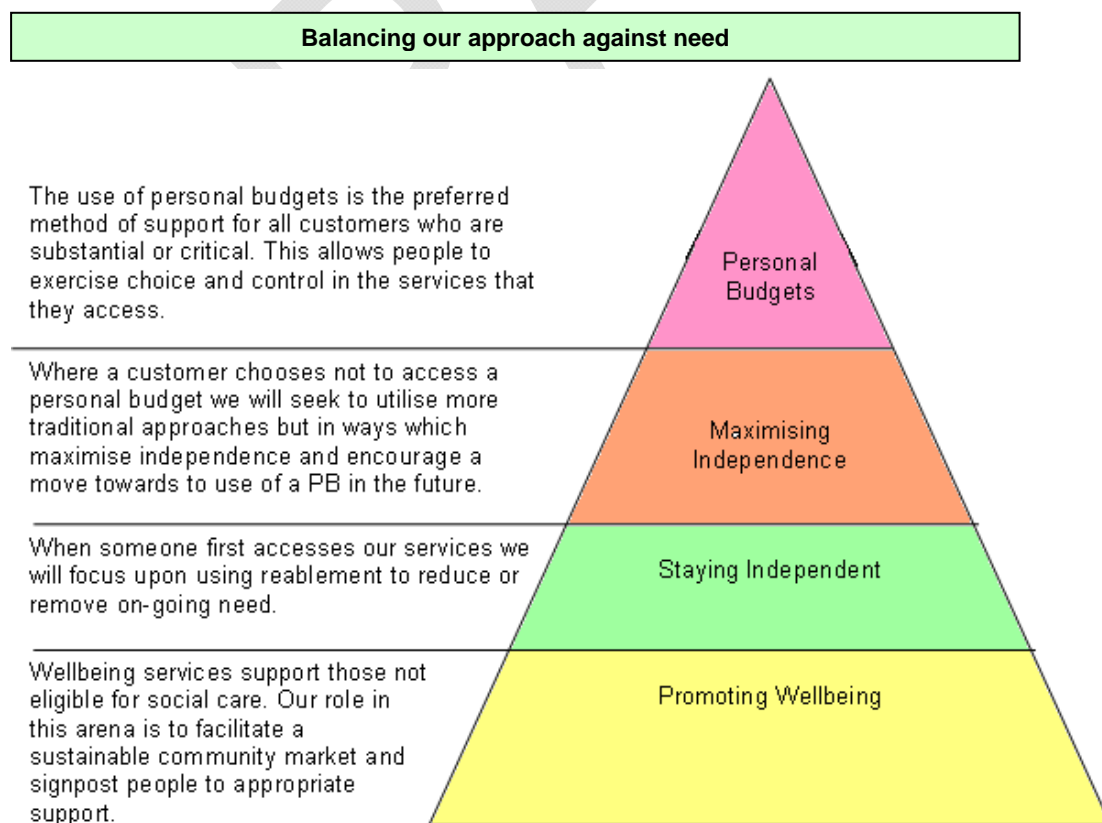
**Promoting Wellbeing** services which are provided outside of the scope of traditional health and social care settings and provided in the community through voluntary groups or not for profit organisations. These services are focused towards people who are basically healthy but require some form of low level support or intervention to maintain their health, to be safe or get the most out of their lives

## Current Position & Initiatives – Building Effective Interventions

There is already a large amount of work going on across the County which aims to support independence and much of this is innovative in nature. However as part of our transformation programme it is clear that much of this work is taking place in pockets and lacks a co-ordinated focus. This Strategy sets out and clarifies as part of the transformation framework the models of service in the future and the methods of access that will be available. There are clearly opportunities to build on existing good practice to improve access to services which support independence for all people across the County regardless of how these services are provided.

Whilst this strategy is focused on adults of all ages where they have need to interface with adult social care services, the evidence base for work to support independence is founded in research largely undertaken with older people. However there is learning based on this evidence as good practice to inform our approach across the wider customer base that we work with, including Learning Disabilities, Physical Disabilities and Mental Health.

In order to deliver against the vision and aspirations of this strategy against the defined areas of focus that have been identified, we will focus our efforts to deliver a set of services and interventions at appropriate levels of the social care spectrum. The following diagram shows the principles behind the approach and way in which specific interventions contribute to supporting independence across the FACS eligibility continuum.



Promoting Wellbeing & Staying Independent		Maximising Independence	
Low	Moderate	Substantial	Critical
Healthy Lifestyles			
Vaccination			
Screening			
Falls Prevention			
Aids, Adaptations and practical support			
Information, Advice & Signposting			
	Telecare		
	Intermediate Care		
Low Level Reablement (hospital discharge)	Social Care Reablement		
	Extra Care Housing		
	Long term conditions		

### Services to promote wellbeing

Issues of healthy lifestyle and public health interventions such as vaccination are recognised as an important part of the wider prevention agenda but are led and facilitated through other structures outside of the core business of this strategy. Those areas which are the direct responsibility of adult social care are described further in the following section which also sets the context for the implementation plan which will sit alongside this strategy. There is a broad range of activity taking place around wellbeing and health promotion, some examples of which are:

- Social inclusion
- Healthy living
- Community safety
- Drugs & Alcohol
- Housing and housing related support (excluding extra care)
- Transport
- Welfare rights
- Lunch clubs
- Community and faith based groups

Much of this provision is available through the third sector and is aimed at those with low or moderate levels of need. Traditionally services of this nature have been supported through funding made available by adult social care but as we move towards a model of focusing our interventions at those with higher levels of need this is no longer sustainable. Over the course of the financial year 2010/11 we have been reviewing the impact of services that we support in this arena and in 2011/12 we will be decommissioning and disinvesting from many of these services.



## Appendix A

There is a clear recognition that these services are still required and that they offer a level of value to those with lower level needs that should not be lost. Through our market facilitation and management roles we will be working with the third sector and specifically the agencies that we have historically funded to ensure that we support their sustainability as we disinvest.

### Information, advice & signposting

Everyone who has reason to be in contact with adult social care, regardless of their level of need required access to high quality information and advice to help them navigate through the range of services that are available to them. The interaction with customers through our access channels and the provision of information and advice will differ based upon eligibility the basic principle cuts across all levels of need. To facilitate and support access to social care services and community based alternatives, we have committed to the development of revised access channels as part of the corporate one front door project and our revised access model.

The Council's One Front Door programme is focused on giving customers access and resolution to services at the first point of contact whether online, face to face or via the telephone. For Adult Social Care this means in addition to handling queries relating to County Council services the One Front Door will act as a signposting service for non eligible customers helping them gain support that will not only give them choice but help them maintain their independence outside of social care.

Alongside this commitment to the development of an access model which is focused upon provision of information and advice we are developing a resource directory which will be a repository of services that can be accessed by those who require support. The directory will include a comprehensive range of community based services which can be accessed by both practitioners and the public. The majority of the services within the directory will not be funded or commissioned by adult social care, but are available to be accessed by those who wish to purchase additional support themselves. The directory will be available on the council's website and will go live in April 2011. The directory will be regularly updated to ensure accurate information is available on a timely basis.

In addition to this, we have commissioned Age UK to provide a gateway service targeted specifically at customers with higher moderate needs. This service will work to identify community based solutions which will halt or slow progression to substantial or critical need. To support this service, we will be investing £100,000 through contract reshaping. The effectiveness of the service and the number of referrals will be monitored on an ongoing basis as, for 2011/12, this will be a pilot service. If the service is successful, we will tender for ongoing provision from 2012/13 onwards. This service is joint funded with the PCT who have invested £33,000 into the service.

### Reablement

Reablement can be described as a service for potential customers who present with poor physical or mental health following a period of crisis, hospital admission or deterioration of health. The purpose of the service is to help them people in these circumstances to manage their illness or condition by learning or re-learning the skills necessary for daily living. We have a reablement service in place across the County and data shows that of those who access the service around 57% require no on-going package of support at the end of their six week support.

Based on the positive results of this approach we will expand this service to existing customers at hospital discharge or where their review suggests an increase in the level of support they require. This expansion will see the level of referrals to reablement increase from 40 to 63 on a weekly basis. As well expanding to existing customers, we will also begin to develop reablement for specialist services and additional client groups such as learning and physical disabilities. The timescale for the development of specialist services is to be defined but it is likely that they will commence during the financial year 2011/12.

To support the expansion of the service, we will be using funding from the winter pressures resources which are currently being transferred from the PCT to the local authority. It is likely that funding arrangements will be finalised by May 2011. In order to assess the effectiveness of the delivery of these services and the use of the winter pressures funding, we are currently developing a range of additional performance measures which will be included in our regular monitoring.

### Intermediate Care

Comprehensive intermediate care services are vital to improving the outcomes for older people and reducing the demand on health and social care services. There are clear and close links between intermediate care and reablement with the key features of intermediate care focusing on rapid response to address issues of crises to avert or reduce levels of emergency admission to hospital or residential care home. The service also acts as a mechanism to support, encourage and facilitate timely discharge from Hospital.

Intermediate care services are provided through the health service rather than the local authority but there is a close relationship between these services and social care practitioners. In addition as legislation around responsibility for readmission following discharge from hospital there is an increased emphasis on joining together health and social care interventions of this nature.

Over the course of the coming months we will be working with colleagues in the PCT to link our reablement and intermediate care services, this may result in a joint service or separate services with complimentary pathways of care.

## Appendix A

As part of the realignment of resources between the PCT and the local authority, we will be working to develop a joint or complimentary reablement and intermediate care service. This service will focus upon shared or complimentary pathways of care to support recovery, rehabilitation and reablement at an early stage. The level of financial resource and the scope of this service is currently being defined and is likely to be agreed in May 2011.

As part of the gateway service with Age UK, we are seeking to use signposting and access to equipment as a mechanism to support recovery in the local community following discharge from hospital or a contact with social care which does not lead to an ongoing service.

### Long term conditions

People with complex health and social care needs, largely associated with long term conditions, benefit greatly from joint health and social care assessment and care management. The benefits include improving outcomes for individuals and evidence strongly suggests that joint approaches reduce demand on both health and social care systems. The benefits are particularly strong where jointly delivered rapid and flexible response services targeted at older people with mental health needs are in place.

Hospitals and institutional care are not healthy places to be. People in these settings have an increased risk of their condition worsening or secondary conditions taking hold. Currently patients with long-term conditions account for 60% of hospital bed days across the acute sector, and 80% of these patients at any given time do not actually need to be in hospital. By placing people in hospital we increase the risk of the need for greater intervention from health and social care services following discharge.

By developing our approach to supporting the management of long-term conditions, we can reduce the need for hospital admission and reduce pressure upon the social care economy. Many long-term conditions can be self-managed, particularly through the use of technology and, as we develop our approach to telecare and telehealth, this will need to be a significant focus.

### Specialist Residential & Extra Care Housing

Despite the move to enable more people to remain living in their own homes, residential care homes will always remain the appropriate and positive choice for some people. This is particularly relevant for those who require specialist support for example in relation to dementia. There is however a need to ensure that the use of residential provision is not seen as a permanent solution and that we seek to ensure that where possible we work more proactively with people in these settings to improve their general health and wellbeing with a view to moving them on.

## Appendix A

Part of the approach to reducing need within a residential setting is the shift away from the traditional model of care and a move towards Extra Care Provision. Our Care & Choice Accommodation Programme is focused upon progressing work in this area and a limited amount of this type of provision is already available in the County.

### Falls Prevention

Falls are a major cause of both physical and emotional ill-health, decreased independence and mortality in older people. Osteoporosis is an important predictor of the risk of sustaining a fracture following a fall. However, both falls and fractures are preventable through using appropriate prevention and treatment strategies.

Approximately 30% of the population over-65, 50% of the population over 85s and 60% of nursing home residents in England will fall each year and 20-30% of these falls will cause injury, with 30% of admissions to hospital for hip fracture being from patients in care home.

Falls are the most common reason for A&E attendance and hospital admission in the elderly and fractures represent one of the most serious consequences of a falls and osteoporosis; hip fractures in particular. Following osteoporotic hip fracture 50% of people will no longer be able to live independently, with fewer than half returning to their initial place of residence and 10% of people sustaining a hip fracture die within a month of admission, and 30% will have died at 1 year following admission.

In Warwickshire admission rates for fractured neck of femur are rising year on year, and although these changes are not statistically significant there were 551 admissions for fractured neck of femur in 2008/9 compared with 483 in 2005/6.

Recent systematic reviews have shown little evidence to support the effectiveness of multi-factorial interventions to prevent falls and injuries in older people in community and emergency settings. Based on this evidence the PCT have agreed that there are five effective, interventions that will be progressed and these are:

1. Advice on exercise (balance and weight bearing)
2. Medication
3. Vision Check
4. Environmental scan of the home
5. Bone Health

The development of the falls strategy is PCT led and considered to be one of their highest priorities. Investment in this area is significant and in the millions as the PCT seek to reduce the pressure placed on elective surgery as a result of falls.

## Appendix A

Although the strategy is PCT led, as is the investment in the service, adult social care services also play a role in supporting the delivery of these priorities. Arrangements will be developed to ensure integrated approaches are in place which enhances the ability to address the causes of falls.

Currently it is acknowledged that services across the county are not proportionate and a key intention of the strategy is to ensure alignment in service provision by the PCT.

### Telecare

Assistive Technology is defined by the Audit Commission as 'any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties.' Telecare is an aspect of Assistive Technology and relates to a combination of equipment, monitoring and response and has been defined as the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. It can help individuals maintain independence, increase safety and confidence and support carers alongside traditional healthcare, social care and housing initiatives.

A strategic review of Telecare in Warwickshire evidenced that the physical response service to those customers without other key holders should be provided by a care provider. Within the future home care commissioning intentions we will look to provide an emergency physical response service to support Telecare customers who require a home visit in response to an alarm if they do not have other key holders.

The right response through a care provider is critical in responding appropriately to the customers needs and in reducing unnecessary hospital and residential admissions.

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

Stratford on Avon is likely to see the most significant change where the population of older people and older people with dementia is predicted to increase more than other areas of the county. To support this we have completed a strategic review of our telecare service and are re modelling the adult social care service to provide the three elements of a telecare service across the county; equipment and installation, monitoring and telephone response and a physical response service for those customers without key holders.

## Appendix A

As part of the expansion of the telecare service, we will be implementing ADL Smartcare which provides an evidence based self-assessment service linked to equipment solutions. Following the completion of the self-assessment, a customer is advised of the types of equipment that can meet their need and how this can be accessed. The use of this approach will support those who wish to purchase telecare equipment, who are not FACS eligible, to access cost effective solutions. ADL are developing this approach with us over the next six months (up to September 2011) and this work is being funded as part of the transfer of resources from the PCT linked to winter pressure funding. In addition to the self-assessment identifying equipment solutions, it also provides signposting to other services as and when appropriate.

### Aids & Adaptations

Demand for adaptations is rising as a result of a range of demographic pressures and the grant fund available to satisfy this demand is like many other funding streams, under pressure.

There is no longer a requirement for local authorities to match fund 60:40 the grant income and the grant ceiling has now been increased to £30,000 per grant, this will impact on the numbers of grants that can be completed.

There is some evidence at a national level that Housing Associations adaptation budgets are coming under pressure. Residents in need of adaptations are therefore seeking DFG's placing additional burdens on local authority budgets. Additionally there has been a rise in the number of low income owner occupiers and the general demographic pressures noted above, creating increasing demand<sup>1</sup>.

As at 31 October 2010 total of 844 people had been waiting for an adaptation at some stage during the year and the average waiting time between assessment and work beginning was 29 weeks (2009/10 average 31 weeks).

### ICES

Since 2004 we have had a joint community equipment service in Warwickshire delivered by the County Council and the PCT with the Council acting as the Lead for the service with a pooled budget manager being responsible for day to day operations. Since 2005 these services have been delivered through a contract with Nottingham Rehab Supplies (NRS). Over the past 3 years we have been working closely with NRS to improve the delivery of the service specification to ensure that the service is timely and effective with particular focus being given to communication between the prescribers and the distribution centre. Over the last 4 years items of equipment and adaptations provided through the service have increased by 62% and in 2009/10 82,572 items of equipment were delivered to customers in Warwickshire.

## Appendix A

To further develop the service and to build on the success to date our intention is to move to the use of a “hybrid” retail model incorporating the Putting People First principles. The new service will be designed to support Warwickshire residents to purchase equipment when they need it, quickly, easily and in a way that fits into their lives. The service is a strategic shift towards providing residents with an early intervention service at the same time as controlling the increase in the volumes of funded equipment.

The purpose of the model is to act as a preventative service aimed at residents with low to moderate needs to reduce the number of residents who move to the statutory service at a substantial or critical level. The self-assessment or supported assessment process within the new service reduces the element of risk of people purchasing the wrong equipment and encourage self-funding in a risk free manner.

## Benefits Realisation and Resource Arrangements

In order to manage and monitor the effectiveness of our use of resources to support independence and contribute to the prevention agenda linked to our transformation programme, we have developed a benefits realisation model to assess our customer flow and financial allocation. The benefits realisation model is still being refined but as part of its development we have identified that, as a directorate, we currently spend £2 million on services and support which relate to the issues addressed within the strategy. This level of spend equates to 1.3% of our current budget.

Within the prevention element of the benefits realisation model, we have identified the following services as contributing to this agenda.

- Age UK
- Alzheimer's Society Home Respite
- Alzheimer's Society one-to-one support
- Warwickshire Association for the Blind Rehab Service
- Independent Advocacy – Professional Advocacy
- Kenilworth Helping Hands
- Friendship Care and Housing – Bedworth Wellbeing Resource Café
- Friendship Care and Housing – North Warwickshire Resource Centre
- Mid Warwickshire MIND Resource Café
- Rethink Carer Information and Support Service
- Rethink The Old Bank Resource Café
- Springfield MIND Wellbeing Exchange
- Age UK Home Safety Checks
- Independent Advocacy – Financial Support
- Guidepost Services for Carers
- South Warwickshire Carers
- Senior People's Forum
- Lunch Clubs (detail expressed at appendix A)
- BME Low Level Services (detail expressed at appendix A)
- Older People Low Level Services (detail expressed at appendix A)
- Older People Mental Health Low Level Services (detail expressed at appendix A)

As part of the transformation programme, within the low level services portfolio, we are currently seeking to reshape the services that we commission and fund which contribute to the supporting independence agenda.



## Outcomes & Headline Measures

The approach outlined in this strategy document plays a key role in supporting the achievement of our ambitions and objectives as a corporate organisation. Within the Corporate Business Plan 2011/13 the Council has clearly stated its intentions around “Care & Independence” as part of which the Directorate is committed to working towards the following aims and associated outcomes for the residents of Warwickshire.

### Delivery Aims:

- Fulfil our duty of care to older and vulnerable people
- Ensure that all those eligible are offered an adult care personal budget
- Increase the scope of re-ablement services
- Improve numbers of older people living independently in their own homes
- Continue improving our relationship with Health services whilst managing changes to the Health community
- Embrace the Public Health Service within our responsibilities

### Outcomes for Warwickshire:

- Warwickshire’s residents have more choice & control
- The number of home care packages is decreased
- Warwickshire’s vulnerable residents are supported at home
- Residents of Warwickshire have greater access to specialist residential care
- The successful transfer of the Public Health Service to the Local Authority

To assess our delivery of these aims and outcomes the following headline measures and associated targets have been developed\*, which will be performance managed through officer and member structures over the course of the year.

<b>Warwickshire's residents have more choice &amp; control</b>				
<b>Title</b>	<b>Definition</b>	<b>Target 11/12</b>	<b>Target 12/13</b>	<b>Target 13/14</b>
Emergency readmissions	Emergency readmissions within 28 days of discharge from hospital (low is good)	New measure	New measure	New measure
Enhancing independence & control over own support	(NI136 derivative) The proportion of those using social care who have control over their daily life (high is good)	New measure	New measure	New measure
Enhancing quality of life for carers	Carer reported quality of life (survey based – high is good))	New measure	New measure	New measure
Enhancing quality of life for people with learning disabilities	(NI146 exact match) Proportion of adults with a learning disability in employment (high is good)	11%	13%	TBC
Enhancing quality of life for people with mental illness	(NI150 exact match) Proportion of adults in contact with secondary mental health services in employment (high is good)	28%	31%	TBC
Improving access to information about care and support	The proportion of people using social car and carers who express difficulty in finding information and advice about local services (survey based – low is good)	New measure	New measure	New measure
Treating carers as equal partners	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (survey based – high is good)	New measure	New measure	New measure

<b>Title</b>	<b>Definition</b>	<b>Target 11/12</b>	<b>Target 12/13</b>	<b>Target 13/14</b>
Ensuring a safe environment for people with mental illness	(NI149 exact match) Proportion of adults in contact with secondary mental health services in settled accommodation (high is good)	92%	93%	TBC
Ensuring a safe environment for people with learning disabilities	(NI145 exact match) Proportion of adults in with a learning disability in settled accommodation (high is good)	70%	75%	TBC
Providing effective safeguarding	The proportion of referrals to adult safeguarding services which are repeat referrals (low is good)	New measure	New measure	New measure

<b>On going home care packages are decreased</b>				
<b>Title</b>	<b>Definition</b>	<b>Target 11/12</b>	<b>Target 12/13</b>	<b>Target 13/14</b>
Helping older people to recover independence	Proportion of older people (65+) who are still at home after 91 days following discharge from hospital (high is good)	New measure	New measure	New measure
Protecting from avoidable falls and related injuries	Acute hospital admissions as a result of falls or injuries for over 65s (low is good)	New measure	New measure	New measure

Warwickshire's vulnerable residents are supported at home				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Admissions to residential care	Admissions to residential care homes per 1,000 population (low is good)	54.0	50.0	TBC
Preventing deterioration and emergency admissions	(NI134 derivative) Emergency bed days associated with multiple (two or more in a year) acute hospital admissions for over 75s (low is good)	Health Indicator, we were never able to access information on this indicator as health were working to a different definition		
Improving recovery from falls and falls injuries	The proportion of people suffering fragility fractures who recover to their previous levels of mobility at 120 days (high is good)	New measure	New measure	New measure
Promoting personalisation	(NI130 exact match) Proportion of people using social care who receive self directed support (high is good)	45%	60%	75%
Ensuring people feel supported to manage their own condition	(NI124 derivative) Proportion of people with long term conditions feeling supported to be independent and manage their condition (high is good)	PCT Indicator, we don't set the targets		
Delivering efficient services which prevent dependency	Proportion of Council spend on residential care (low is good)	No Target Previously Set		

Residents of Warwickshire have greater access to specialist residential care				
Title	Definition	Target 11/12	Target 12/13	Target 13/14
Supporting recovery at the most appropriate place	(NI131 exact match) Delayed transfers of care (low is good)	15.0	10.0	TBC

\*At the time of producing this draft strategy the development of the corporate and directorate based performance frameworks is ongoing and as a result the measures and targets detailed in this section of the document remain subject to potential change.

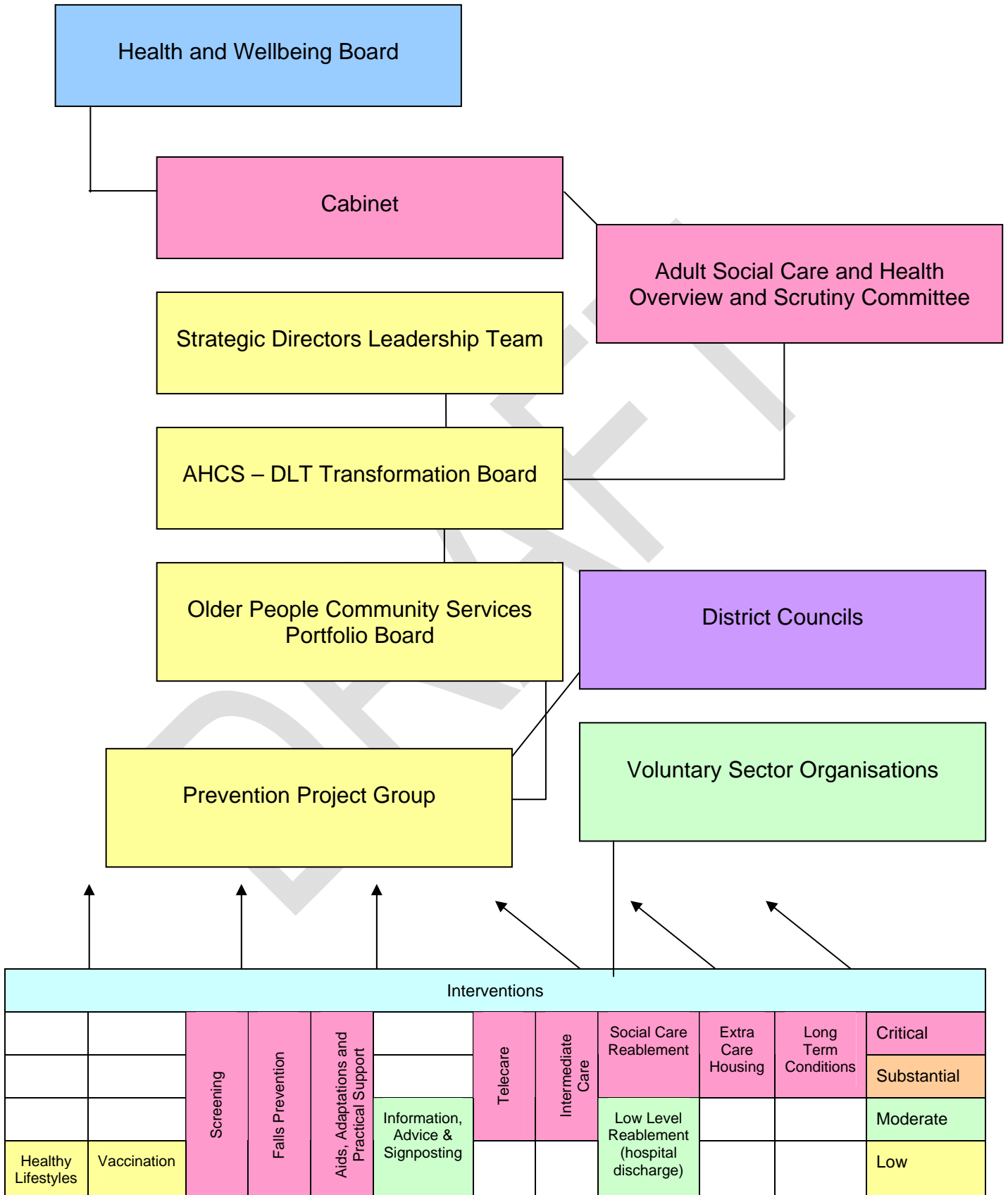
## Governance Framework

Delivery of the prevention strategy and the services that support it are intrinsically linked to the transformation programme for adult social care. In addition work is currently being undertaken in conjunction with the PCT to develop a response to the Governments expectations around shifting resources from the PCT to the local authority in support of reablement and preventative services. Based upon this it is anticipated that the plan of work to utilise reablement funding resources will become the delivery plan which underpins this prevention strategy.

From a governance perspective the Older People and Community Services Portfolio of the transformation programme is responsible for the management of the delivery of the strategy on behalf of the transformation board. To support this arrangement a prevention steering group has been developed which it is intended will meet on a quarterly basis to review progress and to challenge the effectiveness of the interventions that have been put into place.

In the longer term there will be a need to ensure that the prevention strategy and approach reports to the Health & Wellbeing board which is being developed in response to the white paper "Liberating the NHS" but as these arrangements are not yet in place the interim governance structure described above will be responsible for the management of delivery. The following diagram seeks to express the structural arrangement within the framework.

## Governance Framework – Supporting Independence (Prevention) Strategy



For further general information with regards to the information contained in this strategy contact:

Andrew Sharp, Service Manager, OPPD, Intelligence & Market Facilitation

01926 745610 [andrewsharp@warwickshire.gov.uk](mailto:andrewsharp@warwickshire.gov.uk)

For specific information related to the strategic elements of the strategy, please contact the relevant lead officer as detailed below:

**Strategic Leads:**

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Information, advice & signposting	Marcus Herron, Business Transformation Manager	01926 745106 <a href="mailto:marcusherron@warwickshire.gov.uk">marcusherron@warwickshire.gov.uk</a>
Reablement & Intermediate Care	Zoe Bogg, Home Care Development Manager	01926 731078 <a href="mailto:zuebogg@warwickshire.gov.uk">zuebogg@warwickshire.gov.uk</a>
Non FACS Intermediate Care	Andrew Sharp, Service Manager, OPPD, Intelligence & Market Facilitation	01926 745610 <a href="mailto:andrewsharp@warwickshire.gov.uk">andrewsharp@warwickshire.gov.uk</a>
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Falls Prevention	Denise Cross	<a href="mailto:denise.cross@nhs.net">denise.cross@nhs.net</a>
Telecare	Rob Wilkes, Service Manager, Care Accommodation & Quality	01926 745371 <a href="mailto:robwilkes@warwickshire.gov.uk">robwilkes@warwickshire.gov.uk</a>
Aids & Adaptations (Disabled Facilities Grant)	Nick Cadd, Head of Housing (Stratford District Council)	01789 260841 <a href="mailto:nick.cadd@stratford-dc.gov.uk">nick.cadd@stratford-dc.gov.uk</a>
ICES - Equipment	Andy Clayton, ICES Manager	01926 742973 <a href="mailto:andyclayton@warwickshire.gov.uk">andyclayton@warwickshire.gov.uk</a>



## Appendix A – Low Level Services Contractual Arrangements

### Lunch Clubs

- Nuneaton Caribbean Association
- Whitestone Luncheon and Over 60's Club
- Water Orton Parish Church
- Bedworth Civic Hall Lunch Club
- Conifer Court Lunch Club
- The Grove Lunch Club
- New Town Centre Lunch Club
- St Mary's Youth
- Harbury Village Lunch Club
- Mancetter Lunch Club
- Water Orton Lunch Club
- Watten's Lodge Lunch Club
- Overslade Lunch Club
- Dell Court Lunch Club
- Lawrence Mackie Lunch Club
- Rainbow Fields Lunch Club
- Earlswood Lunch Club
- Burley Lunch Club
- Wilmcote Lunch Club
- Jubilee Court Lunch Club
- Stour Court Lunch Club
- Malt Lane Lunch Club
- Mulberry Street Lunch Club
- Osprey House Lunch Club
- Snitterfield Lunch Club
- Iris Lees Lunch Club
- Dale Street Lunch Club
- Chandos Court Lunch Club
- Lowsonford Lunch Club
- Fillongley Village Lunch Club
- Cubbington Lunch Club

All of these lunch clubs were decommissioned by the local authority in 2010/11, releasing a saving of £38,687. During the decommissioning process, short-term funding was made available to support these lunch clubs to become self-sustaining without funding from the directorate.

## BME Groups

- African Caribbean Friendly Association
- Sikh Mission
- Anmol
- Guru Nanak
- Rugby Sikh Association
- Pakistan Welfare Association
- Sikh Social and Welfare Association
- Rugby West Indian Association
- Rugby Indian Association
- Rugby Chinese Society
- Milan Multi-Cultural Society
- Sikh Community Centre
- South African Caribbean Project

To support these groups, Warwickshire County Council currently provides £125,976 across the organisations on an annual basis. In 2011/12 these organisations will be decommissioned by the directorate and, as a result, will not receive further financial support. Three months notice has been served to these organisations as at 1 April 2011, however there is an option to extend the notice period by a further three months which would result in financial support being provided up to 30 September 2011.

As we decommission from these organisations we will be working with them to support them in becoming self-sustaining organisations. The market facilitation team are currently undertaking visits with the organisations to discuss their business planning and development options for the future. In addition to this, they may receive ongoing funding where FACS eligible individuals supported by the directorate choose to purchase support from them directly utilising a personal budget or direct payment.

## Older People Low Level Services

- Iris Lees
- Waverley Day Care Centre
- Waverley Drop-In Centre
- Age UK – Rugby Day Care
- Age UK – Hospital Discharge Home Support
- Age UK – Daily Living Support
- Age UK – Abbey Green Day Care
- Age UK – Digby Road Specialist Club
- Age UK – Atherstone 55's Club
- Age UK – Daily Living Support North

To support these groups, Warwickshire County Council currently provides £289,627 across the organisations on an annual basis. During 2011/12 we will be decommissioning or reshaping some of these services. As a result of this work we will be reducing our financial commitment to £263,627 and will be

amending the types of service that we commission. We will no longer be providing financial support to Age UK in relation to their hospital discharge, daily living support, and 55's club, but will be commissioning a gateway service focused on providing tailored support to customers who are not FACS eligible for social care but are rated as having high-end moderate social care needs.

#### Older People Mental Health Low Level Services

- Alzheimer's Society – Victor Hodges (Day Care)
- Alzheimer's Society – Information and Advice Stratford
- Alzheimer's Society – Information and Advice Warwick
- Alzheimer's Society – Dell Court (Day Care)
- Alzheimer's Society – Alz's Café
- Age UK Daybreak Services
- Age UK Independent Support for Over 55's

To support these groups, Warwickshire County Council currently provides £465,131 across the organisations on an annual basis.

**AGENDA MANAGEMENT SHEET**

<b>Name of Committee</b>	<b>Adult Social Care and Health Overview and Scrutiny Committee</b>
<b>Date of Committee</b>	<b>13<sup>th</sup> April 2011</b>
<b>Report Title</b>	<b>Personalisation – A progress update</b>
<b>Summary</b>	<p>April 2011 sees the end of the first phase of transforming Adult Social Care, (spanning the three year period 2008-2011).</p> <p>The report provides information about the progress made towards delivery of personalised Adult Social Care services in Warwickshire.</p>
<b>For further information please contact:</b>	<p>Gill Fletcher  Head of Transformation programme office  Tel: 01926 743257</p>
<b>Would the recommended decision be contrary to the Budget and Policy Framework?</b>	No.
<b>Background papers</b>	<p>Department of Health: Putting People First  Concordat: A shared vision and commitment to the transformation of Adult Social Care (2007).</p> <p>Local Authority Circular: Transforming Adult Social Care (2008)</p> <p>Creating a Vision and Turning Vision into Action: Adult, Health and Community Services (Nov 2007)</p> <p>Adult, Health and Community Services: Local Commissioning Divisional Business Plan 2008/9 (March 2008)</p> <p>Cabinet Report: Personalisation and Introduction of Personal Budgets (Oct 2008)</p> <p>Members' seminar: Personalisation and Introduction of Individual Budgets (now termed Personal Budgets). (Oct 2008).</p> <p>Adult, Health and Community Services: Local Commissioning Divisional Business Plan 2009/2012 (March 2009)</p>

Cabinet Report: Refreshed Joint Commissioning Strategy for Older People Services 2009-11 (10 Sept 2009)

Cabinet Report: Final Joint Commissioning Strategy for services for People with a Physical Disability and or Sensory Impairment 2009-2014 (10 Sept 2009)

Public Service Board: Report of the Task Force on Putting People First in Warwickshire (November 2009).

Cabinet Report: Introducing a Reablement Service and Transforming Internal Home Care (26 Nov 2009)

Adult Social Care Transformation Programme Definition (August 2010)

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Other Committees         | <input type="checkbox"/>            | .....   |
| Local Member(s)          | <input checked="" type="checkbox"/> | Not Applicable  |
| Other Elected Members    | <input checked="" type="checkbox"/> | Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Watson, Councillor C Rolfe, Councillor R Dodd |
| Cabinet Member           | <input checked="" type="checkbox"/> | Councillor I Seccombe   |
| Chief Executive          | <input type="checkbox"/>            | .....   |
| Legal                    | <input checked="" type="checkbox"/> | Alison Hallworth, Adult and Community Services Team Leader  |
| Finance                  | <input checked="" type="checkbox"/> | Chris Norton, Strategic Finance Manager   |
| Other Chief Officers     | <input type="checkbox"/>            | .....   |
| District Councils        | <input type="checkbox"/>            | .....   |
| Health Authority         | <input type="checkbox"/>            | .....   |
| Police                   | <input type="checkbox"/>            | .....   |
| Other Bodies/Individuals | <input checked="" type="checkbox"/> | Michelle McHugh, Overview and Scrutiny Manager  |

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee  After 12 months – April 2012
- To Council  .....
- To Cabinet  .....
- To an O & S Committee  .....
- To an Area Committee  .....
- Further Consultation  .....

## Adult Social Care and Health Overview and Scrutiny Committee – 13<sup>th</sup> April 2011

### Personalisation: A progress update

#### Recommendations

It is recommended that the Adult Social Care and Health Overview and Scrutiny committee:

1. Acknowledge the progress made to deliver personalised services across Adult Social Care, to meet the requirements of the national Putting People First Milestones.
2. Support proposals for next steps, which include:
  - Further embedding the cultural change necessary to fully deliver personalisation as '*the way we do things around here,*' into front line practice, our work with partners and our responsibilities as strategic commissioners.
  - Extending customer engagement in development initiatives.
  - Further developing processes, systems and tools in line with recommendations from separate evaluation mechanisms recently commissioned by the directorate:
    - an internal evaluation by staff;
    - an internal audit;
    - early feedback from the national survey of people who have a personal budget, (for which Warwickshire is one of the ten demonstrator sites).

#### 1. Background

- 1.1 The journey towards Personalisation was primarily outlined within the White Paper: "Our Health; Our Care; Our Say" (Jan 2006) and statements in the 2007 national budget report and Comprehensive Spending Review. "The Darzi review of the NHS" (May 2008) follows through with some of these principles into the Health sector.
- 1.2 "Putting People First (PPF concordat): A shared vision and commitment to the transformation of Adult Social Care", was launched in 2007 as the key national programme to improve people's experience of adult social care. The PPF concordat was supported and signed by a large number of organisations, across government and the professional and voluntary sectors and it was developed together with people using services.
- 1.3 The rationale behind the PPF shared vision for transformation was two-fold. Firstly, a recognition that the current approach to delivering social care support and services would not be financially sustainable in the future. (Nationally, we have an ageing population and increasing numbers of people experiencing some form of learning, physical or mental difficulty. In Warwickshire, the rate at which the population is ageing is slightly higher than the national average). Secondly, PPF focuses implicitly on the importance of the individual. It recognises the responsibilities Adult Social Care directorates

have with partners to create the environment for how people could live and support their own care needs in the future and how our responses need to be geared in a personal way to meet the expectations and aspirations of future customers.

1.4 This change has been viewed as a much bigger change than the Community Care reforms of the mid 1990's, pioneering a change in societal and professional approaches to care and support for people over the next twenty to thirty years.

1.5

The four key components

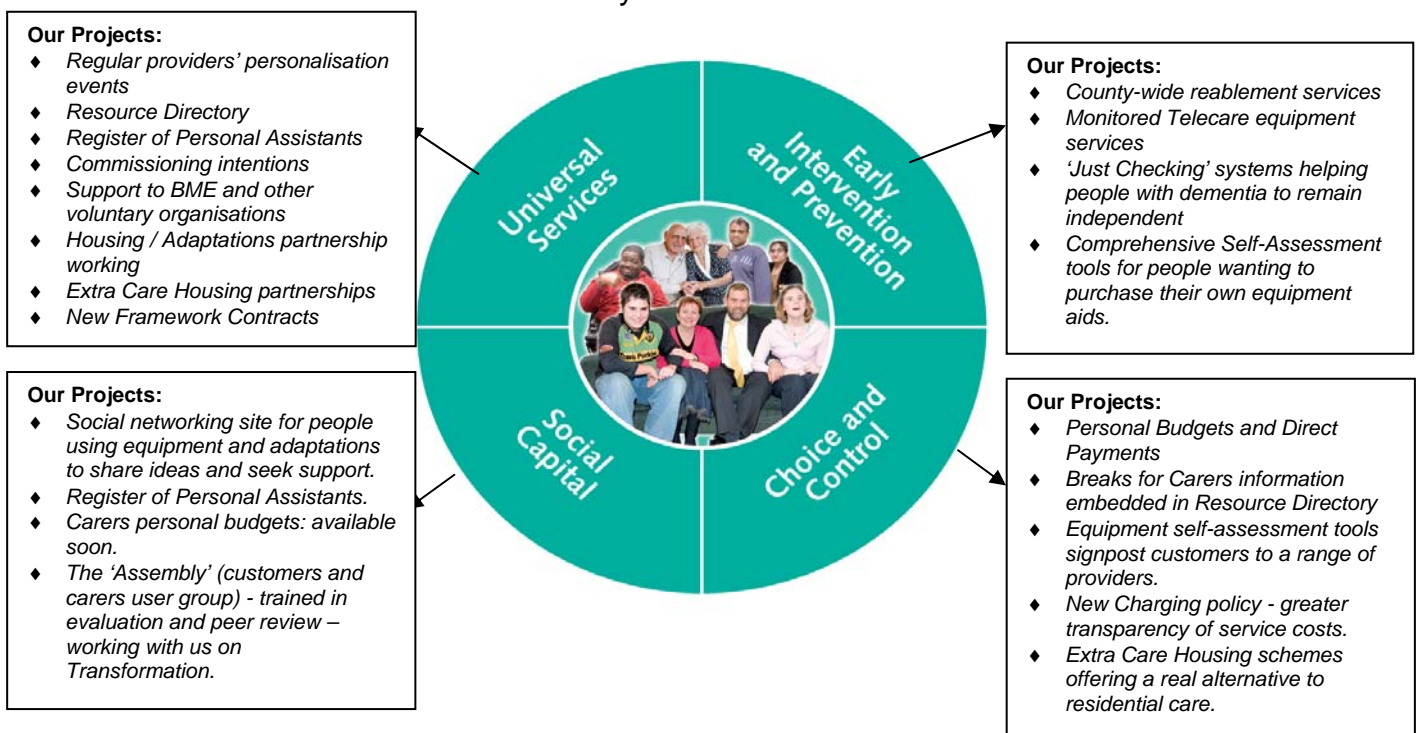
The Putting People First initiative contained four key components:

**Universal services:** ensuring that anyone requires care and support can find the services they need in their community.

**Early intervention and preventative services:** preventing people from requiring social care support in the first instance and helping people to maintain their own health and well being for longer.

**Choice and control:** giving people as much control as they want over decisions which affect their care.

**Building social capital:** recognising that individuals can receive care and support from their friends, families, neighbours and community groups. Supporting the development of regular, informal networks for the delivery of social care support from within the community rather than outside of the community.



PPF proposed that all local authorities move to a system of Personal Budgets for anyone who is eligible for support. Through this system, PPF aimed to help individuals create bespoke care services, enabling them to receive the right care and support at the right time. It also sought to reduce the pressure



on local authorities by investing money in prevention, rather than offering care when people's needs are highest.

Delivered by partners across the sector, PPF was and still is a unique programme, whose ultimate goal is the transformation of adult social care. It requires and enables close collaboration between the professional leadership, providers, regulators and importantly, service users themselves.

1.6

### Funding

Delivery of the PPF vision was backed by government grant funding via the Social Care Reform Grant. Annual revenue payments and a small amount of capital were made to councils over a three period. This funding was made available to cover some of the costs of change and any double running expenses as old style services were decommissioned and new style services developed. Warwickshire has received £759,000 in 2008/9, £1,792,000 in 2009/10 and £2,228,000 in 2010/11 in revenue grant payments and £282,000 capital monies in 2010/11 specifically to support the delivery of personal budgets and transformation of Adult Social Care.

1.7

### Future expectations – the transformation of Adult Social Care continues

The PPF vision has continued to be a focus of the new government and the key themes have been carried through into the Vision for Adult Social Care: Capable Communities and Active Citizens and the accompanying framework: 'Transparency in Outcomes', (November 2010).

The 2010 Vision sets the context for the future development of social care services. It is the first step and is to be followed by the Law Commission's work on reforming the legal framework and the Commission on Funding of Care and Support, towards the White Paper on Care and Support, expected at the end of 2011. This will set out plans to establish a modern and financially sustainable framework for care and support, include requirements for new legislation and will no doubt build upon changes already in stream for the NHS.

With the completion of the first phase of transformation in April 2011, plans for service reform have been further outlined in an updated version of the PPF concordat: "Think Local, Act Personal" (November 2010). Led by the Association of Directors of Adult Social Services and the Local Government Group on behalf of 21 health and social care organisations, it describes the next steps for councils to further personalise services. The work of this new cross-sector partnership will keep the key objectives from the previous PPF programme going forward.

1.8

### Scope of report

This report details the approach taken and progress made towards delivery of the Putting People First Vision in Warwickshire and describes how progress has been evaluated.

The recommendations outline proposals for continuing to embed and improve Warwickshire's approach to personalisation within the wider programme of transformation for Adult Social Care.

## **2. Nationally agreed priorities and the Putting People First Milestones**

2.1 In October 2009, the Department of Health agreed with the Association of Directors of Adult Social Services and the Local Government Association the five key priorities for councils during this first phase of transformation, (up to April 2011). The priorities were:

- That the transformation of adult social care has been developed in partnership with existing service users, (both public and private), their carers and other citizens who are interested in these services.
- That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process.
- That partners are investing in cost effective preventative interventions, which reduce the demand for social care and health services.
- That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.
- That service users are experiencing a broadening of choice and improvement in quality of care and support service supply, built upon involvement of key stakeholders, (Councils, Primary Care Trusts, service users, providers, 3rd sector organisations etc), that can meet the aspirations of all local people, (whether council or self-funded) wanting to procure social care services.

The Putting People First milestones are the national measures to evidence councils' progress towards delivery of the priorities.

A key challenge for councils across the country has been the launch of the milestones, detailing how the performance of authorities would be measured, came nearly two years after the publication of the PPF concordat. Officers at Warwickshire have made best efforts to ensure any early intelligence about these measures was used to inform local delivery plans.

A description of the Putting People First Milestones is available at App A.

## **3. Warwickshire's approach to delivery**

### **3.1 Learning lessons from the past**

The Adult Social Care directorate has a good history of strategy development through the Joint Strategic Needs Assessments (JSNA) and Commissioning strategies. However, an area previously identified for improvement has been the need for a stronger focus on delivery.

The approach taken for Personalisation at Warwickshire was to build in that strong focus on delivery. With the national vision already published in the PPF Concordat (2007), the strategic direction was clear. The work required was to raise awareness, engage stakeholders and put in place delivery plans to achieve the transformation required.

### 3.2 Warwickshire's Putting People First Task Force

3.2.1 Warwickshire's Task Force on Putting People First was set up by Jim Graham, Chief Executive and Dr. Graham Betts, (then Strategic Director of Adult Social Care) in 2008 and was independently chaired by Dame Yve Buckland. The Cabinet requested that the Task force report back to the Public Service Board with recommendations to ensure the ongoing delivery of transformed services across the public sector. The key themes that it requested the Task Force addressed were putting users and carers at the heart of transformed services, the development of preventative services and the development of effective partnership working. In recognition of the size of the target group for the Taskforce, the work was focussed on a number of key areas that included:

- Ensuring "Putting People First in Warwickshire" was promoted effectively, including a conference to launch the initiative.
- Ensuring partner agencies were fully aware of the requirements of the concordat and engaged in delivery.
- Ensure personalisation is implemented in Health Services and Adult Social Care and progress is delivered on introducing Personal Budgets

3.2.2 Membership of the Task Force was drawn from across the Health, Housing and Social Care sectors and included senior representatives from the County Council, the district and borough councils, Warwickshire Primary Care Trust (now NHS Warwickshire), Warwickshire's User Forum and Private and Voluntary organisations.

3.2.3 The Task Force completed its work and reported outcomes to the Public Service Board in November 2009. It's achievements included:

- A county-wide Launch conference and series of district and borough based mini conferences for users and carers, frontline staff and managers from the councils, partner agencies and the independent sector.
- A DVD utilising interviews and highlights from the conferences and feedback from those attending the conference, (used to shape the programme).
- A workshop – "Creating the Will for Change".
- Partner's self-assessment of where their organisations were at and the level of priority given to Putting People First.
- A series of recommendations going forward.

### 3.3 Adult Social Care Transformation programme

Alongside and complementary to the work of the Task Force, the Adult Social Care Directorate has increasingly taken a programme management approach to the delivery of personalisation and transformed adult social care services. The directorate-wide programme was set up in April 2010 and prior to this the Local Commissioning division has operated a programme approach since January 2008.

Engagement with customers and partners has been a strong aspiration within delivery plans.

## 4. Assessment of our performance against the Putting People First Milestones

4.1 At this point, it is worth noting some differences between the PPF milestones and the key aims of the Adult Social Care Transformation programme (August 2010).

- The most notable difference is the PPF milestones are not wholly focused on the delivery of financial savings, with this actively measured in the PPF Prevention milestone only, (Milestone 3).
- The Adult Social Care transformation programme has the delivery of savings as a fundamental outcome across all projects.

4.1.1 Since publication of the PPF concordat in 2007 and with the change of national government, the imperative to deliver savings across the public sector has become the priority. For Adult Social Care, whilst already working on the delivery of transformed services to deliver a financially sustainable model of operation, delivery of personalisation is very much focused on *affordable choice* going forward and where people can afford to pay for, or make a contribution to the cost of their services, the council now expects this to happen. Previous levels of council subsidy for Adult Social Care services can no longer be afforded.

4.1.2 It is also worth noting that the PPF milestones were launched prior to the new government's consultation documents: "Equity and Excellence: Liberating the NHS", (July 2010) and the new "Vision for Adult Social Care: Capable communities and Active Citizens", (Nov. 2010). Additionally, a new sector-led improvement system of self regulation is currently being developed and the directorate are awaiting the new set of measures to build upon the PPF milestones and other national performance indicators.

4.1.3 A self-analysis exercise has been undertaken to gather evidence to demonstrate how the council has met the PPF milestones for April 2011.

Sections 4.2 to 4.6 provide a summary of this evidence and recommended next steps for the directorate to further improve against the milestone themes, beyond April 2011.

### 4.2 **Milestone 1 – DELIVERED**

#### **Effective Partnerships with people using services, carers and other local citizens**

April 2011 milestone - That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets.

4.2.1 The evidence collected in the self-analysis exercise demonstrates that Warwickshire does have effective engagement with a number of user-driven organisations.

- 4.2.2 The 'Assembly', is in place, with a membership of customers and carers who have been formally and independently trained in evaluation and peer review. By April 2011, the group will be engaged in a number of transformation projects. In addition, Warwickshire has a number of other, long-standing user-engagement groups: Direct Payments Stakeholder group, Alcester Stakeholder Group; Older People's Partnership; Learning Disabilities Partnership who are actively engaged with the directorate regarding service delivery and service development.
- 4.2.3 Some examples of the evidence collected to demonstrate achievement of this milestone include:
- In 2008, customers participated in the design and testing of self-assessment questionnaires and support plans.
  - Carers played a lead role in the 'Breaks for Carers' demonstrator programme, resulting in their content and their designs being used for carers pages on the Warwickshire web and Adult Social Care Resource Directory.
  - Since 2008, customers have been engaged at all levels across Warwickshire on the development of Extra Care Housing.
  - A full public consultation exercise was carried out during Warwickshire's review of community care charges, including face to face meetings. The consultation was recently applauded by the social care's professional publication: 'Community Care' as a good example of consultation and resulted in changes being made to the original proposals.
  - Residents and their carers in WCC residential care homes were consulted on the closure of residential homes. An outcome of the consultation was to consider alternative procurement options for WCC residential homes which are now being market tested with the independent sector.
  - Co-Production workshops involved people who use services in a pilot activity lead by Martin Cattermole, national Programme Manager for the Putting People First programme, to explore different models of Support Planning for Self Directed Support in Learning Disabilities.

#### 4.3 **Milestone 2 – DELIVERY expected**

##### **Self Directed Support and personal budgets.**

April 2011 milestone - That at least 30% of eligible service users/carers have a personal budget.

- 4.3.1 The directorate is on the cusp of fully delivering this milestone. Current performance predictions are in the high 20's percentage-wise and with all Older People and Physical Disability teams, (who support the majority of adult social care customers) having been providing personal budgets for at least six months, with some being 'live' for over twelve months, the directorate is confident this milestone will be achieved.
- 4.3.2 Some other examples of the evidence collected to demonstrate achievement of this milestone include:

- The introduction of the new charging policy means that Warwickshire's staff & citizens are able to understand the actual/full cost of social care services. This is enabling social care staff to be more upfront and transparent about costs, which helps citizens make better-informed choices about how they manage their own financial circumstances and how they spend their personal budget to meet their outcomes.
- Warwickshire currently has one Extra Care Housing (ECH) development open and one due to open in May 2011. ECH offers customers choice and control to remain living in a home of their own with dignity, promoting independence and well being. This starts to provide greater levels of choice and control in a residential setting. Customers who have personal budget are in more control of the care services they receive.

4.3.3 For the future, the directorate's evaluation mechanisms have produced findings to work with in order to further improve in this area.

- **Culture and Pace.** Warwickshire has developed and rolled out self directed support, however the pace of take-up is slower than expected and the cultural change is not fully embedded in practice. Whilst there are pockets of good practice, going forward, this needs to be turned into the norm for customers and carers. The Carers self directed support approach will be implemented in 2011.
- **Systems and Process.** Internal evaluation and corporate audit mechanisms have highlighted some weaknesses with Self Directed Support processes, systems and technology that are acting as barriers to the effective delivery of cultural change at pace. Additionally, data recording and definition issues have been identified that require attention.
- **Brokerage.** The PPF milestone also expects brokerage or peer support models to be in place. The models have the potential to facilitate access to more innovative and imaginative use of resources using Personal Budgets. This has been partly explored by the work undertaken in Learning Disabilities by Martin Cattermole and is also being addressed through better commissioning and use of tools like the care fund calculator that are proving very successful.
- **People with Learning disabilities** will be able to have personal budgets from April 2011 and people with mental health support needs from May 2011.

#### 4.4 **Milestone 3 - DELIVERY expected**

##### **Prevention and cost effective services**

April 2011 milestone - That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs / benefits across the 'whole system'.

#### 4.4.1 Evidence collected demonstrates:

- Warwickshire now operates a countywide reablement service for people who meet the council's eligibility criteria for adult social care.
- The reablement service focuses on promoting independence and slows down dependency by "assisting" people to do things for themselves.
- With reablement, customers are supported in their own home to rebuild their confidence and independent living skills that will enable them to live and enjoy a more independent life.
- A monitored Telecare service is in place that helps to prevent the escalation of dependency by the provision of environmental and health related sensors enabling a quick response to emergency situations as well as giving the customer psychological reassurance.
- Use of 'Just Checking' telecare systems has been extended, providing practitioners and families with a better understanding of the abilities of a person with dementia, ensuring that residential care is not progressed unnecessarily
- It has been evidenced within the CSED Financial Toolkit that cashable savings have been released as a result of using Telecare and Assistive Technology

4.4.2 There is evidence that significant cashable savings have been released as a result of the preventative services, primarily in reablement. Whilst these are still being calculated, from associated financial savings analysis, the directorate is confident of delivering the milestone. It is more difficult to measure that joint planning has been able to apportion costs / benefits across the 'whole system'. However, both reablement and telecare services help people to find ways of maintaining their independence, keeping them out of hospital as well as reducing or eliminating their social care needs.

#### 4.4.3 For the future the council has delivery plans in place for the following areas:

- Benefits realisation mechanisms are to be extended to include partners to bring together the development and delivery of prevention initiatives and to measure and monitor savings and effectiveness across the whole system.
- Joined up reablement / intermediate care - plans to develop the future operating model are implemented.
- Targeted work to provide the systems and processes to support case finding / case coordination and complex / end of life care is underway.
- Expansion of both reablement and telecare services to support more people across Warwickshire.
- Quick wins are being explored to decommission low level services, ensure greater understanding of the triggers leading to more intensive support needs and expansion of the reablement service to support a greater number of customers. (*The Supporting Independence (prevention) strategy currently awaiting Cabinet approval will address these quick wins*).

## 4.5 **Milestone 4 – DELIVERED**

### **Information and Advice**

April 2011 milestone - That the public are informed about where they can go to get the best information and advice about their care and support needs.

#### 4.4.1 Evidence includes:

- Warwickshire adaptation and integrated community equipment services have comprehensive self assessment and information services; providing information for customers and carers on the web. Pod casts are available in different languages on 'Looking Local' as well as a social networking site for customers to offer support and advice to each other.
- The Adult Social Care resource directory (phase 1) will be in place during April 2011 and builds on the existing Up2Date Coventry and Warwickshire directory that delivers Children's statutory family information services. The revamped council website, due to go live imminently will improve access to this information.

#### 4.4.2 For the future the council has delivery plans in place for the following areas:

- The councils 'One Front Door' will deliver an improved level of information and advice to customers, resolving queries at the first point of contact and signposting people to appropriate places, (usually outside of the council) for further assistance.
- More balance in delivery approach – other languages, other media and communication channels to be explored further.
- Efforts in the past to maintain information and ensure its accuracy and timeliness have not been wholly successful. This will be part of the longer term solution.
- As the council shifts to take up its strategic commissioning responsibilities, greater engagement with private, voluntary and independent / community based organisations will focus on facilitating the market place and connecting people with the right services at the right time.

## 4.6 **Milestone 5 - DELIVERED**

### **Local Commissioning**

April 2011 milestone - That stakeholders are clear on the impact that purchasing by individuals, both publicly, (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

#### 4.6.1 Evidence includes:

- The work of Coventry and Warwickshire partnership for Care has been focused on raising levels of understanding about personalisation and personal budgets for providers since 2008. A series of events have



supported 600+ providers and partners to increase their knowledge in this area.

- WCC is currently working with BME voluntary and community organisations by supporting them to develop business plans and identify training needs and apply to different funding streams.
- Commissioning intentions for Adult Social Care will be published by the end of March.
- A regional and local register of Personal Assistants is operational; supporting customers to find support that can meet their needs.
- WCC is currently engaged in a market testing exercise with the independent sector to consider future procurement options for eight of the ten in-house residential care homes.
- WCC is working with the voluntary sector to explore the feasibility of a social enterprise for one local residential care home.
- WCC is working extensively with partners in the independent and voluntary sector to develop a number of ECH facilities across the county, contributing to building specifications and designing personalised models of care to be delivered.

4.6.2 For the future the council has delivery plans in place for the following areas:

- Providers are able to offer Individual Service Funds (a form of personal budgets that the provider helps manage for customers).
- Awareness levels of GPs, citizen led groups and other stakeholders are a priority to help their understanding of the impact and changes needed in their services.
- Voluntary and social enterprise groups have expressed concern about developing community based services in an environment where financial support from the council is diminishing. Plans include helping communities to take a sustainable business case approach to developing social enterprise services. This will be important to avoid the council unnecessarily having to step in to support failed initiatives.
- The strategic commissioning role of the council will develop further to support this area of personalisation.

## 5. Evaluation Mechanisms

5.1 At this time of transformational change, the Adult Social Care directorate has been keen to invite and learn from both internal and external evaluation.

In addition to the annual Care Quality Commission performance assessments (that ended in 2010), the directorate has initiated a series of evaluation exercises to inform the continued development and transformation of adult social care services. These evaluations are in addition to staff, stakeholder and customer consultation processes conducted for all significant changes to council policy or the way individual services are delivered.

5.2 In summary, the evaluations commissioned include:

- April 2009 - An evaluation of the Rugby Older People and Physical Disabilities demonstrator site for personal budgets.

- August 2010 – Internal Audit of Personalisation (due for completion in March 2011)
- August 2010 – Institute of Public Care critical friend review of the Adult Social Care Transformation Programme
- December 2010 – Staff evaluation of Self-Directed Support
- December 2010 – Internal Audit of Project Management in Adult Social Care (due for completion in March 2011)
- Demonstrator site for the national evaluation of People with Personal Budgets (Warwickshire is one of 10 participating counties across the country – due for completion in September 2011)

5.3 These evaluations have and are providing business critical feedback to further improve services. Whilst the detail of each and every evaluation is not explored in this report, some headlines from the evaluations include:

5.3.1 People in Warwickshire with personal budgets are telling us:

- Direct payments continue to be the most popular form of managing personal budgets.
- 81% of responders felt their views and opinions were fully included when setting up their care support plans.
- 48% of responders felt information, advice and support was straight forward and easy to access, however 11% felt it was either difficult or very difficult.
- 67% said their personal budget had made things better with respect to being treated with dignity, with only 39% feeling they were in control of how the personal budget was spent.

At this stage, with the national personal budgets evaluation not yet complete, these are early 'heads up' type indicators. By September we will have further qualitative and quantitative analysis and the ability to compare with other councils. Our Customer and Carer 'Assembly' will help us decide on priority areas for further work.

5.3.2 The internal personalisation audit recommends some key actions:

- The directorate firms up mechanisms to monitor progress against the Putting People First Milestones.
- Social Care managers assess the potential risk of any staff not having had safeguarding training and put steps in place to manage this gap prior to the staff member being trained.

The Audit also reported one area of best practice: the detailed training programme put in place to support the move to personal budgets, and the variety of learning aides issued to staff, along with the ad-hoc support provided by the Development Officer. Audit colleagues found this demonstrated commitment to implement the first phase of Personal Budgets into teams who support older people and people with physical disabilities.

5.3.3 Staff have fed back their views for future priorities. These include:

- A requirement to make the self directed support approach more user-friendly.
- The resolution of technical problems within systems and business

- processes.
- Ensuring financial assessments are scheduled in a timely way for customers.
- Greater sharing of success stories to help embed the cultural change.

## 6. Next Steps

The information contained in sections 4.2 to 4.6 of this report outlined some of the detailed plans to further improve the council's success in delivering Personalisation across Warwickshire. These plans will be taken forward as part of the directorate's Transformation programme, pending further work to demonstrate: a) there is a business case and b) they contribute towards delivery of the directorate's vision; the key corporate aims; and the national vision for Adult Social Care.

In summary, the next steps for Personalisation will focus on:

- Further embedding the cultural change necessary to fully deliver personalisation as '*the way we do things around here,*' into front line practice, our work with partners and our responsibilities as strategic commissioners.
- Extension of customer engagement in development initiatives.
- Further development of processes, systems and tools in line with recommendations from the separate evaluation mechanisms recently commissioned by the directorate:
  - internal evaluation by staff;
  - internal audit;
  - early feedback from the national survey of people who have a personal budget, (for which Warwickshire is one of the ten demonstrator sites).

**Report Author:** Gill Fletcher

**Head(s) of Service:**

**Strategic Director(s):** Wendy Fabbro

**Portfolio Holder(s):** Councillor Izzi Seccombe  
March 2011

### Description of the Putting People First Milestones

The five milestones are described below and explicitly state the degree of change expected at the end of this initial three year period – April 2011 :

#### ***Milestone 1***

**Effective Partnerships with people using services, carers and other local citizens.**

April 2011 milestone - That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets.

#### ***Milestone 2***

**Self Directed Support and personal budgets.**

April 2011 milestone - That at least 30% of eligible service users/carers have a personal budget.

#### ***Milestone 3***

**Prevention and cost effective services**

April 2011 milestone - That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs / benefits across the 'whole system'.

#### ***Milestone 4***

**Information and Advice**

April 2011 milestone - That the public are informed about where they can go to get the best information and advice about their care and support needs.

#### ***Milestone 5***

**Local Commissioning**

April 2011 milestone - That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

**AGENDA MANAGEMENT SHEET**

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

**Date of Committee**                      **13 April 2011**

**Report Title**                                **Work Programme**

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

**For further information  
please contact:**

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

**Background papers**                      None

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

- Other Committees                       .....
- Local Member(s)                       N/A
- Other Elected Members               Cllrs Caborn, Rolfe, Shilton and Tooth
- Cabinet Member
- Chief Executive                       .....
- Legal                                       .....
- Finance                                   .....
- Other Strategic Directors
- 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  .....

## Adult Social Care and Health Overview and Scrutiny Committee - 13 April 2011

### Work Programme

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

#### Recommendation

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

#### 1. Work Programme

The Committee's Work Programme is attached as Appendix A. The Work Programme will be reviewed and reprioritised throughout the year so that the Committee can adopt a flexible approach and respond to issues as they emerge.

#### 2. Task and Finish Groups

The following Task and Finish Groups were commissioned by the Overview and Scrutiny Board at their meeting on 10 March 2011:

##### **Maternity Services**

Cllr Balaam (Chair), Cllr Tandy, and OneConservative (from the Teenage Pregnancy review)

##### **Quality Accounts**

Cllr Shilton (Chair), Cllr Balaam, Cllr Clarke, Cllr Foster, Cllr Tooth and Cllr Warner

##### **Older Adults Mental Health Services**

Cllr Roodhouse (Chair), Cllr Fowler and Cllr Tooth

CLLR CABORN

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

Shire Hall, Warwick,  
March 2011

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

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	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
21 <sup>st</sup> April 2011	NHS Transformation	Seminar for all Members								
22 <sup>nd</sup> June 2011	Hospital Discharge and Reablement, Cllr Compton	Report and Recommendations of the Task and Finish Group			✓		High			
	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder								
	Virtual Wards, NHS Warwickshire	To consider progress made in implementing virtual wards and outcomes achieved								
7 <sup>th</sup> Sept 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder								
	Care and Choice Programme, Ron Williamson	Progress Report on the Care and Choice Programme								
19 <sup>th</sup> Oct 2011	Fairer Charging and Contributions, Ron Williamson	To consider impact of changes to charges and contributions	✓	✓			High			



**BRIEFING NOTES**

Excess Winter Deaths and Fuel Poverty	Update on summit ( <i>Cllr Clare Watson</i> )	
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
Virtual Wards	General background and progress Reports on pilots ( <i>Rachel Pearce</i> ) (requested at meeting on 3/11/10)	Requested by end of Jan 2011
Waiting Times at the Eye Unit at Warwick Hospital	Briefing Note ( <i>Rachel Pearce</i> )	Requested by the end of Jan 2011
Orthopaedic Surgery	To provide an update on the management of thresholds for Orthopaedic Surgery	Requested for end of Sept 2011
Flu Vaccine	To provide an update on the availability and take up of Flu Vaccines	Requested for the end of February 2011