Adult Social Care and Health Overview and Scrutiny Committee

29 June 2011

Agenda

A special meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on WEDNESDAY, 29 JUNE 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 meetings of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 and 7 June 2011

(4) Chair's Announcements

2. Public Question Time (Standing Order 34)

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

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

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

3. Questions to the Portfolio Holders

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

4. Final Report and Recommendations of the Hospital Discharge and Reablement Task and Finish Group

This review was commissioned to examine the Reablement Service and the hospital discharge process to see how effectively health and social care services are working in partnership to enable people to remain independent in their own homes, reduce unnecessary admissions/readmissions into hospital and avoid unnecessary delays on discharge. This is a report on the findings and recommendations of the Task and Finish Group.

Recommendation

The Committee to:

1. Consider the Task and Finish Group's report on Hospital Discharge & Reablement Services.
2. Consider and agree the recommendations of the Task and Finish Group
3. To forward the recommendations to Cabinet & appropriate partners for consideration.

For further information please contact Alwin McGibbon, Overview and Scrutiny Officer, Tel: 01926 412144 E-mail ***alwinmcgibbon@warwickshire.gov.uk*** or Michelle McHugh, Overview and Scrutiny Manager, Tel: 01926 412144 E-mail ***michellemchugh@warwickshire.gov.uk***.

5. 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. To include Draft Concordat, Reablement Strategy, Section 256 agreement.

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*** or Rachel Pearce, NHS Warwickshire, Tel: 01926 493491.

6. Learning Disabilities – Management Regime

The learning from recent safeguarding cases and reporting of abuses nationally have resulted in a review of management controls within the Services. A progress report is presented for scrutiny demonstrating how improvements will be taken forward.

Recommendation

Members are asked to scrutinise the actions being taken by the Directorate to review and improve the provision of services for people with learning disabilities in relation to safeguarding.

For further information please contact Wendy Fabbro, Strategic Director for Adult, Health and Community Services, Tel: 01926 742947, e-mail ***wendyfabbro@warwickshire.gov.uk*** or Ron Williamson, Head of Service – Communities & Wellbeing & Resources, Tel No : 01926 742964 E-mail ***ronwilliamson@warwarwickshire.gov.uk***.

7. Any Urgent Items

Agreed by the Chair.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

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

North Warwickshire Borough Council:	Councillor Derek Pickard
Nuneaton and Bedworth Borough Council:	Councillor John Haynes
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	Councillor George Matheou
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.

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Martyn Ashford
" Penny Bould
" Les Caborn (Chair)
" Jose Compton
" Richard Dodd
" Kate Rolfe
" Dave Shilton
" Sid Tooth
" Claire Watson

District/Borough Councillors Sally Bragg
Helen Hayter
Wendy Smitten

Other County Councillors Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)
Councillor Bob Stevens (Portfolio Holder for Health (Deputy Leader))

Officers Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity
Wendy Fabbro, Strategic Director of Adult Services
Ann Mawdsley, Principal Committee Administrator
Michelle McHugh, Overview and Scrutiny Manager
Andrew Sharp, Intelligence Improvement and Partnerships Service Manager

Also Present: Gary Hammersley, Exact Consultants
Bie Grobet, General Manager, Integrated Adult Services, NHS Warwickshire
Hannah Madden, Community Nurse, NHS Warwickshire
Kevin Mcgee, Chief Executive, George Eliot Hospital
Heather Norgrove, Commercial Director, George Eliot Hospital
Rachel Pearce, Director of Compliance/Assistant Chief Executive
Loraine Roberts, General Manager, CAMHS

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Apologies for absence were received on behalf of Nigel Barton (CWPT), Councillor Bill Hancox (Nuneaton and Bedworth Borough Council) and Councillor Angela Warner.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to the following:

- She receives a Disability Living Allowance and Direct Payments.
- She is a member of the UNITE Union.
- She is a member of the Socialist Health Association.
- She is a part time student with CAMHS in Birmingham.
- She is a Psychotherapist and makes referrals to CAMHS.

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.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 23 February 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 23 February 2011 were agreed as an accurate record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

The Chair welcomed Kevin McGee, the new Chief Executive for George Eliot Hospital to his first meeting.

The Chair reminded everyone about the NHS Transformation seminar on Thursday, 21 April, which would inform Members of the changes to the NHS and the implications for Overview and Scrutiny. David Gee noted that he had not received any paperwork for the seminar and the Chair undertook to arrange for this to be sent.

Members were reminded that there had been a special meeting scheduled for Tuesday, 7 June 2011 to consider the Quality Accounts.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

1. In response to a question posed by Councillor Dave Shilton regarding late reports, the Chair responded that every effort was made to get papers in time for distribution with the Agenda, but that the PCT did not work to the same timescales or within the reporting deadlines of the Council. Councillor Bob Stevens added that NHS Warwickshire staff were facing considerable turmoil and apologized for areas that were not as slick as they could be.

2. Councillor Penny Bould stated that she had been told that the PCT had already lost 47 members of staff, and asked for a further update. Rachel Pearce stated that NHS Warwickshire still existed legally, with Brian Stoten as the Chair of the Board. NHS Warwickshire and NHS Coventry had been working as one management cluster since 1 April 2011 under the leadership of Stephen Jones who had been appointed as the new Chief Executive of what was known as the Arden Cluster. She added that there continued to be a focus on reducing management costs, and some staff had left through their own choice or through the voluntary scheme that had been offered to staff. There had been no exodus of staff to date or any reductions to community services, which had been transferred to South Warwickshire Foundation Trust.

3. Councillor Penny Bould asked for an update in relation to GP Consortia. Rachel Pearce noted that there were 4 in Warwickshire and 2 in Coventry and discussions were being had with these consortia on how resources would be devolved. This would result in some PCT staff transferring to the Consortia to support this work. The Chair confirmed that this would be one of the areas covered by the seminar on 21 April.

Councillor Izzi Seccombe

1. Councillor Claire Watson raised her concerns that the Older People Partnership Board (OPPB) had been disbanded, noting that this had caused a feeling of abandonment for the Rugby Council of Older Residents (CORE). She asked for details of what, if anything, would replace the OPPB, and highlighting the need for the details of the Transformation and Prevention Strategy to be well communicated to the public and stakeholder groups. Councillor Izzi Seccombe responded that there was a great plethora of groups in Warwickshire, and that the Directorate was in the process of analysing which would be the best vehicles to work with to deliver these messages. She undertook to provide a briefing note to Members setting out the details, including the use of locality groups.

Councillor Dave Shilton asked that Paul Jennings be thanked, on behalf of the Committee, for the excellent manner he had conducted himself and his work for NHS Warwickshire.

Health Items

4. Virtual Wards

Bie Grobet introduced the DVD on virtual wards. She noted that the two initial sites for Virtual Wards were Leamington Spa/Warwick and Bedworth, Alcester Virtual Ward was expected to be implemented this month and Rugby in October 2011.

During the discussion that ensued the following points were noted:

1. Additional resources had been received towards implementing virtual wards, and areas had been targeted using the Risk Stratification Tool, which assessed information such as numbers of people attending hospital and high risk users.
2. The key elements of Virtual Wards was prevention, education and reducing hospital admissions, so it was important that the Virtual Ward targeted the right people and deployed the right resources to quickly stabilise patients so they could be discharged into normal services.
3. There were a number of key staff relevant to areas, including surgeries which were invited to participate in the service. This group was being built up slowly and was dependent on nursing staff, usually high level practitioner nurses and assistant nursing staff.
4. Work would soon start on potentially using telecare to manage both high and low level assistance, for example using new technology to enable patients to carry out blood pressure readings etc.

5. Virtual Wards were introduced in Warwickshire based on a successful model implemented in Croydon, and adapted locally using Observatory data. The existing community matron and nursing teams had been upskilled and opening hours extended and each of the initial sites had had heavy involvement from two local GPs, who had also provided a list of the patients they felt would benefit. The Virtual Wards teams were also carrying out a similar exercise with the Out of Hours Service to reduce the number of hospital admissions.
6. There were good, close links with Social Care and work in the pilot site in Leamington Spa/Warwick had included close working with Social Care colleagues. A model had been developed setting clear pathways to accessing social care practitioners to enable holistic assessments.
7. There had not been a Virtual Ward set up in Stratford as the population there were different, requiring further investigation into how best to meet the needs of Stratford residents. This was being considered by Health and Social Care colleagues.
8. The assessing nurse was usually the named nurse for a patient, but patients could be seen by any team member. Nurses were, however, aligned to GP surgeries.
9. In response to concern raised at the length of time it was taking to set up a Virtual Ward in Alcester, when this had been part of the case put forward for closing the Alcester Hospital. Bie Grobet responded that it had taken some time to get the Risk Stratification Tool rolled out to the 76 GP practices in Warwickshire, but that there had been a team in place for Alcester and Studley for 18 months to two years. She added that the situation with Bramcote would be different as more than 75% of the GP practices affected had already signed up to the Tool, and services were expected to start from 1 June 2011.
10. The Risk Stratification Tool brought all data together retrospectively, to assess data from different Trusts to determine levels of risk.
11. Rachel Pearce that this work formed part of the reprovision of care and would be reported to the NHS Board on a monthly basis

The Committee requested a further report in 12 months when all Virtual Ward services were up and running and information was available to demonstrate the impact.

5. Maternity Services Consultation

The Chair reminded the Committee that a Task and Finish Group had been set up to consider the Maternity Services consultation.

Rachel Pearce gave a verbal update on the Maternity Services Consultation and made the following comments:

i. Maternity Services were being reviewed as part of the reconfiguration of NHS Services and the proposals being consulted on followed a number of independent reviews. It was acknowledged that this was a high profile, sensitive area and it was essential to carry out a consultation with a clear message and outcomes, but also that to maintain a status quo was not acceptable.
ii. The Gateway Review carried out from 5-7 April 2001 had identified that the clinical case for the proposed changes was good, but more work was needed in developing the business case. This was unlikely to be ready for public consultation in May and it was anticipated that the consultation would take place in the autumn. Rachel Pearce undertook to confirm this as soon as dates were decided.
iii. There was already engagement with the local population and LINk representation on the Steering Group, but this would now increase.
iv. Rachel Pearce agreed to arrange for the ASC&H O&S members to have sight of any documents to be shared with the public at an early stage.
v. The complexity of interaction between University Hospital Coventry and Warwickshire and George Eliot was acknowledged and Members welcomed the discussions between Trusts, as lack of community between Trusts had been highlighted in previous scrutiny reviews.
vi. The role of midwives and current good practice formed part of the case for change

Kevin McGee, Chief Executive of George Eliot Hospital welcomed the step back to review the consultation process, as these proposed changes would be crucial to district general hospitals. He added that a more detailed piece of work needed to be carried out with commissioning colleagues to determine what the impact on all services would be and to look at clear models for future services. George Eliot had a role providing local services to local people and there needed to be some work to look at where these services sat within all services provided across Warwickshire.

The Chair thanked Rachel Pearce for her update. He noted that the Overview and Scrutiny Board had commissioned a Task and Finish Group on Maternity Services, which would consider the consultation once it was published and report back to the Committee in due course.

6. Orthopaedic Surgery

Rachel Pearce gave a verbal update on the impact of the Fast Slow Stop initiative on activity following its implementation on 1st October 2010. Members were alerted to the report submitted to the NHS Board on ?? that had been tabled. The following points were noted:

i. The Fast Slow Stop programme had had an impact on activity from November/December onwards.
ii. Low priority procedures which were considered to have no clinical benefit had been reduced from just under £1m per month to £300,000 per month by December. Discussions were taking place with GPs to continue to reduce activity in this area.
iii. The number of requests for orthopaedic procedures and hips/knees had decrease compared to the same period for the previous year, and of the 1,480 requests received between November 2010 and February 2011, 40% had been defined as non-urgent and 40% urgent with treatment received.
iv. The reduction on activity and cost from the Fast Slow Stop programme meant that NHS Warwickshire would break even for the financial year 2010/11.
v. There was more work to be done to actively engage with the GP consortia around threshold management and activity that was affordable.

Heather Norgrove, Commercial Director, George Eliot Hospital stated that as a result of the Fast Slow Stop programme, there were now 800 cases to complete in the north of the county, 400 of which would have to be done in the next three months, alongside the normal programme of operations. She added that this had put considerable financial and operational pressure on their services, as patients were on lists for good reason and operations had only been deferred and would now have to be reassessed and then treated. The whole process had not been well managed as all patients had an expectation they would be treated on 1 April, and better PR could have avoided this.

During the ensuing discussion the following issues arose:

1. The principal issue facing commissioners was the need to work within a finite sum of money. Every effort had to be made in primary care to avoid hospital admissions, and GP consortia needed appropriate clinical thresholds to work within.
2. The volume of orthopaedic procedures carried out in the past year was not affordable.
3. A “Frequently Asked Questions” page was being developed to go on the NHS website.

4. The differential application of the policy implementation of Fast Slow Stop had resulted in the greater pressure on hospitals in the north of the county.
5. The 18 week waiting list began on the date the referral letter was received from a GP.
6. In response to concern raised regarding the backlog of orthopaedic operations and whether these would now be carried out at the expense of other surgeries and the financial implications for 2011/12, Rachel Pearce agreed to forward this information to Members. She added that Acute Trusts had been encouraged to deal with any backlog in parallel with other operations, as far as possible, and that work was being done with emerging GP consortia to look at longer-term management and referring patients, where appropriate, to secondary care to reduce surgical volumes.

The Chair thanked Rachel Pearce for her update.

7. Scrutiny of CAMHS – Progress Report

The Committee considered the report providing a summary of the progress made in implementing the Committee's recommendations following the scrutiny review into CAMHS.

Councillor Martyn Ashford, Chair of the Scrutiny Task and Finish Group established to consider the CAMHS in June 2010, welcomed the progress made against the series of recommendations for improvement, particularly in relation to the implementation of the Choice and Partnership Approach (CAPA) and the improved communication between schools and CAMHS.

Loraine Roberts, General Manager of CAMHS gave a brief update including the following:

i. CAPA had been successfully rolled out in south Warwickshire and the service had had to deal with a 15% increase in referrals over the last three months.
ii. Part of the pre-CAPA process was a waiting list blitz, and so the longer waiting list already in place in the north had required a great deal more work to be done in north Warwickshire. From a starting point of 400 patients waiting two years for a referral, there were now only 96 patients waiting 14 weeks, but no patients waiting for longer than that and referrals had remained constant.
iii. It was hoped that the full CAPA programme would be in place by June 2011.

During the ensuing discussion the following points were made:

1. Although many services funded through the County Council had received cuts in the past year, these services were still being

commissioned, and an additional 120 places had been commissioned from organisations such as Safeline, Trauma Assist, Relate and Kooth to help deal with the backlog.

2. From a County Council perspective it was disappointing that CAPA had not been rolled out in the north of the county by 1 April 2011.
3. Members asked for a briefing note outlining difficulties being faced by CWPT in terms of communications and contract arrangements with NHS Warwickshire.
4. In response to a query relating to Academies, it was noted that the same services, such as Education Psychology Service (EPS), Early Support and Counselling Services, would be available to all schools to purchase. Concern was raised that cuts in these services may cost the public purse more in the long run. Jo Dillon added that there had been no cuts made to the EPS this year, but that cuts would have to be made over the next three years. This financial year EPS had operated as a traded service to schools and how schools would prioritise services in the future was still unclear.
5. Internal monitoring of CWPT and PCT services was carried out quarterly by the commissioners, looking at data, activities, access rates and the overall services. It was noted that over the past 12 months there had been a significant improvement to the data made available to the commissioners.
6. The issue of safety of children and practitioners was noted. CWPT staff would, as part of their assessment, undertake a risk assessment to identify the best place for a consultation.
7. Loraine Roberts noted that she had undertaken, with Adrian Over (CAF Manager), to review the Common Assessment Framework (CAF) protocol. She undertook to send a copy of this to Democratic Services for circulation.
8. Members requested that, for ease of reference, future reports use acronyms only after a full version of the words has been included.
9. Members welcomed the work done in reducing the long waiting times, and noted the need for this to continue. Loraine Roberts stated that part of setting these targets for CWPT was the need to sustain waiting lists where children were seen in 7 weeks and treated in 14 weeks. Jo Dillon confirmed that any qualifying initiatives that were applied became baseline contractual criteria for commissioned services.
10. Concern was raised that exclusions would be cheaper for schools than purchasing traded services and Loraine Roberts responded that early intervention should help to prevent exclusions.
11. CAMHS used reflective teams on a quarterly basis on individual cases and where appropriate for more complex cases.
12. The timescales within CAPA worked on an average of 6-8 sessions with families, after which a question an answer session would be

held between professionals and senior staff. The time between appointments varied according to the needs of a young person.

13. There had been a focus on the transition process this year, which for CWPT occurred between 17 and 18 years old. If the developmental needs of a young person required them to stay in a children and family focussed service, they would remain in CAMHS.

The Committee thanked Loraine Roberts and Jo Dillon for their contributions and requested a further report in approximately 6 months, including updates on:

- CAPA
- waiting list times
- progress in the north of the county
- the awaited response from NHS Warwickshire
- C&YP services, especially relating to Academies.

8. Concordat between NHS Warwickshire and Warwickshire County Council

Rachel Pearce set the background to the Concordat between NHS Warwickshire and Warwickshire County Council, noting that the document being considered by the Committee was a work in progress, which was expected to be in place by June 2011.

Gary Hammersley added the following points:

a. It was important that the NHS Warwickshire and County Council worked together to deliver health and social care.
b. The nature of joint working and collaboration was difficult to define.
c. The two organisations needed to jointly agree how interventions from both sides impacted on individual residents.
d. Both the Council and the NHS Warwickshire were committed to working together but both had outcomes they were aiming to achieve and there needed to be realistic indicators in place to enable scrutiny to hold both organisations to account.
e. There was a set of shared performance indicators which sat below the Concordat which would make visible how the organisations were working together. For this year, these would focus on the use of monies for reablement with clear indicators showing the impact on patients.
f. The terms of reference for the Health and Wellbeing were expected to be agreed and circulated to all Members in June.

The Committee noted the Concordat and asked for an update report at their June meeting.

Adult Social Care Items

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

The Committee considered the report introducing the AHCS Directorate Plan for 2011-13 and performance to date against the measures and indicators used to track progress in 2010/11.

During the ensuing discussion the following points were noted:

1. As there was no longer an external performance review, it was important that performance continued to be reviewed internally, against challenging and stretching targets that were outcome focussed.
2. The strategies to deliver services set within the Corporate Business Plan reflected how resources were managed and services delivered against targets. These targets were still in draft form until they could be considered within the context of the performance framework in relation to Local Authorities due from central Government this week.
3. Users who were not FACs eligible (with substantial or critical needs) were signposted to alternative services within their communities.
4. Consultations would be carried out within individual parts of the transformation programme in respect to any specific service redesign.
5. The final version of the Directorate Plan was expected to be in place during May 2011.
6. Andy Sharp agreed to amend the Plan to include Disabled workers and to forward the amended Plan to Councillor Bould.

The Committee accepted the report as laid out and requested quarterly updates on progress.

10. Adult, Health and Community Services "Supporting Independence (Prevention) Strategy"

The Committee considered the report setting out the Supporting Independence (Prevention) Strategy and the approach that will be taken to reduce deterioration in the condition of those at substantial or critical level of social care need.

During the ensuing discussions the following points were made:

1. The waiting times for adaptations varied according to the size and level of installation work involved.

2. Work had begun with organisations contracted to carry out low level services to help them to develop business models to enable them to become financially sustainable.
3. Work was in progress to integrate telecare and telehealth for those users with FACs eligibility, which would bring benefits to both organisations.

The Committee accepted the report and asked to receive an update once the final Strategy was in place, including the outcomes for different groups.

11. Personalisation – A progress update

The Committee considered a report providing information about the progress made towards delivery of personalised Adult Social Care services in Warwickshire.

A discussion followed and it was noted:

1. In response to concern expressed that Warwickshire was not as far as ahead with implementing the Personalisation agenda as had been expected, it was noted that within the West Midlands, Warwickshire had exceeded expectation both in terms of reablement and prevention. Progress with personal budgets was also comparable with other Local Authorities within the West Midlands.
2. The transformation programme wad predicated on personalisation and assurance was given that the Directorate had the resources and ability to achieve this programme.
3. There were a number of initiatives in place or planned to address any weaknesses and barriers identified within the systems and processes, which were expected to be in place in this financial year.
4. Officers undertook to provide to Councillor Bould a copy of the user-led organisations referred to under 4.2 of page 9 of 17 of the report.
5. Ron Williamson undertook to e-mail to the Committee details of reviews around transformation, including overall statistics, numbers of reviews and numbers of changes. Gill Fletcher added that there were a number of national organisations such as “In Control”, which could be harnessed to support individuals to enable them to make the most of personal budgets, for users with physical or learning disabilities.

The Adult Social Care and Health Overview and Scrutiny committee agreed to:

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).
3. Receive a further update in 12 months.

Joint Health and Adult Services

12. Work Programme 2010-11

Members noted the work programme with the addition of any reports requested during this meeting.

13. Any Other Items

None.

………………………
Chair of Committee

The Committee rose at 1:05 p.m.

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7th June 2011 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Martyn Ashford
" Penny Bould
" Les Caborn (Chair)
" Jose Compton
" Kate Rolfe
" Dave Shilton
" Sid Tooth
" Angela Warner
" Claire Watson

District/Borough Councillors Sally Bragg
Derek Pickard

Other County Councillors Councillor Bob Stevens (Portfolio Holder for Health (Deputy Leader)
Councillor Jerry Roodhouse (Representing Warwickshire LINk)
Councillor John Vereker (Part)
Councillor Jim Foster

Officers Paul Williams – Overview and Scrutiny Officer
Alwin McGibbon – Overview and Scrutiny Officer

Also Present:

NHS Warwickshire

Sheila Peacock Head of Quality Development and Patient Experience

University Hospitals Coventry and Warwickshire NHS Trust

Andy Hardy Chief Executive
Ann Marie Cannaby Chief Nurse and Operating Officer

West Midlands Ambulance Service NHS Trust

Adele Pearson Regional Head of Professional Standards and Quality
Mark Farthing Clinical Practice and Governance Manager

George Eliot Hospital NHS Trust

Andrew Arnold Medical Director

Dawn Wardell	Director of Nursing and Quality

South Warwickshire
NHS Foundation Trust

Helen Walton	Director of Nursing
Andy Butters	Head of Governance

Coventry and Warwickshire Partnership NHS trust

Paul Masters	Assistant Director of Governance
Tracy Wrench	Executive Director of Quality, Safety and Service User Experience
John Copping	Warwickshire LINk
David Gee	Warwickshire LINk
Jan Humble	Warwickshire LINk
M Gerrard	Warwickshire LINk
Sharon Johal	Warwickshire LINk

1. General

(1) Election of Chair and Vice Chair of the Committee

Councillor Shilton, seconded by Councillor Compton nominated Councillor Caborn to the Chair. It was agreed that Councillor Caborn should be Chair of the committee.

Councillor Compton seconded by Councillor Watson proposed Councillor Shilton to be Vice Chair. This was duly agreed by the committee.

(2) Apologies for absence

Apologies for absence were received from Councillor John Haynes (Nuneaton and Bedworth Borough Council and Council Izzi Seccombe.

(3) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to the following:

- She receives a Disability Living Allowance and Direct Payments.
- She is a wheelchair user
- She is a member of the South Warwickshire Hospital Trust
- She is a member of the UNITE Union.
- She is a member of the Socialist Health Association.
- She is a part time student with CAMHS in Birmingham.

- She is a Psychotherapist and makes referrals to CAMHS.
- She is a part time student on a training course at CAMHS Birmingham

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

Councillor Angela Warner is part of a large group looking at CQUIN targets for 2011-12.

2. Quality Accounts

The six draft Quality Accounts were considered by the committee. The following points were agreed by the committee as the commentaries to be sent to the health trusts for inclusion in their final versions of the Quality Accounts.

University Hospitals Coventry and Warwickshire NHS Trust (Andy Hardy and Ann-Marie Cannaby)

- The committee was impressed with the document noting that it read well with information being generally presented in a clear and logical way.

- The Quality account would have benefited from more information on trends in performance over time.

- The document would benefit from a glossary that defined terms as well as abbreviations.

- In addition to trend data the draft quality account would have benefited from benchmarking information. This would allow comparisons between the trust's performance and that of its statistical neighbours.

- The committee is aware of the excellent partnership work that UHCW and appreciates the time and effort given by the trust to work with the County Council and Warwickshire LINk. The Quality account does not, however, reflect the trust's commitment to partnership working and this is to be regretted.

- P12 – The number of complaints at Rugby St. Cross almost doubled from 2009/10 to 2010/11. The committee asked about this in its meeting and was satisfied by the explanation given. However it would help the reader of the Quality Account if some more contextual material was included. This would avoid confusion and present a more accurate picture of the position.

- P12 – Without breaching any confidentiality the committee feels that information on the three complaints referred to the PHSO should be expanded on.

- P22 – The indicator "%patients spending more than 90% of their stay in hospital on a stroke unit" is misleading. Members thought that a lower figure is better than a higher figure. In practice it should be the other way round. It is suggested that statements such as "lower is best" or "higher is best" should be used where appropriate. (This is done for pressure sores on page 21)

- The results of the staff survey are not included in the draft quality account. These are key to our understanding of the relationship between the trust and its staff. It is understood that the results will be included in the final version but it would help if in the future the timing of the staff survey was changed to ensure that earlier drafts include the results.

- The work that the trust has undertaken around dementia is commended. More detailed information on types and levels of training around dementia would be welcomed.

- Pressure sores and ulcers feature several times in the document and it is clear that the trust is working hard and meeting its targets on this. Whilst it would not be possible or appropriate to explain every medical condition mentioned in the Quality Account the committee feels that given the importance of pressure sores some expansion on this condition would be beneficial.

- P21 – Wrong site surgery requires further explanation. The committee has been informed that this occurred in two incidents (with no negative effect on the staff). However the way in which the data is presented fails to tell the entire story.

South Warwickshire NHS Foundation Trust (Helen Walton)

- Noting that the Quality Account is now part of the trust's annual report the committee is disappointed to see that it does not commence until page 57. This suggests that "quality" for patients is of less important than matters such as finance and governance. The trust may wish to consider reversing the document placing its commitment to quality at the front.

- P78 – Between 85 and 90% of calls going to the call centre are answered. The committee is concerned that 1 in 10 calls is currently being missed and would look to see further improvement in this.

- P78 – Related to the concerns expressed around the call centre the committee wonders whether patient satisfaction with the outpatient booking service would not be enhanced further by greater effectiveness in the call centre.

- P58 – The trust states that one of its priorities is to improve the patient experience of the food service. This is not taken up in the rest of the document whilst other priorities are. A section on improvements to the food service is required.

- There appears to be no information on the incidence of operation cancellation. Such statistics would be of use as such cancellations can have a major impact on patient wellbeing.

- P78 – Complaints and the work of PALS occupy only half a page. The committee considers that much greater emphasis should be placed on the reporting of complaints. Whilst there are issues of confidentiality to be considered it should be possible to report general categories of complaints that would enable users and the committee to easily identify areas for improvement.

- The committee is concerned that despite the increase over recent years of partnership working there is no specific reference to this in the Quality Account. Where partnership working has been used successfully this should be celebrated in the document. An example of this is the document's failure to acknowledge the role of the LINk and its ongoing engagement with the overview and scrutiny committee.

- P71 – It is acknowledged that the increase in the number of falls reported may well be attributable to the increased profile of this area. The committee understands that most falls are experienced by elderly people. However it feels that the demographic of falls should be included on page 71. By doing so the reader will further appreciate the challenges facing the trust being presented by an aging population.

- Page 79 – The information on standardised mortality is welcomed. However, the peaks in mortality indicated on figure 17 require some explanation. Only be expanding on the statistics can the reader develop a good understanding of the current position. Similarly if statements around seasonality are to be made (…."there has been less seasonality over the last two years than in previous years") it would be of use to overlay mortality patterns from preceding years on a single chart.

- P75 – Whilst it is noted that same sex accommodation performance was good in September 2010 the committee is concerned that performance tailed off for five months to February. It is suggested that in order to gain a clearer picture of performance against this indicator trend data should be provided covering a longer period along with benchmarking data comparing the trust's performance with that of its statistical neighbours.

NHS Warwickshire Community Health (Andy Butters)

- That this is the first year in which community health has been required to produce a quality account is appreciated by the committee. However it was difficult to identify the service's priorities in the document. It would be better to set out from the start "Priority 1, Priority 2 etc"

- Community Health has been involved in extensive partnership working and has regularly worked with the county council, Warwickshire LINk and others. This excellent work is not, however, reflected in the draft Quality Account.

- P40 – Information on complaints is of interest but without breaching any confidence it would benefit from being expanded to provide more detail. For example 3 complaints were received for Bramcote Hospital in 2010/11. These may have been about the same matter or a completely different matter. Knowing the position can help the reader understand the challenges facing patients and staff.

- P26 – Fourth paragraph from bottom. It is expected that all staff working with children will be subject to CRB checks. It is understood that this is the case but it needs to clarified.

- P29 – The document needs to make it clear that all staff receive a personal development review.

- P31 – The map on this page needs to be enlarged as it is not legible.

West Midlands Ambulance Service NHS Trust (Adele Pearson and Mark Farthing)

(This item was considered ahead of schedule)

- Members commented that the 2010/11 Quality Account was a marked improvement on the previous year's (which was the first year that Quality accounts had been produced).

- Levels of detail are commendable in this year's report although the committee considers that more information is required on how the trust will make improvements where performance is less than satisfactory.

- Members of the committee are particularly interested in infection control. They are aware of the "Make Ready" programme and feel that this should be described in some detail in the Quality Account.

- The committee was disappointed with the poor response rate to the patient survey. It feels that much more needs to be done to increase the usefulness of the survey and will look to see evidence of this in next year's document.

- It was reported in the meeting that complaints handling had not achieved target. The committee is disappointed in this and calls on the trust to redouble its efforts on this target.

- P5 of 33 – As with any target it is useful to have a baseline figure. Priority 2 relates to Prescription only Medicines but the target is unclear without a baseline.

- The trust is asked to consider specialist training for its staff around the needs of self-harmers and victims of sexual abuse.

- P7 – Patient Pain Assessment. The target for assessments should be increased to 100% from 90%.

- P12 of 33 - The committee wishes to be assured about the clinical data presented. It has learned that all data is presented to the relevant board members but this is not clear in the Quality Account.

- P18 of 33 - The sections on incident reporting need to be expanded. They outline current performance but would be improved by the setting out of actions that will be taken in the future to further improve performance.

- P22 of 33 - Performance around frequent callers appears to be less than adequate. Reading the relevant paragraph it is not clear whether this is the case or not. The trust may wish to review this and rewrite the section.

- The Quality Account would benefit form a section on turnaround times at hospitals.

- The committee has been most impressed by the performance of the West Midlands Ambulance Service. It considers that the final version of the Quality Account should include a national performance league table that clearly demonstrates that high level of performance.

Coventry and Warwickshire Partnership NHS Trust (Paul Masters and Tracy Wrench)

- In general it is clear that many of the suggestions made by the overview and scrutiny committee and others last year have been taken on board by the trust. This is welcomed.

- P6 to 8 - The committee appreciates the desire by the trust to make the document as accessible as possible by using blocks of text. However in some instances the absence of figures in these pages leaves the reader wondering precisely what the objectives and their intended outcome are. Perhaps in the future the balance might be shifted slightly back towards the use of numerical information and data.

- The committee welcomes the prospect of a shorter more concise version of the Quality Account being produced for the information of patients and others.

- P33 – Regarding IAPT It would be useful to see a break down of the types of training delivered and the types of staff who have received it.

- P17 – Indicator 7 It is not clear from the way it is worded whether the outcome has met the objectives. The trust may wish to consider rewording this.

- P25 – The committee is concerned that drug misusers are simply “revolving” around in the system receiving treatment but never actually being rehabilitated. It would be useful if the trust were to monitor the long term outcomes of its work. Only by doing this can a clear impression be obtained of the trust’s success.

- Concern has been expressed in the past about the waiting time for child and adolescent mental health services in the north of Warwickshire. It would be of use if information on performance in this area were to be included.

- P32 – The section relating to PEAT assessments would benefit from some expansion that explains how the trust manages ongoing monitoring. For example the committee has learned that the trust takes the PEAT results and reports them internally.

- P32 – The basis of compliments can be almost as important as those for complaints. It would be of help if the document included a breakdown of these.

- In common with other draft Quality Accounts the document does not give sufficient emphasis to the excellent partnership the trust is now engaged with. Given the drive for more collaborative working the committee feels that this should be addressed in this or next year’s quality account.

George Eliot Hospital NHS Trust (Andrew Arnold and Dawn Wardell)

This item was considered later on the agenda than scheduled.

- The committee commends the authors of this year’s Quality Account considering it to be clear and easy to read. It acknowledges that some priorities for this year are the same as last year’s and agrees that it is not always appropriate to abandon priorities merely because a new plan is being prepared.

- Page 26 – The section covering Priority 2 Patient Experience would benefit from being expanded at this point despite the fact that the subject is picked up later on in the document.

- P28 –It is clear to the committee from what the trust has stated that there is much more to HSMR than features in the Quality Account. The committee feels that as it stands the statement on HSMR could be seen as dismissive. It accepts the trust’s assurance that this is not the case but feels that a more detailed explanation of the relationship between the performance reported and Dr Foster would be of help.

- A general comment around performance reporting is that it would benefit from trend data and comparison with statistical neighbours. Specifically the committee has identified the results of the patient survey as an area that would benefit from this.

- “Call for Action” is to be commended as a means of developing a culture of excellence within the trust. Information around targets and actions relating to this initiative would be of assistance.

- There is no reference in the document to the staff survey. Information around staff performance and morale can provide a useful indicator of the general wellbeing of the hospital and for this reason it ought to be included.

- The committee is concerned over the increase in demand for accident and emergency services. It is interesting that this information is included in the section on complaints and there is a view that increasing demand for services will lead to greater dissatisfaction.

- P24 – The errors in clinical coding continue to be a cause for concern. The draft Quality Account states that an action plan around coding is being implemented but provides no indication of what this contains or its timescale.

During the course of the meeting members made observations that the committee agreed should be taken forward for consideration for inclusion on its work programme. Some of these are referred to above. They are,

- Review of the Quality Accounts process.
- Mortality rates at the South Warwickshire NHS Foundation Trust
- Mixed sex accommodation at South Warwickshire NHS Foundation Trust
- Ambulance turnaround rates
- Child and Adolescent Mental Health Services – waiting times
- Out of county placements for Coventry and Warwickshire NHS Partnership Trust
- Formal complaints against Warwickshire Community Health

3. Any Other Items

None.

………………………
Chair of Committee

The Committee rose at 1:15 p.m.

Agenda No 4

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care & Health OSC**
Date of Committee	**29th June 2011**
Report Title	**The Report of the Hospital Discharge & Reablement Task and Finish Group**
Summary	This review was commissioned to examine the Reablement Service and the hospital discharge process to see how effectively health and social care services are working in partnership to enable people to remain independent in their own homes, reduce unnecessary admissions/readmissions into hospital and avoid unnecessary delays on discharge. This is a report on the findings and recommendations of the Task and Finish Group
For further information please contact:	Alwin McGibbon Overview & Scrutiny Officer Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk Michelle McHugh Overview & Scrutiny Manager Tel: 01926 412144 michellemchugh@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	....
Local Member(s)	☒	N/A
Other Elected Members	☒	Cllr Les Caborn, Cllr David Shilton, Cllr Sid Tooth, Cllr Kate Rolfe
Cabinet Member	☒	Cllr Bob Stevens, Cllr Izzi Seccombe
Chief Executive	☐	....

Legal	☒	Alison Hallworth
Finance	☐	....
Other Strategic Directors	☒	Wendy Fabbro
District Councils	☐	....
Health Authority	☐	....
	☐	....
Police		
Other Bodies/Individuals	☐	....

FINAL DECISION NO

SUGGESTED NEXT STEPS:		Details to be specified
Further consideration by this Committee	☒	....
To Council	☐	....
To Cabinet	☒	
To an O & S Committee	☐	....
To an Area Committee	☐	....
Further Consultation	☐	....

Agenda No

Adult Social Care & Health OSC - 29th June 2011.

The Report of the Hospital Discharge & Reablement Task and Finish Group

Recommendation

The Committee to:

1. Consider the Task and Finish Group's report on Hospital Discharge & Reablement Services.
2. Consider and agree the recommendations of the Task and Finish Group
3. To forward the recommendations to Cabinet & appropriate partners for consideration.

I. Introduction

1.1 A Task and Finish Group of councillors was set up to examine the Reablement Service and the hospital discharge process to see how effectively health and social care services are working in partnership to enable people to remain independent in their own homes, reduce unnecessary admissions/readmissions into hospital and avoid unnecessary delays on discharge. This is a report on their findings and their recommendations.

CLLR JOSE COMPTON
Chair of Hospital Discharge & Reablement Task & Finish Group

Shire Hall
Warwick

24 May 2011

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

Index	Page number
Executive Summary	4
1. Introduction	10
2. Reablement.- National perspective	11
3 Reablement in Warwickshire	12
4. Hospital Discharge in Warwickshire	16
5. Continuing Healthcare Assessment (CHC)	22
6. Patients' Views	24
7. NHS Patients and Relatives Complaints	26
8. Findings	27
9. Recommendations	29
Appendices	
Appendix A - Scope	32
Appendix B – Glossary of Terms	36

Acknowledgements

The Task and Finish Group would like to thank all those below that helped contribute to the review of ‘Adult Social Care Hospital Discharge & Reablement in Warwickshire’

Joanne Allen – Warwickshire County Council	Sheila Peacock - NHS Warwickshire
Zoe Bogg - Warwickshire County Council	Rachel Pearce – NHS Warwickshire
Jo Galloway – NHS Warwickshire	Nitin Shuka – Warwickshire County Council
Carl Holland – University hospitals Coventry & Warwickshire	Mags Sumel – NHS Warwickshire
Jane Ives – South Warwickshire Foundation Trust	Janet White – University Hospitals Coventry & Warwickshire
Kath Kelly - George Eliot Hospital	Julie Whittaker - George Eliot Hospital
Di King - Warwickshire County Council	Rob Wilkes – Warwickshire County Council
Michelle Linnane - University Hospitals Coventry & Warwickshire	Caron Williams - NHS Warwickshire
Kerrie Manning - University Hospitals Coventry & Warwickshire	

Foreword by Councillor Jose Compton

The Reablement Service became a countywide service at the end of November 2010. This service provides support in their own home for adults and older people that have experienced an episode of poor health or being discharged from hospital. The support focuses on adults and older people doing things for themselves rather than things being done for them to enable them to regain the skills and confidence to live independently in their own home as well as reducing the reliance on social care services

The Task and Finish Group's aim was to examine this service, the hospital discharge process and how effectively health and social care services are working in partnership to secure better outcomes for people with more choice and control to remain independent for longer and thereby reduce the need to rely on social care.

The Task and Finish Group were made aware of the importance of not admitting older people unnecessarily into hospital especially where medical intervention would not help improve their quality of life, but may increase dependency on social care services. They also learned that delayed discharge, if admission was necessary, increases not only dependency, but also the possibility of contracting a hospital acquired infection.

Councillors from the Task and Finish Group were very impressed with the good examples of collaborative working relating to both the Reablement Service and the discharge process, which will hopefully ensure future services will meet the needs of patients, families and carers. However the review did highlight the importance of hospital staff being aware of what the Reablement Service provides.

It was considered important that the views of patients, relatives and carers were included in this review. Although many people had a good hospital experience there were still concerns regarding the communication of discharge arrangements, which caused increased anxiety for patients, families and carers on how they were going to cope.

I am confident the findings and recommendations in this report will go some way to achieve the aims above and ensure the Reablement Service continues to encourage independent living to reduce the reliance for residential or social care in later life, as well as, reducing the number of avoidable admissions and readmissions into hospital.

I would like to thank my fellow councillors and all those from the County Council and NHS who supported and contributed to this review.

Executive Summary

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

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

Positive work has been undertaken with acute hospital trusts to identify and resolve delays across the health and social care system; both at an operational and strategic level such as transforming community based services. However there are still issues around delayed discharges that need to be resolved, because this affects the most vulnerable and frail people in the County, who get caught up in the complex issues involved.

The Adult Social Care & Health **'Reablement'** service is now a countywide service. It is a service designed to help people to regain the skills and confidence they need to live independently at home, particularly after an illness or spell in hospital. With the revision to the NHS Operating Framework 2010/11 and the funding allocation provided to the PCT to develop local plans it is an opportunity to provide seamless care for patients to prevent avoidable admissions.

It is considered essential that health and social care colleagues are working effectively in partnership to ensure Reablement Services form part of a single or coordinated intermediate care service. However, complications still arise when discharging patients, which can cause undue delays.

A Task and Finish Group of councillors with support from lead officers of Adult Social Care and the NHS was set up in January 2011 to consider what improvements could be made to the discharge process to reduce the number of delays, the number of people being admitted directly into residential care and the number of people being admitted/readmitted into hospital and to review the effectiveness of the new Reablement Service. During the review the T&F Group decided to consider the complaints procedures for NHS Trusts following the concerns raised in the Ombudsman Report, 'Care and Compassion' on ten investigations into NHS care of older people.

Findings

1 The unit cost of Reablement Service is more than basic social care, but the benefit for users is in the longer term by enabling them to remain independent for longer so they can stay in their own home. The costs of Reablement are initially higher and the Social Policy Research Report commissioned by the Department of Health identified there are limited savings for social care in the longer term, but there may be more potential for savings to be made in health. It was considered important that ways were found to ensure the service remains sustainable and if a whole systems approach was taken by both adult social care and health (where each organisation understands the impact of any change they make has another) could help identify potential savings that could be made jointly. This could be reinvested in the service which will enable the service to develop to meet the likely increase in demand when further changes are made to the eligibility criteria.

2 It was considered important that hospital staff not directly involved with the Reablement Team including relatives and carers were not only aware of the benefits of the Reablement Service, but of the prescriptive eligibility criteria to ensure any patient referral made to the service was appropriate for their immediate needs.

3 A Concordat to improve partnership arrangements is currently being developed by the County Council and NHS Warwickshire, but it was considered important that it went further than reviewing current policies and procedures, but continued to look at the development of a set of key performance indicators to be included in any contractual arrangements with providers to ensure the future needs of residents are met.

4. Age UK advisors attend the University Hospitals Coventry and Warwickshire Trust two afternoons a week to provide discharge information for patients which is currently funded until July 2011. This was considered an example of good practice which could benefit patients attending all hospital trusts

5. Although discharge planning in recent years has helped families become more aware of what is available there are still instances where bed blocking can occur. It was considered important that families and carers are involved in the discharge process from the beginning and are aware of the health complications that can occur if their relative stays in hospital longer than necessary.

6. Section 2 and 5 of the Community Care Act 2003 and Continuing Healthcare (CHC) assessment process still causes delays with discharge from hospitals, which needs to be resolved.

7. Bed blocking still causes problems for the hospital trusts, therefore in addition to the information provided for patients it was considered important that hospital staff follow through the guidance relating to the

Department of Health, 'Choice Directive' to ensure that the requirement to implement the trespass law is used as a last resort.

8. George Eliot Hospital worked with NHS Warwickshire to spot purchase care home beds to transfer patients to a care home to resolve serious bed shortages caused by adverse weather conditions in 2010. Their discharge rates are consistently lower than the other hospital trusts that serve Warwickshire and it was considered beneficial if these hospital trusts work with NHS Warwickshire in a co-ordinated way to implement this scheme.

9. The University Hospitals Coventry and Warwickshire's A&E Department have a React Service which takes a holistic approach when assessing a patient's and carer's needs to reduce unnecessary admissions into hospital by approximately 20%. It was suggested if social care workers worked jointly with a hospital team, in the same department, it could further reduce the number of admissions.

10. (i)For those reaching the end of their life being admitted into hospital was considered not beneficial for either the patient or their families, but there were instances when this occurred, which was thought mainly due to insufficient training in end of life care in care homes. End of life care training packages are being developed, but these need to be implemented to reduce hospital admissions.

(ii)The T&F Group were also made aware that there were circumstances where a GP would not come out to a nursing home to deal with a patient with a urinary tract infection and would advise care home staff to call an ambulance.

11. It was considered important that future contracts with care homes included arrangements to ensure their employees are given incentives to encourage them to participate in further training, such as an increase in pay or credits towards qualifications in care.

12 There was an issue relating to the high costs of providing future needs assessments and CHC in a hospital setting where it could be possibly cheaper if it was provided elsewhere.

13 Communication between clinical staff, patients and their families is still a cause for concern. It can make a difference on whether the patient has a good or bad discharge experience.

14 GP aftercare was another area where improvement in communication could be of benefit to the patient and their families.

15 Some patients were provided with helpful information that ensured they knew who to contact if they had complications on discharge, but there were still instances where insufficient information was given which caused consternation for both them and their families. It was suggested that information from Age UK and other third sector

organisations should be included, to help those that may not be eligible for health or social care packages.

Recommendations

1. The County Council and NHS Warwickshire to conduct a feasibility study to establish if a whole systems approach to the Reablement Service would reduce NHS costs to enable the PCT to provide funding to support this service in the future.

2. That hospital staff not directly involved with the reablement team are provided with information about the Reablement Service, but this is to be well managed to ensure they are aware of the service's prescriptive eligibility criteria so that any referral made is appropriate to the patient's needs. This could be a single point of access service, like a triage service, to ensure patients receive the right information and a service that is appropriate for their needs.

3. That hospital discharge is included within the development of the Concordat agreement between WCC and NHS Warwickshire, which includes a review of the current policies and procedures and to continue the development of a set of key performance indicators, which can be used when commissioning services from providers to ensure the Reablement Service and discharge arrangements meet the future needs of Warwickshire residents.

4 All Hospital Trusts to approach Third Sector organisations such as Age UK or the Stroke Association to assess the benefits of having an advisor once a week to provide information and advice to patients on what support is available on discharge.

5. Both the County Council and the Hospital Trusts to work in partnership to consider how they can involve families from the onset of admission in the discharge planning process and use this process to raise awareness of the complications that can arise if their relative stays in hospital longer than necessary.

6. NHS Warwickshire, the Hospital Trusts and the County Council to work in partnership to deliver the Continuing Healthcare assessment process and resolve matters relating to Sections 2 and 5 of the Community Care Act 2003. This should include the development of a strategic approach to reduce delays on matters relating to the prescribing medicines to take out (TTOs) and the taking up of placements in nursing homes.

7. When patients are admitted, the Hospital Trusts ensure patients and their families are made aware on how long they are expected to stay in hospital, when they would be expected to leave and what arrangements are made prior to discharge. If there is a complication where an agreement for discharge cannot be reached with the patients and their families all staff should be encouraged to follow the guidance relating to the Choice Directive (Department of Health 2003). This will

hopefully ensure that the implementation of the trespass law to remove patients into more appropriate care is only used in exceptional circumstances.

8. NHS Warwickshire to ensure the Winter Plan is resilient to ensure resources are used in a co-ordinated way, such as the spot purchasing of care beds across the health economy to reduce delayed discharges. This would benefit all the hospital trusts including the West Midlands Ambulance Service by reducing delayed discharge rates, which will enable more acute beds to be available for emergencies.

9. Sharing good practice and taking the University Hospitals Coventry and Warwickshire's React Service into consideration we recommend that all hospital trusts should incorporate social care within a hospital team to help reduce unnecessary admissions and these social workers to be trained to provide support for carers as well as those requiring care services.

10. (a)The County Council, NHS Warwickshire and the Hospital Trusts to work in partnership to develop and implement end of life care training packages for care home staff.

    (b)This to include a pilot study working in partnership with a Care/Nursing Home and GPs to identify cases where hospital admissions could be avoided and examples of good practice. The aim will be to produce guidance on approaches that can be taken to reduce unnecessary hospital admissions, which can be implemented throughout the county.

11 The County Council and NHS Warwickshire as part of their commissioning arrangements with care homes ensure they encourage their employees or give them incentives to participate in further training to help prevent unnecessary admissions into hospital or where medical invention will not improve or change the outcome for those reaching the end of their life.

12. To test the suitability of providing assessments in a home setting the County Council and NHS Warwickshire invite the Borough and District Councils to look at whether future needs assessments including CHC assessments could be carried out at a lower cost in an alternative setting such as Extra Care Housing.

13. Patient findings from recent reviews indicate that communication is still the main concern for them. Recommend that both NHS Warwickshire in partnership with the County Council should actively seek ways to improve the lines of communication between clinical staff, the patients and their families.

14. The GP Consortia with NHS Warwickshire and the Hospital Trusts to review how discharge information is provided to NHS Community

Services, including GPs, to enable them to be more proactive in providing aftercare.

15. All Hospital Trusts to review the discharge information they provide to patient and carers to ensure patients are aware of who to contact to receive help if they have complications. This to include information about the support Age UK and other third sector organisations can provide.

17. For all the responsible authorities such as NHS Warwickshire, University Hospitals Coventry and Warwickshire, South Warwickshire Foundation Trust, George Eliot Hospital and Warwickshire County Council to report back to Adult Social Care and Health OSC in six months time with their implementation plan for all the recommendations above.

1. Introduction

1.1 Positive work has been undertaken with the acute hospital trusts and the County Council's adult social care in Warwickshire to identify and resolve delays across the health and social care system, but despite this, the target of 17.5% to reduce the number of delays in transferring patients from hospital to social care was not achieved in 2010/11. The West Midlands Strategic Health Authority's Performance Report in March 2011 showed that the South Warwickshire Foundation Trust and University Hospitals Coventry and Warwickshire both exceeded the 5% threshold from September 2010 through to January 2011 for delayed discharges. Although this may have been cause by the adverse weather conditions in the winter, it is still a cause for concern.

1.2 The NHS assessment process accounts for over three quarters of the delays in hospital discharge but assessments carried out by social care alone are relatively low. As well as reducing the number of beds available for emergencies delays in discharge can have severe financial implications for hospitals, for example the UHCW had a loss of almost £0.2 million associated with delayed discharges which included operational targets relating to A&E and ambulance turnarounds.

1.3 A Task and Finish Group of councillors with support from leading officers of Adult Social Care and the NHS was set up in January 2011 to consider what improvements could be made to the discharge process to reduce the number of delays, the number of people being admitted directly into residential care and the number of people being admitted/readmitted into hospital and review the effectiveness of the new Reablement Service.

1.4 The Councillors on this T&F Group were:

Jose Compton (Chair)
Martyn Ashford
Robin Hazelton
Kate Rolfe
Sid Tooth
Claire Watson

1.5 The objectives of the T&F Group were to:

a) Establish how effectively health and social care services are working in partnership to ensure timely discharges and appropriate discharge outcomes
b) Identify the factors which cause delays in discharging people from hospital and lead to inappropriate discharge outcomes and to consider the effectiveness of any plans/actions which have been taken to address the issues
c) Identify the barriers to improve hospital discharges (process and outcomes) and the affordable options or solutions which will enable improved outcomes for people

d) Assess the impact the Reablement Service can have on hospital discharges and outcomes using the joint care pathways process
e) Review the proposals for the new Reablement Service
f) Identify whether there are inequalities across the county, differential waiting assessment times or differential outcomes
g) Identify whether there are areas where improved working with partners could improve the outcomes for people and reduce the demand on resources
h) Reduce the number of delayed discharges from hospital
i) Reduce the number of people admitted directly to residential care from hospital
j) Understand the NHS Operating Framework 2010/11
k) Understand the Continuing Healthcare (CHC) requirements
l) Understand the needs of carers as well as patients on discharge
m) Understand the NHS complaints process following the Ombudsman Report 2011 which raised concerns around the care provided to older people by the NHS

1.6 The T&F Group decided to include the following in the scope:

- The views and experiences of staff and patients, relating to delayed discharges, of the three acute trusts that serve Warwickshire residents
- The information provided by Adult Social Care, NHS Warwickshire and Acute Trusts should be evidence based and not anecdotal

1.7 The T&F Group excluded the following from the scope:

- Specific conditions that may cause admissions into hospital
- Past services apart from acknowledging examples of best practice that may be appropriate to consider
- Services provided by Coventry and Warwickshire Partnership NHS Trust

2. Reablement - National Perspective

2.1 The Department of Health's definition of reablement is:

'the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long term independence by enabling them to remain or return to live in their own homes within the community. This approach focuses on reabling people within their homes … so they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care'.

2.2 Reablement is also defined as one of three partially overlapping forms of social care outlined in Table (A) below from a report by De Montfort University - Evaluating a service in Leicestershire.

Table (A). Promoting independence: providing the support needed for people make the most of their own capacity & potential.

PREVENTION	REHABILITATION	REABLEMENT
Services for people with declining physical or mental health to help them avoid unplanned or unnecessary admissions to hospital or residential care. This can include short-term emergency interventions as well as longer term low-level support.	Services to people with declining physical or mental health to help them achieve optimum independence.	Services for people with declining physical or mental health to help them self manage their condition by learning or re-learning the skills necessary for daily living.

2.3 It is expected that customers using this service will benefit from intensive short term reablement programmes as it will help them to learn or relearn basic skills necessary for daily living. Such reablement programmes may be particularly applicable in the context of discharge from hospital, but are also applicable under other circumstances. As well as being of great benefit to the individual, experience in other local authorities suggests that effective reablement programmes can significantly reduce the level of ongoing social care support required for many people.

3. Reablement in Warwickshire

3.1 The Reablement Service is seen as a priority in Warwickshire for promoting independence and encouraging customers to do things for themselves rather than traditional care services where carers did things for the customer. At the time of this review every customer was given a reablement package if they met the following eligibility criteria which were:

- To be Fair Access to Care (FACs) eligible
- Over 18 years of age that have a physical impairment
- Or require a home care package (but were not in receipt of an existing home care package)

3.2 The T&F Group were made aware that there were plans for the eligibility criteria to change to make the service accessible to more people. Customers receive up to six weeks free of charge, but after six weeks if the customer still remains FACs eligible they may receive domiciliary care.

3.3 People excluded from the Reablement Service were those that:

- Only require equipment or a moving and handling assessment
- Need a rapid response service,
- Have a continuing care or ongoing health need or not medically fit to be able to participate

- Have a functional diagnosis of dementia, but those with early onset may benefit from reablement services
- Have cognitive impairment, where they would find it difficult to listen and retain information. However there are plans to reconsider this in the future.

3.4 The T&F Group acknowledged the Reablement Service will not be appropriate for everyone as there will always be a need for long term care for those with continuing care or health needs.

3.5 The Reablement Service in Warwickshire was considered a very quick accessible service with very few delays. It has led to more openness between WCC Social Care and NHS colleagues in identifying the reasons for any delays in discharge whether it is in relation to the assessment process, or a requirement for equipment or home care. South Warwickshire Foundation Trust has found not having to reassess patients that already have a package of care a significant improvement for them, but has found the prescriptive criteria for reablement has caused a few issues. However, with plans to open up the criteria, to enable more people to access this service should alleviate some of these concerns and help improve the discharge process.

3.6 Home carers providing this service have received face to face training to ensure they have the right skills to encourage customers to undertake tasks for themselves. In the first instance home carers work with customers to ensure they can achieve the goals set out in their support plan such as making tea or a simple meal. Once these goals are achieved more challenging goals may be set or a decision may be taken that the customer has reached their reablement potential.

3.7 Customers are referred either from a community social work team or a hospital social care team when discharged from hospital. In November 2010 the Reablement Service became countywide and its current capacity is 40 referrals per week. They receive approximately 20 referrals a week from the north of the county and 19 a week from the south, but this can change day by day. There have been 300 customers since March 2010 but this is likely to increase now the service is countywide. During the adverse weather conditions in December 2010 the service experienced an increase in referrals which placed it under pressure to meet the extra demand. Adult Social Care recognise when they extend the criteria to enable more people access to the Reablement Service they will need to increase staffing capacity to ensure all those eligible can receive the service.

3.8 The unit cost of the service is around £29 per hour and employing more staff may increase these costs, but as an-invest-to-save-service the cost benefit is in the longer term. Currently 58% of customers do not require further care and it was considered important the reablement service was not seen as a cost cutting service, but as providing better outcomes. This supports the comparative research study conducted by Social Policy Research Unit (SPRU), University of York and the

Personal Social Services Research Unit (PSSRU), University of Kent[1], where they found the reduction in social care costs are almost entirely offset by the initial cost of the reablement intervention. They found over the course of a year the average total cost of social care services used by the reablement group was only £380 lower than the average cost of social care services used by the comparison group. They consider the potential for local authority to make significant savings may be limited. However if a whole systems approach was taken by the County Council and NHS Warwickshire where they work together to understand the impact of any changes in one organisation has on another could be beneficial for both social care and health in identifying potential savings that can be invested elsewhere.

Recommendation 1

The County Council and NHS Warwickshire to conduct a feasibility study to establish if a whole systems approach to the Reablement Service would reduce NHS costs to enable the PCT to provide funding to support this service.

3.9 On average it costs around £150 per day for basic social care but the level of care given is tailored to individual needs. For example two people could have the same condition such as a broken ankle, but one may take longer to recover or have further complications which will delay their recovery and therefore will cost more.

3.10 The SPRU & PSSRU study supported the positive impact the service had on the users' quality of life including social care related quality of life. They found it lasted up to ten months after receiving reablement, when compared to users of conventional home care services. The T&F Group recognise that Reablement Services should not be considered as a cost cutting service, but as a service that improves the quality of life for people so they can remain independent for longer.

3.11 Following the assessments and reablement support planning, customers are separated into 3 streams according to their needs. Stream 1 is for those that require a lower level of support to stream 3 where customers have more complex needs. Those customers requiring more complex needs are case managed by an Occupational Therapist to ensure any specialist equipment required is made available. It is usually quicker to provide a simple package than a more complex one, but it can be dependent on whether there is a carer available. The support plans are reviewed at 2 and 4 weeks and any goals achieved are signed off at the review stage. Customers can exit reablement at any stage within the 6 week programme if they have reached their reablement potential. At 6 weeks those ending the review and that are not FACs eligible at the end of the reablement programme are referred to an information service such as PHILLIS

[1] Home Care Re-ablement Services: Investigating the longer-term impacts (prospective longitudinal study), Social Policy Research Unit. University of York, 2010

(Promoting Health and Independence through Low Level Integrated Support).

3.12 There are a number of possible options if a customer's health deteriorates before the package ends and they are readmitted to hospital for more than 24 hours. A full assessment is carried out and another referral made by the ward to the Hospital Social Care Team. At the time of this review it was unclear whether customers would continue with the remaining weeks they have not used when they have recovered or whether the customer would have to pay if a new 6 week package was required. However, it was decided that if there were no significant changes to the health of the customer a reablement restart package could take place with the possibility of a Home Care Supervisor providing an assessment.

3.13 Councillors were informed that 80% of all customers by December 2010 were receiving Reablement Services prior to being assessed for FACs. Of these 61% of customers did not require ongoing support with the remaining 39% having a reduced level of ongoing support.

3.14 The Department of Health has provided additional funding to align local authority reablement services with health and intermediate care to reduce unnecessary hospital admissions. This is the next stage to be implemented.

3.15 A concern was raised that not all ward staff are aware of the Reablement Service and the benefits it can provide. However it is essential that if staff are made aware, they need to know which patients would be eligible to receive the service. For example a patient with complex medical needs including cancer was wrongly referred to the service when they were discharged, but they were too ill be able to get out of bed. The family had reported that palliative care was required, but this had not been passed to the Reablement Service. This poor referral not only caused the patient and family distress but delayed access to Macmillan Nursing Services.

3.16 The T&F Group agreed that the information relating to the Reablement Service needs to be well managed, in order to manage the expectations of the patient, their family and carers or waste valuable time and resources.

Recommendation 2

That hospital staff not directly involved with the Reablement Team are provided with information about the Reablement Service, but this is to be well managed to ensure they are aware of the service's prescriptive eligibility criteria so that any referral made is appropriate to the patient's needs. This could be a single point of access service, like a triage service, to ensure patients receive the right information and a service that is appropriate for their needs.

3.17 The PCT and the County Council are currently developing a Concordat for Reablement Services in the future, which includes plans to carry out assessments after discharge. The T&F Group consider this would be an ideal opportunity to include hospital discharge within this process and develop policy and procedures, for both, with performance measures/indicators to be used when commissioning services from providers to ensure reablement and discharge arrangements will continue to meet the future needs of Warwickshire residents.

Recommendation 3

That hospital discharge is included within the development of the Concordat agreement between WCC and NHS Warwickshire, which includes a review of the current policies and procedures and to continue the development of a set of key performance indicators, which can be used when commissioning services from providers to ensure the Reablement Service and discharge arrangements meet the future needs of Warwickshire residents.

.

4. Hospital Discharge in Warwickshire

4.1 The Community Discharge Act 2003 reinforced the need for effective communication between the individual, family/carers and the multi-disciplinary team in the discharge plan. There are two notices which are used:

> ***Section 2*** *assessment notifications with a minimum of 3 days estimated discharge date should be sent as soon as possible after admission or before elective admission. This allows social work and multi-disciplinary colleagues to work effectively towards a timely discharge.*
>
> ***Section 5*** *discharge notifications gives notice of the confirmed multi-disciplinary decision that a patient is safe to discharge. This allows social services 24 hours to put services in place.*

4.2 The T&F Group were provided with details about the two types of discharge simple and complex/transfer of care. Simple discharge relates to patients who are discharged directly from A&E, ward areas or assessment areas to their home of residence. They have simple needs which do not require complex planning or delivery. Complex discharge or transfer of care is when several members of the multi-disciplinary team are involved with assessments to ensure safe appropriate and timely transfer. It requires coordinating services provided or commissioned by primary and secondary care which may involve home or site visits and the provision of specialist equipment.

4.3 There is an integrated discharge team at the University Hospital in Coventry and discharge facilitators at Rugby St Cross Hospital. There

are also two Age UK advisors that attend the University Hospital in Coventry two afternoons a week and Rugby St Cross one afternoon a week to provide information and advice to patients on what support is available on discharge. This was considered an example of good practice which was valued by both patients and staff.

Recommendation 4

All Hospital Trusts to approach Third Sector organisations such as Age UK or the Stroke Association to assess the benefits of having an advisor once a week to provide information and advice to patients on what support is available on discharge.

4.4 Hospital social care workers attend all the acute trusts and the community hospitals in the catchment area of Warwickshire but it can include hospitals such as Good Hope Hospital Birmingham, Alexandra Hospital Worcestershire and The Horton, Oxfordshire.

4.5 Concerns were raised with the T&F Group that currently when a social worker leaves, a replacement cannot be appointed due to a recruitment freeze. This was of particular concern in dealing with additional demands in the winter weather creates. Whilst due to budgetary pressures replacements cannot be appointed there needs to be strategies in place to be able to cope with these extra demands.

4.6 People attending hospital for either a 24 or 48 hour stay with an existing care package have been part of a pilot study where they have not been given an assessment. Normally they would have been given an assessment regardless of the existing package they may have which was counterproductive and not best use of resources. The main outcomes from this study has been a reduced the length of stay with the requirement for section 2 or section 5 notifications being avoided.

4.7 The changes with discharge planning in recent years have helped families become more aware of what is available which has reduced complications and resistance when relatives are discharged. However, there were still situations where families of patients that would be considered self funding could bed block because they did not want them to pay for their care. It was considered important that the patient, families and carers were involved with the discharge assessment process from the beginning to help prevent unnecessary delays. It was considered useful if families were made aware that a hospital is not an appropriate or safe place for their relatives to stay because of the high risk of contracting a hospital acquired infection or them becoming institutionalised and dependent on care services.

Recommendation 5

The County Council and the Hospital Trusts to work in partnership to consider how they can involve families from the onset of admission in the discharge planning process and use this process to raise awareness of the complications that can arise if their relative stays in hospital longer than necessary.

4.8 The UHCW is currently experiencing significant issues relating to delays in discharge which they need to address. The T&F Group learned that several factors can cause these delays such as matters relating to Sections 2 and 5 of the Community Care Discharge Act 2005, Continuing Healthcare (CHC) Assessments, prescribing medicines to take out (TTOs) or the refusal by families of patients that are self funding to take up placements in care/nursing homes. The Trust is currently looking at whether they could implement trespass laws such as Aintree University Foundation Trust and Southport & Ormskirk Hospital Trust are seeking to do, so patients can be removed into more appropriate care. However, there is guidance in the Department of Health's 'Choice Directive' where patients and families can go through consultation process to resolve any concerns they may have with the discharge arrangements. In the meantime Acute Trusts can make arrangements for patients to be placed elsewhere while the matter is being resolved.

4.9 The County Council can serve notices on families if they cause unnecessary delays by not actively taking up a placement when given their first choice for a care home.

4.10 Those patients without a family to act on their behalf are appointed an independent advocate. For those with mental health incapacity or impairment the County Council has a contractual arrangement with Independent Mental Capacity Advocate (IMCA). IMCA is governed by the courts and was established to help particularly vulnerable people following the Mental Health Capacity Act 2005.

Recommendation 6

NHS Warwickshire, the Hospital Trusts and the County Council to work in partnership to deliver the Continuing Healthcare assessment process and resolve matters relating to Sections 2 and 5 of the Community Care Act 2003. This should include the development of a strategic approach to reduce delays on matters relating to the prescribing medicines to take out (TTOs) and the taking up of placements in nursing homes.

Recommendation 7

When patients are admitted, the Hospital Trusts ensure patients and their families are made aware on how long they are expected to stay in hospital, when they would be expected to leave and what arrangements are made prior to discharge. If there is a complication where an agreement for discharge cannot be reached with the patients and their families all staff should be encouraged to follow the guidance relating to the Choice Directive (Department of Health 2003). This will hopefully ensure that the implementation of the trespass law to remove patients into more appropriate care is only used in exceptional circumstances.

4.11 Good discharge planning was considered essential in ensuring that a hospital is not placed in a situation where no beds are available for emergency admissions. When this occurs a bed crisis (level IV) is set in motion where requests are made for beds at other hospitals in the locality and in some situations further afield, the downside to this is not only patients being transferred further from their home and family, but it can often cause a ripple effect where bed shortages are created elsewhere.

4.12 Following a recent shortage of beds due to adverse winter weather George Eliot Hospital and NHS Warwickshire (PCT) have been working together on new arrangements to transfer patients into appropriate care. The PCT have used funds from Bramcote Hospital closure to spot purchased ten care home beds for patients being discharged from hospital to free up acute beds in the hospital and reduce delayed discharges. It was stressed that this service is very much a temporary arrangement (up to two weeks stay) and only one patient has remained in the nursing home longer than expected. When discharged the nursing home completes the patient's assessments before they are returned home. The West Midlands Strategic Health Authority's Performance Report shows that George Eliot Hospital's delayed discharge rate has been consistently lower than 5% for the past year.

Recommendation 8

NHS Warwickshire to ensure the Winter Plan is resilient to ensure resources are used in a co-ordinated way, such as the spot purchasing of care beds across the health economy to reduce delayed discharges. This would benefit all the hospital trusts including the West Midlands Ambulance Service by reducing delayed discharge rates, which will enable more acute beds to be available for emergencies.

4.13 South Warwickshire Foundation Trust identified that 25-30% of older people should not be in hospital. They were often admitted into hospital because there was no other place of safety. On occasions carers of relatives finding they cannot cope attend A&E hoping to get their relatives admitted. Currently social care workers are not part of

the A&E team, but if they were they could help reduce unnecessary admissions by arranging more appropriate care for the relatives or even respite care for carers. The T&F Group suggest a feasibility study is carried out to assess if incorporating social care (with training to support carers) as part of a hospital team at all hospital trusts could help reduce unnecessary admissions.

4.14 The UHCW's Accident and Emergency Department's - React Service provides a holistic assessment that has helped to reduce unnecessary admissions by approximately 20%. The team which has physiotherapists and Occupational Therapists check the patient's emotional and physical needs to assess whether they require a short term care package. The service is available from 9am – 7pm Monday to Friday and 9am - 4pm at weekends but the Trust would like to be able to extend the hours of this service. They also have an IT discharge planning tool 'Jonah' to help reduce discharge delays.

Recommendation 9

Sharing good practice and taking the University Hospitals Coventry and Warwickshire's React Service into consideration we recommend that all hospital trusts should incorporate social care within a hospital team to help reduce unnecessary admissions and these social workers to be trained to provide support for carers as well as those requiring care services.

4.15 SWFT also experience delays in trying to find the right care home or dealing with families' resistance to having their relatives transferred into care. Both NHS and adult social care staff at Warwick Hospital provide assessments prior to discharge, but there have been delays with those receiving end of life care. However the hospital is not considered an appropriate place for assessing patient's care needs or making the best use of their resources.

4.16 SWFT has been involved with the 'Cost of Frailty Pilot Project'. The principles of the project are:

- An assessment is done prior to the admission into hospital
- The patients are discharged and then assessed rather than assessed and discharged as done previously. It is accepted that there is a level of risk that could cause problems, but the intention will be to introduce policies to minimise this risk.
- Resources are required in the community but consider current arrangements are too compartmentalised which needs to change
- There will be an integrated health and social care from 1st April 2011 in Stratford and it is hoped that this will lead to a reduction in admissions of 2/3 per day. It is the intention that the single service in Stratford will be implemented elsewhere by the summer.

- Currently there are 50% referrals from the Ambulance Service and 50% from GPs. The Trust is working with GPs to ensure an assessment is carried out prior to admission. The GP Consortia have been very supportive.

4.17 The Trust considers this project has significantly improved partnership working with social care and the PCT but it still needs sign up from social care partners. WCC, Adult Social Care has confirmed it still requires work on the policies and procedures and may require resources to be moved around but this will require an agreement with NHS commissioners.

4.18 The UHCW are looking at admission avoidance by working with GPs and concentrating on care homes that send older people into hospital inappropriately such as reaching end of life when there is nothing that can be done to alleviate the inevitable. Their plans are to provide care staff with training and confidence to be able to care for patients with long term conditions and those with dementia when reaching their end of life. Last month the trust invited care home managers to the hospital and 40 attended. The outcome from the meeting is that they are very interested in taking up the UHCW's proposal for training care staff.

4.19 There is a similar project in Warwickshire where they are working to upgrade and improve the skills of care staff in 10 care homes. The County Council is considering whether extra funding for care homes to provide staff with extra pay if they agree to further training would be an incentive to improve their skills. The T&F Group learned that the Care Quality Commission will monitor the training to ensure the quality is consistent. Concerns were raised that although care home staff can be given this training there are circumstances where GPs will not attend a nursing home to deal with a patient with a urinary tract infection where they suggest an ambulance is called. It was proposed that a pilot study with GPs and nursing homes that are keen to be more proactive to look at best practice to reduce unnecessary hospital admissions.

4.20 The T&F recognise the work being undertaken by the acute trusts and the county council to improve training in care homes but consider there may be additional benefits if they worked in partnership.

Recommendation 10

(a)The County Council, NHS Warwickshire and the Hospital Trusts to work in partnership to develop and implement end of life care training packages for care home staff.

(b)This to include a pilot study working in partnership with a Care/Nursing Home and GPs to identify cases where hospital admissions could be avoided and examples of good practice. The aim will be to produce guidance on approaches that can be taken to reduce unnecessary hospital admissions, which can be implemented throughout the county.

Recommendation 11

The County Council and NHS Warwickshire as part of their commissioning arrangements with care homes ensure that their employees are encouraged or given incentives to participate in further training to help prevent unnecessary admissions into hospital or where medical invention will not improve or change the outcome for those reaching the end of their life.

4.21 Warwickshire County Council, NHS Warwickshire (PCT) and the Acute Trusts have agreed a discharge protocol to improve the inconsistent practices being experienced across the county. This discharge protocol covers a vast number of areas such as:

- Types of admission
- Assessment processes
- The definition of simple & complex discharge
- Discharge procedures
- Cross boundary referrals
- Housing
- Deprivation of liberty issues
- Abuse
- Procedures in dealing with patients refusing to leave hospital

4.22 It is hoped that there will be a significant improvement with the discharge arrangements in two years time. It was considered that the proposed changes will take that long to be fully implemented.

4.23 It is expected that the move to 'Virtual Wards' and the support being provided to help those with long term conditions could also reduce unnecessary admissions into hospital.

4.24 The Carers Strategy will enforce the policy of identifying carers to ensure they receive support, health checks and respite breaks. Carers will be able to access this support via their GP, Accident and Emergency Departments and other support agencies.

5. Continuing Healthcare Assessments (CHC)

5.1 NHS Warwickshire (PCT) has the responsibility for determining CHC eligibility and providing a package of care which can be very complex at times. The CHC team identify, commission and fund these packages of care to ensure they meet the needs of those that are eligible to receive this care.

5.2 In 2010 the CHC service was reviewed which identified the need to redesign the service and adopt a more strategic approach. They streamlined the process in order to release staff to reinvest time into the service elsewhere. There will be a transitional process to allow staff to implement the changes below:

a) A workforce options appraisal to centralise the administrative function, provide a single point of access, a resource for appeals and the provision of a duty clinician, fast track clinician, a duty manager and a complex case coordinator. The expected outcome from these changes will be a streamlining in the decision making process, the implementation of case management approach with identified caseloads, proactive links with named care homes and the splitting of geographical areas to clear backlogs.

b) A joint operational group was set up with Warwickshire County Council in January 2011 to agree joint policies and new ways of working. iExamples of policies recently agreed are CHC eligibility, funding process and the 29 day transfer of care.

c) A patient choice and resource allocation policy was approved by NHS Warwickshire in March 2011. This has been very helpful in setting up procedures and the legal requirements to agree a course of action in locating care settings which meet an individual's reasonable clinical needs.

d) A work stream was set up to review procurement arrangements looking at negotiations with main domiciliary providers to secure more competitive rates. The NHS West Midlands Framework for Care Homes was implemented by NHS Warwickshire in January 2011. Patients will be banded into the most appropriate tier of care rather than having individual care and are being provided with a choice of three care homes where possible. It is hoped that this will reduce delays in the patient and families having to identify a suitable placement.

5.3 A typical month's workload for the CHC team includes dealing with 125 new referrals, 40 fast track referrals for end of life care, approximately 150 changes of client circumstances, ad hoc reviews of complex cases in addition to the agreed monthly and annual reviews.

5.4 The current developments and priorities for 2010/11 were to ensure CHC is fit for purpose and there are agreed policies and procedures in place to ensure it is an efficient service that works within the strict financial constraints the NHS are facing. The areas identified for development in the next financial year for NHS Warwickshire are:

- To work with providers to support CHC training and an implementation of a model where providers will have more responsibility and ownership of the CHC assessment process and make eligibility recommendations.

- Will assume responsibility for WCC Funded Nursing Care from the 1st April 2011

- Negotiating with Warwickshire Community Health to case manage and review Fast Track clients (end of life care) to ensure timely allocation of

care packages by using Commissioning for Quality and Innovation (CQUIN). This is where commissioners reward excellence by linking the provider's income to the achievement of a local quality goal.

- Use the opportunity to tender for an out of hours service to ensure clients with complex needs are cared for in their own homes when tendering for domiciliary care

- Work with the County Council to implement the Care Funding Calculator. This is a tool that will provide greater transparency and information in negotiating the placement of clients. It is designed to provide cash efficiency gains by ensuring a fair payment level for residential and supported living placement.

5.5 The perceived challenge to implementing the changes outlined in the above section will be to work with partners collaboratively and to resolve the historical issues. Using senior managers rather than a panel to do the assessments has made the process much quicker and works well at South Warwickshire Foundation Trust. The plan is to role it out to the University Hospitals Coventry & Warwickshire and George Eliot Hospital.

5.6 The T&F Group learned that complex cases are those clients that require more case management are dealt with by those with the necessary experience to help clients such as those requiring ventilation or those that have behaviour issues relating to mental health concerns.

5.7 It was considered not appropriate for CHC assessments to be carried out in a hospital setting and it could be done elsewhere at a lower cost. The costs for NHS Warwickshire are comparatively higher than other areas of the county and it can take approximately half of the budget to provide CHC.

Recommendation 12

To test the suitability of providing assessments in a home setting the County Council and NHS Warwickshire invite the Borough and District Councils to look at whether future needs assessments including CHC assessments could be carried out at a lower cost in an alternative setting such as Extra Care Housing.

6. Patients' Views

6.1 As part of the scope the T&F Group wanted information on Warwickshire patients' experiences of the hospital discharge process which included their families. An NHS Warwickshire report 'Patients Views'[2] taken from NHS Choices, Patient Opinion and a consultation

[2] Patient Views: Insights from patients' experience of being discharged from hospitals across Coventry and Warwickshire during 2010 – Sheila Peacock, NHS Warwickshire

project involving older people provided the T & F Group with the following quotes from patients and their families:

"My husband found some difficulties over last minute discharge arrangements at rather unsociable hours"

"She was sent home with a dressing on her wound & there was no record of this on her discharge sheet. Her drugs were tipped into a huge plastic bag with no instructions on how they should be given, along with some of her belongings."

"Individually some of the staff were OK but most of the time communication problems between different departments caused a lot of concern. I was even sent home without a discharge letter and no aftercare."

"No notes or verbal guidance issued to me on discharge as to what I should expect, and what precautions to observe after an abdominal operation."

"The discharge process was fine but the aftercare from GP was non-existent. It might have been there if I'd asked for it but it wasn't proactive."

"I was kept in hospital an extra day because the surgeon was not available"

"The standard of care was excellent, I had major surgery, and could not have been better treated if I was in a private hospital. After I was discharged, I had a problem, I telephoned them, and asked if I could come over to the hospital – when I arrived there, they immediately dealt with my problem."

"Not discharged until fully recovered. 2 recalls before discharged. Very satisfied"

"After a recent hip operation, the SWAT team visited on 3 days to make sure everything was fine"

6.2 This report indicated that patients and their families had a mixed experience when discharged from hospitals across Coventry and Warwickshire. Some had a very good experience while others had or had known someone that had quite a bad experience. A common reason for dissatisfaction was the lack of communication between clinical staff and the patients and their families, including concerns with GP aftercare. There also appeared to be a correlation between the level of care given and the patients' physical and mental capacity. The feeling amongst relatives and friends was older people were not always cared for properly, because they were unable to understand, hear properly or speak up for themselves.

Recommendation 13

Patient findings from recent reviews indicate that communication is still the main concern for them. NHS Warwickshire in partnership with the County Council should actively seek ways to improve the lines of communication between clinical staff, the patients and their families.

Recommendation 14

The GP Consortia with NHS Warwickshire and the Hospital Trusts to review how discharge information is provided to NHS Community Services, including GPs, to enable them to be more proactive in providing aftercare.

7. NHS - Patient & Relatives Complaints

7.1 Following concerns raised in the recent Ombudsman Report[3] in February 2011 – 'Care and Compassion?' which looked at ten investigations into NHS care of older people the T&F Group agreed to review the complaints procedures of NHS Warwickshire and the Acute trusts in Warwickshire.

7.2 NHS Warwickshire looks at trend information when analysing complaints and if a problem reoccurs, they monitor these complaints. They also use patient surveys to obtain information on those services where there have been concerns, to monitor whether these have improved.

7.3 The UHCW with Coventry PCT and NHS Warwickshire have recently reviewed their complaints process and no potential issues were identified.

7.4 South Warwickshire Foundation Trust stressed the number of complaints (about 5 in total) are very small when compared to the several thousand patients they see each year. However all complaints are treated very seriously and are referred back to the speciality concerned. There is an integrated reporting process and patient stories are referred to the Trust's Board for consideration.

7.5 Unique complaints are looked at very carefully to establish if it is a one off complaint or whether it is something that is likely to occur again. If changes are considered necessary a new policy or procedure is put in place.

7.6 There are discharge facilitators at all the acute trusts to ensure that mistakes do not occur in relation to discharge. All the Trusts have an excellent Patients Advocacy and Liaison Service to act as an

[3] Care and Compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people, February 2011

intermediary between the patient, families and carers with the trust concerned to resolve any concerns or complaints they may receive.

7.7 After further discussion it was agreed that there was not always enough helpful information supplied to the patient or their families on discharge to alleviate any concerns they may have if there were complications or how to contact the hospital or GP. The T&F Group considered it was important that this information is provided to patients, families and carers to ensure they obtained the right support or care to help them remain at home and prevent unnecessary readmissions into hospital.

Recommendation 15

Hospital Trusts review the discharge information they provide to patient and carers to ensure patients are aware of who to contact to receive help if they have complications. This to include information about the support Age UK and other third sector organisations can provide.

To ensure all the recommendations, if agreed, are implemented the T&F Group want NHS Warwickshire, the Acute Hospital Trusts and the County Council to report back to Adult Social Care and Health OSC in six months time.

Recommendation 16

For all the responsible authorities such as NHS Warwickshire, University Hospitals Coventry and Warwickshire, South Warwickshire Foundation Trust, George Eliot Hospital and Warwickshire County Council to report back to Adult Social Care and Health OSC in six months time with their implementation plan for all the recommendations above.

8. Findings

The T&F Group reached the following findings:

8.1 The unit cost of Reablement Service is more than basic social care, but the benefit for users is in the longer term by enabling them to remain independent for longer so they can stay in their own home. The costs of Reablement are initially higher and the Social Policy Research Report commissioned by the Department of Health identified there are limited savings for social care in the longer term, but there may be more potential for savings to be made in health. It was considered important that ways were found to ensure the service remains sustainable and if a whole systems approach was taken by both adult social care and health (where each organisation understands the impact of any change they make has another) could help identify potential savings that could be made jointly. This could be reinvested in the service which will enable the service to develop to meet the likely

increase in demand when further changes are made to the eligibility criteria **(Recommendation 9.1).**

8.2 It was considered important that hospital staff not directly involved with the Reablement Team including relatives and carers were not only aware of the benefits of the Reablement Service, but of the prescriptive eligibility criteria to ensure any patient referral made to the service was appropriate for their immediate needs **(Recommendation 9.2).**

8.3 A Concordat to improve partnership arrangements is currently being developed by the County Council and NHS Warwickshire, but it was considered important that it went further than reviewing current policies and procedures, but continued to look at the development of a set of key performance indicators to be included in any contractual arrangements with providers to ensure the future needs of residents are met **(Recommendation 9.3)**.

8.4 Age UK advisors attend the University Hospitals Coventry and Warwickshire Trust two afternoons a week to provide discharge information for patients. This was considered an example of good practice which could benefit patients attending George Eliot Hospital and South Warwickshire Foundation Trust **(Recommendation 9.4).**

8.5 Although discharge planning in recent years have helped families become more aware of what is available there are still instances where bed blocking can occur. It was considered important that families and carers are involved in the discharge process from the beginning and are aware of the health complications that can occur if their relative stays in hospital longer than necessary **(Recommendation 9.5).**

8.6 Section 2 and 5 of the Community Care Act 2003 and CHC assessment process still causes the main delays with discharge from hospitals which needs to be resolved **(Recommendation 9.6).**

8.7 Bed blocking still causes problems for the hospital trusts therefore in addition to the information provided for patients it was considered important that hospital staff follow through the guidance relating to the Department of Health, 'Choice Directive' to ensure that the requirement to implement the trespass law is used as a last resort **(Recommendation 9.7).**

8.8 George Eliot Hospital worked with NHS Warwickshire to spot purchase care home beds to transfer patients to a care home to resolve serious bed shortages caused by adverse weather conditions in 2010. Their discharge rates being consistently lower than the other hospital trusts that serve Warwickshire and it was considered beneficial if these hospital trusts work with NHS Warwickshire in a co-ordinated way to implement this scheme **(Recommendation 9.8).**

8.9 The University Hospitals Coventry and Warwickshire's A&E Department have a React Service which takes a holistic approach when assessing a patient's needs to reduce unnecessary admissions

into hospital by approximately 20%. It was suggested if social care workers were part of the A&E Department at Warwick Hospital it could further reduce the number admissions **(Recommendation 9.9).**

8.10 (i)For those reaching the end of their life being admitted into hospital was considered not beneficial for either the patient or their families, but there were instances when this occurred, which was thought mainly due to insufficient training in end of life care in care homes. End of life care training packages are being developed, but these need to be implemented to reduce hospital admissions **(Recommendation 9.10a)**.

(ii)The T&F Group were also made aware that there were circumstances where a GP would not come out to a nursing home to deal with a patient with a urinary tract infection and they suggest an ambulance is called **(Recommendation 9.10b).**

8.11 It was considered important that care home staff were encouraged to take up training by giving them incentives such as an increase in pay **(Recommendation 9.11).**

8.12 There was an issue relating to the high costs of providing future needs assessments and CHC in a hospital setting where it could be possibly cheaper if it was provided elsewhere **(Recommendation 9.12).**

8.13 Communication between clinical staff, patients and their families is still a cause for concern. It can make a difference on whether the patient has a good or bad discharge experience **(Recommendation 9.13)**.

8.14 GP aftercare was another area where improvement in communication could be of benefit for the patient and their families **(Recommendation 9.14)**.

8.15 Some patients were provided with helpful information that ensured they knew who to contact if they had complications on discharge, but there were still instances where insufficient information was given which caused consternation for both them and their families. It was suggested that information from Age UK and other third sector organisations should be included, to help those that may not be eligible for health or social care packages **(Recommendation 9.15).**

9. Recommendations

The T&F Group made the following recommendations:

9.1. The County Council and NHS Warwickshire to conduct a feasibility study to establish if a whole systems approach to the Reablement Service would reduce NHS costs to enable the PCT to provide funding to support this service.

9.2. That hospital staff not directly involved with the reablement team are provided with information about the Reablement Service, but this is to be well managed to ensure they are aware of the service's prescriptive

eligibility criteria so that any referral made is appropriate to the patient's needs. This could be a single point of access service, like a triage service, to ensure patients receive the right information and a service that is appropriate for their needs.

9.3. That hospital discharge is included within the development of the Concordat agreement between WCC and NHS Warwickshire which includes a review of the current policies and procedures and to continue the development of a set of key performance indicators, which can be used when commissioning services from providers to ensure the Reablement Service and discharge arrangements meet the future needs of Warwickshire residents.

9.4 All Hospital Trusts to approach Third Sector organisations such as Age UK or the Stroke Association to assess the benefits of having an advisor once a week to provide information and advice to patients on what support is available on discharge.

9.5. Both the County Council and the Hospital Trusts to work in partnership to consider how they can involve families from the onset of admission in the discharge planning process and use this process to raise awareness of the complications that can arise if their relative stays in hospital longer than necessary.

9.6. NHS Warwickshire, the Hospital Trusts and the County Council to work in partnership to deliver the Continuing Healthcare assessment process and resolve matters relating to Sections 2 and 5 of the Community Care Act 2003. This should include the development of a strategic approach to reduce delays on matters relating to the prescribing medicines to take out (TTOs) and the taking up of placements in nursing homes.

9.7. When patients are admitted, the Hospital Trusts ensure patients and their families are made aware on how long they are expected to stay in hospital, when they would be expected to leave and what arrangements are made prior to discharge. If there is a complication where an agreement for discharge cannot be reached with the patients and their families all staff should be encouraged to follow the guidance relating to the Choice Directive (Department of Health 2003). This will hopefully ensure that the implementation of the trespass law to remove patients into more appropriate care is only used in exceptional circumstances.

9.8. NHS Warwickshire to ensure the Winter Plan is resilient to ensure resources are used in a co-ordinated way, such as the spot purchasing of care beds across the health economy to reduce delayed discharges. This would benefit all the hospital trusts including the West Midlands Ambulance Service by reducing delayed discharge rates, which will enable more acute beds to be available for emergencies.

9.9. Sharing good practice and taking the University Hospitals Coventry and Warwickshire's React Service into consideration all hospital trusts should incorporate social care within a hospital team to help reduce unnecessary admissions and these social workers to be trained to provide support for carers as well as those requiring care services.

9.10(a) The County Council and NHS Warwickshire and the Hospital Trusts to work in partnership to develop and implement end of life care training packages for care home staff.

(b) This to include a pilot study working in partnership with a Care/Nursing Home and GPs to identify cases where hospital admissions could be avoided and examples of good practice. The aim will be to produce guidance on approaches that can be taken to reduce unnecessary hospital admissions, which can be implemented throughout the county.

9.11. The County Council, NHS Warwickshire as part of their commissioning arrangements with care homes ensure they encourage their employees or give them incentives to participate in further training to help prevent unnecessary admissions into hospital or where medical invention will not improve or change the outcome for those reaching the end of their life.

9.12. To test the suitability of providing assessments in a home setting the County Council and NHS Warwickshire invite the Borough and District Councils to look at whether future needs assessments including CHC assessments could be carried out at a lower cost in an alternative setting such as Extra Care Housing.

9.13. Patient findings from recent reviews indicate that communication is still the main concern for them. NHS Warwickshire in partnership with the County Council ahould actively seek ways to improve the lines of communication between clinical staff, the patients and their families.

9.14. The GP Consortia with NHS Warwickshire and the Hospital Trusts to review how discharge information is provided to NHS Community Services, including GPs, to enable them to be more proactive in providing aftercare.

9.15. Hospital Trusts review the discharge information they provide to patient and carers to ensure patients are aware of who to contact to receive help if they have complications. This to include information about the support Age UK and other third sector organisations can provide.

9.16 For all the responsible authorities such as NHS Warwickshire, University Hospitals Coventry and Warwickshire, South Warwickshire Foundation Trust, George Eliot Hospital and Warwickshire County Council to report back to Adult Social Care and Health OSC in six months time with their implementation plan for all the recommendations above.

Scrutiny Review Outline **Appendix A**

Review Topic	**Hospital Discharges (delays and outcomes) and Reablement Services**
Panel/Working Group etc – Members	Cllr Compton (Chair), Cllr Tooth, Cllr Rolfe, Cllr Hazelton, Cllr Watson, Cllr Ashford
Key Officer Contact	Alwin McGibbon, Km Harlock, Caron Wiliams, Sheila Peacock, Zoe Bogg, Di King
Relevant Portfolio Holder(s)	Cllr Izzi Seccombe; Adult Social Care Cllr Bob Stevens, Health
Relevant Corporate/LAA Priorities/Targets	Corporate Priority 2 – Maximising independence for adults and older people with disabilities more choice and control in their life, the right help at the right time, easy access to information, advice, support and advocacy. • Supporting people to remain at home living independently • Decrease ongoing home care packages due to the introduction of prevention and early intervention including reablement • Narrowing the gaps and sustainable affordable services fit for the future.
Timing Issues	Reablement services became a countywide service at the end of November 2011. During the roll out process the referral criteria was extended to include hospital discharge. In addition there have been changes to the NHS Operating Framework which sets out clear expectations on what the NHS is required to deliver against 2010/11. £660,000 has been given to NHS Warwickshire to develop local plans in conjunction with WCC & Community Health Services to decide the best way of using this money to facilitate seamless care for patients on discharge to prevent avoidable hospital readmissions. It will be a few months before there will be information about reablement of hospital discharge patients and with this in mind it was thought appropriate to start this review in January 2011. This will enable the T&F Group to consider how the new ways of working and reablement will have on hospital discharge.
Type of Review	In depth review
Resource Estimate	If commissioned this review is likely to take somewhere between 3-4 months to complete the review i.e. up to having an agreed final report ready for submission to committee. This is potentially a complex review. A provisional estimate of scrutiny officer support is between 288 to 312 hours or 48-52 days depending on the actual methodology used by the review. This assumes a review planning meeting, 4 evidence sessions, evidence review meeting, meeting to develop conclusions and recommendations and between 4-5 local site visits (a best practice visit outside the county is not included). The resource estimate includes arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.

Rationale (Key issues and/or reason for doing the review)	The longer people remain in hospital the more dependant they become and the more difficult it becomes to rehabilitate back to independent living, creating an increased pressure on adult social care services. Getting people out of hospital and back into independent living at the earliest opportunity is cost effective for both health and adult social care services and a better outcome for the individual. Whilst it is important to ensure that discharges are timely, it is also fundamentally important to ensure that the outcome of the discharge is appropriate to individual needs. Government guidance states that no one should be admitted to residential care directly from hospital. Currently, it is thought that the numbers of people admitted to residential care direct from hospital in Warwickshire is too high. There is a need to ensure that health and social care services are working effectively in partnership to ensure timely discharges and appropriate discharge outcomes. Outturn performance for 2009/10 comments on two key areas for improvement We have missed our target to reduce the number of **delays of transferring patients from hospital to care**. This is an important partnership issue because although social care delays remain very low, delays that are the responsibility of the NHS make up over three quarters of the outturn for this indicator. Positive work has been undertaken with acute hospital trusts to identify and resolve delays across the health and social care system; both at an operational and strategic level such as transforming community based services. This is an important measure because it can impact on some of the most vulnerable and frail people in the County, who are caught up in the complex issues involved. The Adult Social Care & Health **'Reablement'** service is now a countywide service. The service has been designed to help people to regain the skills and confidence they need to live independently at home, particularly after an illness or spell in hospital. With the revision to the NHS Operating Framework 2010/11 and the funding allocation provided to the PCT to develop local plans does provide seamless care for patients to prevent avoidable admissions. It is essential that Adult Social Care works with colleagues in the PCT and the Community Health Service to ensure the reablement service forms part of a single or coordinated intermediate care service.

Objectives of Review (Specify exactly what the review should achieve)	1) To establish how effectively health and social care services are working in partnership to ensure timely discharges and appropriate discharge outcomes 2) To identify the factors which cause delays in discharging people from hospital and lead to inappropriate discharge outcomes and to consider the effectiveness of any plans/actions which have been taken to address the issues. 3) To identify the barriers to improve hospital discharges (process and outcomes) and the affordable options or solutions which would enable improved outcomes for people 4) To assess the impact the reablement service can have on hospital discharges and outcomes using the joint care pathways process. 5) Review the proposals for the new reablement service 6) To identify whether there are inequalities across the county, differential waiting/assessment times or differential outcomes. 7) To identify whether there are areas where improved working with partners could improve the outcomes for people and reduce demands on resources 8) To reduce the number of delayed discharges from hospital 9) To reduce the number of people admitted directly to residential care from hospital 10) To understand the NHS Operating Framework 2010/11 11) To understand Continuing Health Care (CHC) requirements 12) To understand the needs of carers, as well as patients, on discharge 13) To understand the NHS patients complaints procedures following concerns raised by Ombudsman Report Feb 2011
Scope of the Topic (What is specifically to be included/excluded)	Include The following is included in the scope of the review: • The views and experiences relating to delayed discharges of the three Acute Trusts that serve Warwickshire residents • The information provided by Adult Social Care, NHS Warwickshire and Acute Trusts should be evidence based - not anecdotal. Excluded The following falls outside the scope of the review: • Specific conditions that may cause admissions to hospital • Past services apart from acknowledging examples of best practice that may be appropriate to consider • Services provided by Coventry & Warwickshire Partnership Trust
Indicators of Success – Outputs (What factors would tell you what a good review should look like?)	• Recommendations accepted and implemented to deliver improvements
Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	• Recognisable improvements in discharge processes and outcomes • Reduction in number of delayed hospital discharges • Reduction in number of people admitted to directly to residential care from hospital • Set of Health Indicators to measure hospital discharge & reablement process • Fewer people requiring ongoing care • Fewer admissions/readmissions

Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	New Reablement Service Review of Continuing Health Care (CHC) Discharge Planning – CQUIN Adult Social Care Transformation Plan Hospital Discharge Protocols

Glossary of Terms

A&E	**Accident and Emergency**
CHC	**Continuing Healthcare**
FAC	**Fair Access to Care**
GP	**General Practitioner**
NHS	**National Health Service**
PCT	**Primary Care Trust**
PHILLIS	**Promoting Health & independence through Low Level Integrated Support**.
PSSRU	**Personal Social Services Research Unit**
SPRU	**Social Policy Research Unit**
SWFT	**South Warwickshire Foundation Trust**
T&F	**Task and Finish**
TTO	**To Take Out (medicines)**
UHCW	**University Hospitals Coventry & Warwickshire**

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care & Health O&S**	
Date of Committee	**29th June 2011**	
Report Title	**Warwickshire Health & Social Care – Draft Concordat**	
Summary	The concordat provides the framework of operation which sets out the principles of co-operation and joint working across social care and health agencies. The concordat seeks to reaffirm the strategic commitment to partnership working building upon a single vision for health and social care in Warwickshire and specifically the delivery of integrated activity between the County Council and NHS Warwickshire.	
For further information please contact:	Rachel Pearce NHSW Tel:	Wendy Fabbro Strategic Director, Adult Social Care Tel: 01926 742967
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)	☒	Not Applicable
Other Elected Members	☒	Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Watson, Councillor C Rolfe, Councillor R Dodd – O&S only
Cabinet Member	☒	Councillor I Seccombe, Councillor A Farnell
Chief Executive	☐	....
Legal	☒	Alison Hallworth, Adult and Community Team Leader
Finance	☒	Chris Norton, Strategic Finance Manager

Other Chief Officers	☐	....
District Councils	☐	....
Health Authority	☐	....
Police	☐	....
Other Bodies/Individuals	☒	Janet Purcell, Cabinet Manager (OR) Michelle McHugh, O&S Manager

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS: Details to be specified

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

Agenda No

Adult Social Care & Health O&S – 22nd June 2011

Warwickshire Health & Social Care – Draft Concordat

Recommendation
1. It is recommended that the committee supports the Warwickshire Health & Social Care Concordat attached at appendix A to this report.

1. Background

1.1 As part of continued work to increase integration and joint working across the health and social care economy the Strategic Health Authority (SHA) requires local authorities and Primary Care Trusts to develop and agree a concordat of operation. The purpose of the concordat is to provide the framework of operation which sets out the principles of co-operation and joint working across social care and health agencies. The concordat seeks to reaffirm the strategic commitment to partnership working building upon a single vision for health and social care in Warwickshire and specifically the delivery of integrated activity between the County Council and NHS Warwickshire.

1.2 The development of the concordat is a key document which will support the development of new working arrangements and the shift to new structures in light of the Governments white paper "Liberating the NHS" and will act as a set of guiding principles as we move to GP Consortia and alternative models of commissioning. Specifically, the Concordat framework will be supported by key documents detailing financial arrangements in prescribed transactions such as the transfer of funding from NHS to Adult Social Care; and operational plans such as the Reablement schedule agreed by health and social care professionals. Both documents are appended to the Concordat for easy reference

2. Information & Advice

2.1 The draft version of the Concordat attached at appendix A to this report has been developed in partnership between Warwickshire County Council and NHS Warwickshire. It is not intended to be a static document and will instead evolve over time as our areas of work and responsibilities develop and change. In the first instance to there is a clear focus upon those issues which are currently live in terms of activity, particularly around reablement, continuing healthcare and mental health services.

2.2 The concordat as a document is structured to provide details around the following areas:

- The principles of our partnership
- Our joint vision
- Our commissioning principles
- Measuring our progress
- Governance Structures
- Our programme of work

The concordat will act as the framework of operation which governs the use of resources transferred from NHSW to the local authority as part of the reablement, winter pressures and carers activity identified as sitting within adult social care. The total value of the funding to be transferred to adult social care in 2011/12 is £6M and although the use for this resource is not ringfenced there are clear expectations around its allocation to support both increased delivery of reablement and to offset the severity of cuts subsequent to the local government settlement.

2.3 From a reablement perspective, recurring funding resources are to be transferred from NHSW to allow for the provision of post discharge support to:

- Prevent avoidable hospital or long term care admissions
- Facilitate seamless care for patients on discharge from hospital

In addition to this there will also be funding transferred on a non-recurring basis for winter pressures activity undertaken by adult social care services which are also to the benefit of the health sector. The use of winter pressure funding is not specified on a national basis but guidance advised that they could be used for:

- Short stay residential care places
- Residential respite care
- Intermediate care
- Home care support
- Equipment
- Adaptations
- Telecare
- Crisis response teams
- Preventative services (preventing unnecessary hospital admission)
- Reablement

The approach in Warwickshire has been to align the funding due to be transferred from NHSW to our strategy around Supporting Independence (Prevention) as approved by Cabinet in June this year.

2.4 Governance of the delivery around integrated and joint commissioning or services will be critical to the success of future partnership working at both a strategic and operational level.

For this reason the concordat seeks to express the arrangements that will be put in place to ensure transparent decision making, effective engagement and clarity of purpose. As our new structures and arrangements continue to emerge following further announcements around the future direction of changes to the health and social care landscape we will continue to revisit our governance framework to ensure that it remains fit for purpose.

3. Recommendation

3.1 It is recommended that the committee supports the Warwickshire Health & Social Care Concordat attached at appendix A to this report.

Report Authors:

Rachel Pearce (NHS Warwickshire) & Wendy Fabbro, Strategic Director, Adult Social Care and Health

Head(s) of Service:

Not applicable

Strategic Director(s):

Wendy Fabbro, Strategic Director, Adult Social Care and Health

Portfolio Holder(s):

Cllr Mrs Seccombe

Warwickshire Health and Social Care DRAFT Concordat

This concordat provides a framework for co operation between agencies concerned with Health and Social Care services. The Concordat reaffirms a high level commitment to developing a single vision for Warwickshire in the delivery of integrated working between Warwickshire County Council (WCC) and NHS Warwickshire (NHSW).

In the first instance it covers areas of both provision and commissioning for reablement, continuing healthcare and mental health however, as detailed in the work programme, this will expand to cover a greater number of areas.

This document will cover the following:

- The principles of our partnership
- Our joint vision
- Our commissioning principles
- Measuring our progress
- Governance Structures
- Our programme of work

In addition to this document, specific arrangements will be further detailed in Section 75, Section 256, and Board terms of reference.

The principles of our partnership

- Culture – the partnership should actively work to enable each individual to:
    - Understand and respect differences across partnership individuals and organisations
    - Commit to spending time to build and maintain relationships
    - Believe that they are willing and valued partners.

- Strategy – the partnership needs to implement its mission and vision via a clear strategy informed by local communities and other stakeholders which focuses on:
    - Strategic development to agree priorities and define outcome targets
    - Sharing information and evaluation of progress and achievements.

- Learning – partner organisations need to attract, manage and develop people to realise their full knowledge and potential by:
    - Valuing people as a primary resource
    - Development and application of knowledge and skills
    - Supporting innovation.

- Leadership – effective leadership involves:
    - Developing an communicating a shared vision
    - Embodying and promoting ownership of and commitment to the partnership and its goals

    - Being alert to factors and relationships in the external environment that might affect the partnership.

- Organisation – clear and effective systems needed for:
    - Public participation in partnership processes and decision-making
    - Flexibility in working arrangements
    - Transparent and effective management of the partnership
    - Communication in ways and at times that can be clearly understood, interpreted and acted upon.

- Resources – the partnership needs an approach to the contribution and shared utilisation of resources, including:
    - Managing and pooling financial resources
    - Making information work
    - Using information and communication technology appropriately.

- Programmes – partners should seek to develop coordinated programmes and integrated services that fit together well. This requires:
    - Effort to realise added value from joint planning
    - Focused delivery
    - Regular monitoring and review.

By applying these principles of partnership NHSW and WCC are committing to early communication of issues relating to policy formation, proposals for change, and public announcements which have mutual interest such as financial impact on another party, performance impact or reputation damage/enhancement.

Each organisation will build into their procedures a default to consider the impact of proposals on Arden care system partners, and will maintain a central focus on the delivery of core outcomes of health gain for patients and health and well being of citizens.

Our joint vision

The Local Authority will be responsible for promoting integration and partnership working between the NHS, Social care, public health and other local services and strategies. The Concordat will support the implementation of this collaborative working and provide a framework for new NHS commissioning organisations to work with the Local Authority in the future.[1]

The Concordat recognises the interdependency of the NHS and Social Care in delivering care that;

- Puts service users and the public first to ensure customers are able to exercise choice and control
- Focuses on improvement in quality and healthcare outcomes
- Delivers autonomy, accountability and democratic legitimacy
- Cuts the costs of bureaucracy and improves efficiency and focuses resources in the areas of greatest need

In Warwickshire the implementation of the commitments in the Concordat will mean

- Health and social care working together with the patient/individual at the centre of service delivery
- High quality services provided through collaborative joint commissioning and enhanced service integration to ensure care is joined up at the point of delivery
- Care provided to people at the right time and in the most appropriate setting
- Realising the efficiencies of working together through the reduction of duplication and unnecessary referrals to deliver streamlined pathways of care

Our commissioning principles

In order to effectively work together we will commission services using the following principles:

- Our commissioning intentions, joint or otherwise, will be firmly based on the JSNA and prioritised through mechanisms which ensure transparent decision making
- The solutions which we seek to address short and long term objectives will be evidence based and represent best practice
- Service users and the wider Warwickshire population will be at the centre of service design and be fully involved in the prioritisation of strategic objectives
- Where we seek to commission from the external market on a competitive basis we will engage with all providers when designing a new service so as to promote innovation and fair competition.
- The focus of commissioning activities will be on improving the health and wellbeing of the Warwickshire population and the experience of service users. We believe that by focussing on these elements, that financial efficiencies will follow and outcomes for customers will be maximised

[1] Requirement to cross reference with Health and Wellbeing Board ToR

- We will focus our interventions and service commissioning towards those with the greatest need but recognise the importance of developing community based solutions and access to modern and none traditional forms of support such as telecare/telehealth
- We will work jointly to ensure that patients and customers are able to access the right types of support and the right time in a way which maximises their independence
- Services will be designed to suit the majority of service users; however we recognise that there has to be flexibility for health and social care professionals to tailor pathways to meet the needs of individuals

Measuring our progress

Each of the individual areas of activity within our joint programme of work will have Key Performance Indicators (KPI's) developed and progress against these measures will be monitored by WCC and NHSW.

Both WCC and NHSW have a number of priorities which will be supported through partnership and we will therefore measure broader strategic goals to assess our progress. These include:

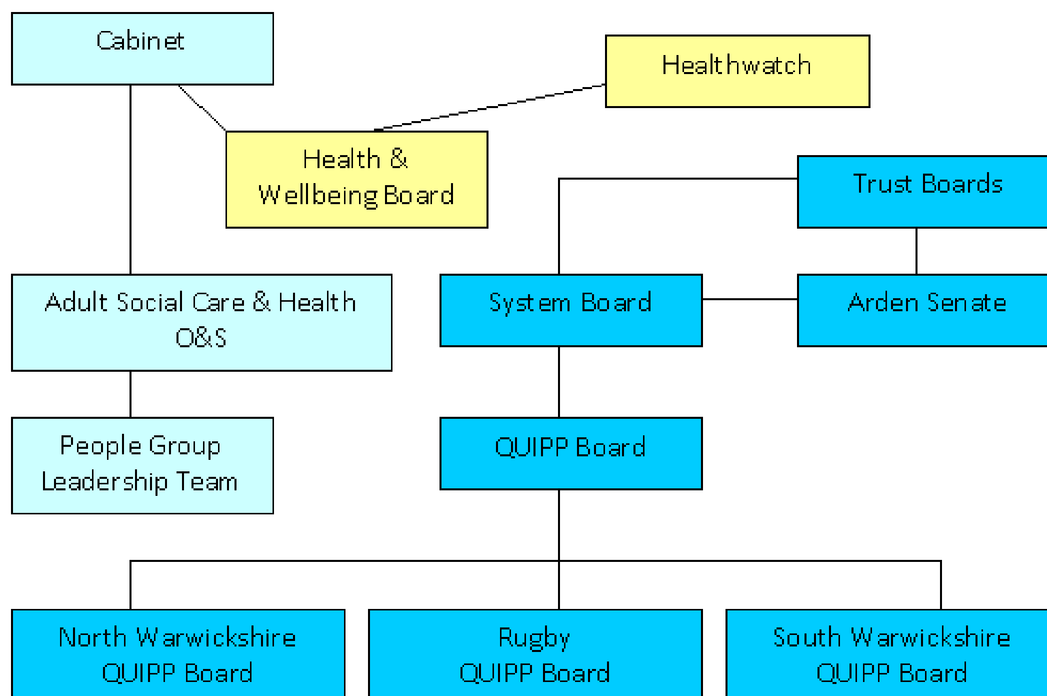
- Continuation and expansion of Family Nurse Partnerships
- Implementation of the National Autism Strategy
- Implementation of the Joint Dementia Strategy to deliver an Assured Pathway of Care from early intervention and diagnosis to end of life
- Make progress against 'Recognised, Valued and Supported: Next Steps for the Carers Strategy
- Implementation of the End of Life Strategy
- Development of community rehabilitation for Stroke Patients
- Increase in the number of Older People who remain at home 91 days following discharge from hospital into reablement/rehabilitation services
- Reduction in delayed transfers of care
- Increase in the proportion of people whose outcome measures are fully or partially achieved at completion of reablement
- Reduction on number of people entering residential care directly from hospital
- Completion of the review for offenders substance misuse services
- Increase choice and control for mental health service users
- Extend access to talking therapies for children and young people, older people, for people with severe and enduring mental health problems and for people with co-morbid mental and physical health long term conditions
- Increase in the proportion of adults in contact with secondary mental health services in paid employment
- Increase in the proportion of adults in contact with secondary mental health services living independently with or without support
- Successful handover of the statutory duties as set out in the statutory guidance 'Working together to Safeguard Children to new organisations such as GP consortia
- Implementation of local action plan to deliver improved health and wellbeing of people with learning disabilities
- Increase in the proportion of adults with learning disabilities in paid employment and increase in the number living on their own or with their own family
- Completion of update and implementation to the 'Emotional Well Being and Mental Health Strategy' in order to improve children and young people's mental health

- Maintain and test plans to deliver effective response in an emergency situation. In addition to usual arrangements plans need to be made to meet any additional demands arising from the Olympics and Para-Olympics
- Successfully embed community physical activity initiatives for all ages alongside activity in schools for the 2012 Olympic Games through the implementation of 'Let's Get Moving.'
- Reduction in the number of fragility fractures in the elderly, especially women

Governance Structure

NHSW and WCC will be held to account for the delivery of its organisational objectives through its own governance structures and via the governance structure being implemented across the system. The System Board will bring together Chief Executives from the Local Authorities, NHS providers and Commissioners to ensure the system is working collaboratively and to manage risk across the system.

The following diagram illustrates the governance structure across the Arden care system:



Programme of Work

The programme of work to date has focused on both provision and commissioning for reablement, continuing healthcare and mental health. During 2011/12 these areas will be expanded to cover the following:

- Short stay residential
- Residential respite care
- Intermediate Care
- Home Care Support
- Equipment
- Adaptations
- Telecare/telehealth
- Crisis response teams
- Prevention of unnecessary hospital admission

The Commissioning Cycle

Both WCC and NHSW have their own commissioning cycles; whilst very similar they are not aligned in terms of timescales and implementation. Whilst many aspects of the cycles will need to be carried out as distinct mechanisms within each organisation, it is our intention to work together where possible so as to avoid duplication and to align timings in order to effectively manage the market, ensure economies of scale and reduce the potential for duplication.

Joint Commissioning

We currently have a number of joint commissioning arrangements between the two organisations. As NHSW transfers responsibility for commissioning to GP consortia it provides a timely opportunity to review, enhance and potentially expand these existing arrangements

Commissioning Support

As the Arden Cluster establishes the commissioning support unit to provide services for GP consortia, there is opportunity for services to be provided by WCC for health and social care. The two organisations will work closely together to identify where this is possible to facilitate economies of scale

Appendices

In support of this document two appendices will be developed to outline how NHSW and WCC will manage demand and resolve conflict.

AGENDA MANAGEMENT SHEET

Name of Committee	**Adult Social Care & Health Overview & Scrutiny**	
Date of Committee	**Wednesday 29 June 2011**	
Report Title	**Learning Disabilities – Management Regime**	
Summary	The learning from recent safeguarding cases and reporting of abuses nationally have resulted in a review of management controls within the Services. A progress report is presented for scrutiny demonstrating how improvements will be taken forward.	
For further information please contact:	Wendy Fabbro Strategic Director Tel: 01926 742950	Ron Williamson Head of Service – Communities & Wellbeing & Resources Tel No : 01926 742964
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)	☒	Not Applicable
Other Elected Members	☒	Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Watson, Councillor C Rolfe, Councillor R Dodd – O&S only
Cabinet Member	☒	Councillor I Seccombe, Councillor A Farnell
Chief Executive	☐	....
Legal	☒	Alison Hallworth, Adult and Community Team Leader

Finance	☒	Chris Norton, Strategic Finance Manager
Other Chief Officers	☐	....
District Councils	☐	....
Health Authority	☐	....
Police	☐	....
Other Bodies/Individuals	☒	Janet Purcell, Cabinet Manager (OR) Michelle McHugh, O&S Manager

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

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

Agenda No

Adult Social Care & Health Overview & Scrutiny – 29 June 2011

Learning Disabilities – Management Regime

Recommendation

Members are asked to scrutinise the actions being taken by the Directorate to review and improve the provision of services for people with learning disabilities in relation to safeguarding.

1. Background

1.1 In parallel with the higher profile afforded to services for people with learning disabilities in this financial year and subsequent to the consultation process supporting the development of a commissioning strategy, a number of safeguarding matters have coincidentally reached resolution in the same time period. It is important to note at the outset that these cases have been appropriately managed by safeguarding, commissioning and quality control staff and have arisen from different circumstances. Senior managers have however drawn comparisons from the circumstances involved in order to learn and to drive further improvement.

1.2 The higher anxieties experienced by all professionals and Members following the Panorama programme about Winterbourne View in Bristol are not justified in Warwickshire, but the programme does serve as an excellent aid to developing a quality assurance checklist that will provide Scrutiny Committee with confidence in the robustness of the management of these care services.

2. Management Framework

2.1 The Directorate Leadership Team together with service managers and corporate colleagues conducted a review of cases over the last few months and drew up an initial plan of action. This involved the need to review all aspects of management controls in relation to Provider Services with support from Social care & Support and from Contract Monitoring to ensure that people with Learning Disabilities receiving services:

- are safe;
- are treated with respect and dignity;
- are afforded all of the rights that citizens should expect, and
- have access to support to maximise their independence and to enhance quality of life and the positive contribution that each person can make to society.

2.2 This regime is being developed by Adult Social Care staff with assistance from :-

- a 'critical friend' / peer review type support form a regional colleague
- national best practice and corporate standards
- an audit from 'Changing our lives
- feedback from service users and carers participating in the consultation

2.3 The peer review was set up in order to specifically assess the management controls within the service which support the safeguarding of our customers. It was conducted by a regional colleague with a high level of experience in the field taking on board best practice and expectations based on practical knowledge from other authorities. It comprised a series of interviews and a workshop held with middle and senior managers. As a result an action plan has been developed (see Appendix 1). The plan outlines the information requirements and review/monitoring to be undertaken by operational managers and shows the current status in each case. The Plan is colour coded to demonstrate the areas where priority is being given to further action. Areas which come into this category are supervision and appraisal, complaints and participation strategies. A management restructuring has recently taken place within community support services and the new management team are addressing this action plan by reviewing all key processes for consistency.

2.4. In addition to the above, an audit is currently being conducted by “Changing Our Lives”, a self-advocacy organisation which supports people with learning disabilities to stand up for their rights. The work of the organisation is led by people with learning disabilities. Representatives are undertaking unannounced visits to internal day services to spend time with customers understanding how they regard the services they receive and whether their needs are being met. Once the results of the audit are received, recommendations will be taken forward and developed alongside the existing action plan.

3. Outcome

3.1 The management of our services are constantly seeking to improve the standards of provision and the outcomes for customers. Although improvements have taken place over recent years, there is no room for complacency. The recent reviews will prove to be valuable in ensuring that risks to our customers are minimised as far as possible in the future.

Report Author:
Head(s) of Service: Ron Williamson, Head of Communities & Wellbeing & Resources
Strategic Director(s): Wendy Fabbro
Portfolio Holder(s): Cllr Mrs Seccombe

LD Review Action Plans **Appendix 1**
Day Services

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Recruitment	HRMS. Recently agreed corporate action to ensure that all are up to date	CRB	Less risk of safeguarding issues.	Reporting systems with reminders being developed	HR Service Centre Manager/ Team Managers	EMPHASIS MUST CURRENTLY BE ON MAINTAINING SYSTEMS SUCH AS CRB, AND INDUCTION ON ROLE CHANGES AS RECRUITMENT FREEZE REMAINS IN PLACE
	Not generally used in day care	Agency Staff	Awareness of procedures from early stage of employment.			
	Check lists held locally in centres	Induction		Random audit of Induction Checklists.	Team Managers (Quarterly)	
	Not previously given priority	Development in Basic Skills	Skilling up and aware staff	Directorate or Council policy to be considered	Rachel Faulkner	
Retention	No establishments but turnover can be measured	Vacancy Levels Turnover	Regular training for new recruits. Regular refresher training in areas of low turnover All staff expected to have LDQ but check needed. Most have to NVQ 4. Due to low turnover in north probably fewer qualified staff but "deemed competent"	Quarterly reporting to team managers	Team Managers	LOW TURNOVER IN SUPPORT OFFICER POSTS THOUGH GREATER IN THE SOUTH GENERALLY HIGH LEVELS OF QUALIFICATIONS GENERALLY. REGULAR TRAINING COURSES AVAILABLE BUT EVALUATION NEEDED OF PEOPLE'S ABILITY TO APPROPRIATELY APPLY THE KNOWLEDGE CURRENTLY BEING ADDRESSED BY TEAM MANAGER'S
	Good quality information held in LD systems but no standard reports produced	Training		Quarterly reporting to team managers	Team Managers	

LD Review Action Plans **Appendix 1**
Day Services

Managing absence	Full reporting systems in place	Numbers of S/T L/T absentees Dismissals	Minimising absence	Regular monthly monitoring and acting on adverse trends	All Managers through to LPSMT	IN PLACE AND OPERATING EFFECTIVELY AT ALL LEVELS. HR ADVISORS MEET WITH MANAGERS EVERY SIX WEEKS. REFERRED TO OPS MANAGER AT STAGE 3 & 4.
Managing Performance	Directorate reporting takes place only. Divisional reporting needed	No.s of Disciplinaries Grievances Trends	Maximising performance Ensuring effective supervision	Standard item for supervision agendas	Krys Pietrecki/ Team Managers	MUCH IMPROVEMENT IN THIS AREA OVER TWO YEARS. PERFROMANCE CHALLENGED BY MANAGERS AND STAFF UNDERGO DEVELOPMENT AND PERFORMANCE MANAGEMENT WHERE NECESSARY. LD AWARENESS TRAINING PROGRAMMES IN PLACE.
			" "	Report on how to implement further improvements by end of July 2011 Highlight any concerns/ trends at LPSMT	Krys Pietrecki Krys Pietrecki/ Steve Smith	

Supervision and Appraisal	No consistent recording of supervisions HRMS records not up to date (but not for whole directorate)	Regularity Quality Targets for development Training needs analysis	That it becomes part of the Service culture and that any areas of concern are highlighted and acted upon	Implement new process by end of June 2011 Evidence to be held on staff files and subject to random audit Appraisals to be recorded on HRMS	Krys Pietrecki Team Managers	NOT SUFFICIENTLY CONSISTENT ACROSS THE COUNTY DUE TO FEELINGS ABOUT LACK OF CAPACITY AND WHETHER OR NOT A USEFUL TOOL. NEW SUPERVISION STRUCTURE NOW BEING PUT IN PLACE BASED ON 6 WEEKLY GROUP /2 MONTHLY PERSONAL SUPERVISION TO ADDRESS THIS

LD Review   Action Plans **Appendix 1**

Day Services

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Learning and Development	Systems in place linking to appraisals System for ODTPs but not fully developed Reporting system on take up of courses available but no standard reporting Evaluation systems need developing	Identifying relevant training, regularity & volume Training needs analysis Take-up Evaluation	Well trained and skilled workforce	Fully develop reporting systems so that quarterly audits can take place by July 2011	Krys Pietrecki/ Rachel Faulkner	GOOD POTENTIAL IN SYSTEMS FOR REPORTING ON TRAINING BUT NOT FULLY DEVELOPED. HOWEVER LOCAL SYSTEMS EXIST WITHIN DAY SERVICES WHICH WORK EFECTIVELY . EVIDENCE FROM CERTIFICATES ON FILES AND MANAGEMENT ARE FLAGGING UP WHERE PEOPLE WILL BE "TIMED OUT" ON TRAINING TAKE-UP. NEW NEEDS FLAGGED UP. TRAINERS WITHIN SERVICE "PARACHUTED IN" WHERE REQUIRED.
				Ensure that all staff receive core training & that success is evaluated . Evaluation system to be put in place by August 2011	Team Managers Steve Smith/ Rachel Faulkner	
Complaints Management/	Numerous systems – corporate, directorate etc	No Outcomes Actions taken Learning from complaints	Customer Satisfaction Improving and responsive services	Need to make reporting fully compliant.	Marcus Herron/ Steve Smith	FORMAL COMPLAINTS PROCESS IS FOLLOWED BUT 'LOW LEVEL' COMPLAINTS NOT RECORDED ADEQUATELY AT LOCAL LEVEL.
Incident reporting	Violent incident logs In supervision	No.s recorded locally and any action taken	Safe and high quality of environment for all	Checking of incident logs Method of collecting	Team Managers (Quarterly)	MOST ISSUES RAISED ARE LOW LEVEL BUT CUSTOMERS/CARERS OFTEN ONLY COMPLAIN TO KEY WORKER. SERVICE NEEDS TO WORK

	notes			views of carers/customers to be developed by July 2011	Krys Pietrecki/ Steve Smith	TO CHANGE THIS. VIOLENT INCIDENT LOGS REPORTED TO OPS MANAGER
Health and Safety	Information on regular checks	Daily/weekly regularity etc	Safe Service	New process to be implemented Monitoring of recording of safety checks	Krys Pietrecki/ Shirley Scott Team Managers (Quarterly)	NEW PROCEDURES BEING DEVELOPED TO ENSURE CONSISTENCY ACROSS SERVICES
	Corporate reporting system	No.s of incidents	Safe services	Monitoring of reported incidents	Krys Pietrecki	NO ISSUES
Equality	EIAs for all major service changes	That Service can demonstrate that equality issues have been considered in change	Services accessible to all customers	As part of planning for change	Krys Pietrecki/ Steve Smith	GENERALLY DONE AS REQUIRED BUT SOME ARE NOW NEEDED IN RELATION TO BUILDING CLOSURES. NEED TO CHECK THEY ARE DONE AT RIGHT TIME AND CONSISTENTLY.
Standards and Quality	QAs Currently little evidence of recording of customer experience	Expectations and acceptable standards Measurement through supervision Staff attitudes	Improved experience for customers	Ensure full implementation of new standards by end of June 2011 Surveys in some instances Work with : New Ideas Peer Review including carers	Krys Pietrecki Krys Pietrecki/ Team Managers	16 STANDARDS FROM CARE HOMES REGULATORY PROCESSES BEING MAPPED ACROSS BY MANAGER (SOUTH). ALSO PILOTS BEING DEVELOPED IN NORTH ON CUSTOMER EXPERIENCE, MEASURING OUTCOMES

LD Review Action Plans **Appendix 1**
Day Services

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Communication	Passports available where speech or language resources Makaton used, technical aids	Methods Channels with carers, customers Passports Easy read options	Services attuned to customer needs	Plan for how no. of passports can be increased by end of July Up the number of passports. Staff now have skills work out who still needs them. Training plans for staff re assessed needs (Team Managers) Work on capturing and passing on information from carers (KP) Plan for Service information newsletters on changes by end of June 2011	Krys Pietrecki Team Managers Krys Pietrecki Steve Smith	KEY AREAS FOR DEVELOPMENT ARE IN THE NORTH AS HAS BEEN MORE INPUT FROM SPEECH AND LANGUAGE SERVICES IN SOUTH
Information & Advice/ Access to Services	Do not always know. Information held on CareFirst but not accessible to	Is advocacy available where required	Maximising achievement for customers	Plan for increasing the awareness of advocacy by end of July 2011	Krys Pietrecki	DIFFICULT TO MAKE THIS A TARGET AS DAY SERVICES CANNOT REQUIRE THE INFORMATION BUT CAN INCREASE AWARENESS

	LPS			Ensure that customers are aware of advocacy	Team leaders	
	Shifting information base Staff don't know where to signpost	Information on a wide range of universal services accessible to all customers	Maximising choice and ability re participate in universal services	Develop use of resource directory	Team Leaders	RESOURCE DIRECTORY ONLY JUST AVAILABLE BUT STAFF MAY NEED TRAINING
Participation	Not much in service development. More in activities undertaken Limited use of customer days	Strategically services developed through involvement of Partnership Board. Locally in assessment/reviews	Services developed in accordance with customer choice policies etc.	**Participation Strategy by September 2011** **Evidence to be recorded on occurrence and impact** **Link meetings back into support plans**	Chris Lewington/ Krys Pietrecki/ Elaine Ives	NO STRATEGY IN PLACE AND NO CONSISTENT APPROACH WITHIN SERVICES WILL BE DEVELOPED AS AS PART OF LD STRATEGY FOR FUTURE COMMISSIONING

LD Review Action Plans **Appendix 1**
Day Services

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Choice and Control	'A&CM' files: Assessment, Care Plan/Support Plan/r Reviews of Provider Services Support plans "This is me" document.	LD case file audit outcome Identify common cases Personalisation Audit outcomes	Have choice and control + identify actions to improve.	Audit of A&CM files (Monthly	Team Manager Jon Soros	RESULTS FROM MONTHLY AUDIT ARE DISCUSSED BY TEAM MANAGER WITH SERVICE MANAGER ON A MONTHLY BASIS TO ENSURE OUTCOME FOCUS
Care Planning Support Planning Reviews (Activity/numbers etc)	Case files	Build into monthly/quarterly management local 'PI' reports Individual key data eg No. of assessments No. of reviews etc	We know that peoples' support is recorded, geared towards identified outcomes and reviewed in timely way.	Audit of A&CM files (Monthly) Performance reporting	Jon Soros (A&CM/ SDS)	CASE SUPERVISION TOOLS USED IN TEAMS TO ENSURE ACCURATE RECORDING AND THAT SUPPORT IS REVIEWED IN TIME
	Achievement of support plan recorded and some reviewed by Adult Reviewing Team	Support Plans for customers in provider services		Audits of in-houses files undertaken Report on outcome by end of June 2011	David Alexander/ Team Leaders (In-house)	CASE FILE AUDIT WORK HAS BEEN COMPLETED MATCHED TO A SPECIFICATION.
				Monitoring visits to PVI	Carol Schubert (contracts)	TAKES PLACE BUT RESOURCES NOT AVAILABLE FOR WIDER COVERAGE

LD Review Action Plans
Day Services

Appendix 1

Audit Area	Info Location	Info Required	Expected Outcome	Proposed Action	Who	Key Messages
Safeguarding: **Training for Assessment & Care Management staff**	Teams/ HRMS	Training/competency levels. WFDP	All A&CM undertaking assessment responsibilities Can deliver a competent safeguarding response.	Monitoring that all staff undergoing training	Jon Soros	DATA IS HELD ON STAFF WHO HAVE COMPLETED SAFEGUARDING TRAINING
				Appropriate targeted training at all levels (July 2011)	Edward Williams/ Carol Judge	SAFEGUARDING LEADS TO WORK WITH LEARNING & DEVELOPMENT TEAM TO PROVIDE THIS
Customer/Carer experiences	Survey/reviews	Regular summary reporting Collating: Self reporting Complaints and comments outcomes Logged incidents Formal ‘review’ outcomes Part of a satisfaction survey (QA system)	We know customers feel safe with service and community they live in.	Regular attention paid to views expressed and followed up	Jon Soros Chris Lewington	CONSULTATION PROCESS HAS IDENTIFIED SATISFACTION AND POSITIVE RESPONSE TO NEW WAYS OF WORKING NEED TO LOOK AT STRENGTHENING VOICE OF PARTNERSHIP BOARD
				On “roll out “ of self directed support, highlight the need to “keep safe” as part of support planning	Team Managers	

LD Review Action Plans **Appendix 1**

Day Services

Management Information: Trends and learning	CareFirst DLT report Annual report Critical and SCR reports	Further refinement of current reporting to better define: Trends Efficiency/Effectiveness of response Learning and actions	We know people feel safe and safeguarding framework is robust	DLT Adult Safeguarding Board	Edward Williams	MONTHLY MONITORING PROCESS TO BE INTRODUCED TO ALLOW SENIOR MANAGEMENT TO MONITOR SAFEGUARDING CASES
Contract / Provider Monitoring	Various: Provider services SW teams Contract Monitoring	Contract Monitoring Pro active: Risk management framework and appropriate reporting.	Providers meeting Specification safety Service user outcomes are met Choice and control opportunities continue People are safeguarded, whichever provider.	Regular liaison between managers working within LD to ensure that they are aware of performance of providers	Rob Wilkes supported by: Jon Soros Jane Southeard Steve Smith Chris Lewington (customer feedback)	NEED TO IMPROVE SYSTEM TO RECORD AND EVALUATE FEEDBACK ABOUT PROVIDERS' CONDUCT AND PERFORMANCE AND USE AS BASIS FOR FURTHER REVIEW