

Adult Social Care and Health Overview and Scrutiny Committee

7 September 2011

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK** on **WEDNESDAY, 7 SEPTEMBER 2011** at **09:30 a.m.**

The agenda will be: -

1. General

- (1) Apologies**
- (2) Members' Disclosures of Personal and Prejudicial Interests.**

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

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

- (3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011**

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

(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.

Health Items

4. Rugby Crisis Centre

Report from the Coventry and Warwickshire Partnership Trust to update the Committee as to the current position of Coventry and Warwickshire Partnership Trust on the use of Charles Street as crisis house accommodation..

Recommendations

The Committee is asked to consider the following proposals in the light of current evidence on demand and the lack of available funding :-

1. Charles Street could be released for disposal. to support the Partnership Trust's estates rationalisation plans. The Committee acknowledge that at the current time, the opening of another crisis house in Rugby is not desirable or possible due to funding streams and more importantly, cannot be shown to be required due to demand and capacity.

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2. That operational services continue to work with the two current Third sector providers in Warwickshire and the Commissioners, to review access, standardise procedures and practices and review the interface between the Trust and the crisis houses.
3. Key stakeholders are informed of the moves and changes that have occurred since the original agreement and that the plan around a third crisis facility cannot be justified or resourced.

For further information please contact Nigel Barton, Director of Operations, Coventry and Warwickshire Partnership Trust, Tel: 02476588 853.

5. Update on Stop, Slow, Start

Verbal update from Rachel Pearce, NHS Warwickshire on the backlog following the Stop, Slow, Start programme, the impact on other surgery, the financial implications for 2011/12.

6. Warwickshire LINK Annual Report

In line with NHS guidance, the Adult Social Care and Health Overview and Scrutiny Committee are asked to note the Warwickshire LINK Annual Report.

Social Care Items

7. Care and Choice Accommodation Programme – the future of Warwickshire County Council’s Residential Care Homes for Older People and the development of Extra Care Housing in Warwickshire - Progress Report

Further to the Cabinet report of 27 January 2011, this report provides O&S Committee with updates on the progress being made with regard to internal residential care homes for older people and the development of Extra Care Housing in Warwickshire.

Recommendations

It is recommended that Overview and Scrutiny Committee:

1. Considers and comments on the progress made to date since the recommendations resolved by Cabinet on 27th January 2011 in relation to

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internal residential care home provision for older people.

2. Considers and comments on the progress made with regard to the delivery and provision of Extra Care Housing in Warwickshire in line with key strategic objectives.
3. Continues to support the progress of the Care and Choice Accommodation Programme in the delivery of a range of housing with care and care accommodation services that offer Warwickshire's citizens improved choice, control and independence.

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

8. Proposed Changes to Community Meals Service

This report presents Overview and Scrutiny Committee with the proposals for conducting a customer consultation relating to charges for the Community Meals service. The outcomes of the consultation will inform:

- Future pricing for the service
- Planning how we will lower the costs of the service to the Council by reducing or removing the current subsidy paid by WCC to zero by the end of the contract.
- Activity to improve the financial viability of the service which has received lower than expected volumes following transfer of provider.

Recommendations

1. The committee are asked to consider and comment on the report and to recommend that it is passed to Cabinet for their consideration in October 2011.
2. The committee propose that Cabinet are asked, upon considering the report, to
 - a. Give permission for a formal consultation to be carried out.
 - b. Delegate any final decision (based upon the consultation findings) to the Strategic Director of Adult Health and Community Services in consultation with the Portfolio Holder for Adult Social Care.

For further information please contact Andrew Sharp, Service Manager, Tel: 01926 745610 E-mail andrewsharp@warwickshire.gov.uk or Tim Hamson, Service Redesign Officer, Tel: 01926 745614 E-mail timhamson@warwickshire.gov.uk.

The public reports referred to are available on the Warwickshire Web
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9. Staffing Capacity

This report sets out the Adult, Health and Community Services Directorate Staffing Capacity.

Recommendations

That the Adult and Community Services O&S Committee notes the achievement of delivering target savings in 2010/2011, and recognises the further work being undertaken to redesign processes to find further efficiencies.

However, members are asked to note the areas where further investment is judged to be necessary.

For further information please contact Wendy Fabbro, Strategic Director, Tel: 01926 742967 E-mail wendyfabbro@warwickshire.gov.uk.

10. Quarter One (April – June) 2011-12 Performance Report for Adult, Health and Community Services

This report provides an analysis of the Adult, Health and Community Services Directorate's performance for quarter one of 2011/12. It reports on performance against the key performance indicators as set out in the Directorate Report Card.

Recommendation

That the Adult Social Care & Health Overview & Scrutiny Committee:

- Consider both the summary and detail of the performance indicators within the Directorate Report Card for the first quarter of 2011/12 (Appendix 1)
- Consider and comment on areas where performance is falling short of target, and where remedial action is being taken.

For further information please contact Wendy Fabbro, Strategic Director, Tel: 01926 742967 E-mail wendyfabbro@warwickshire.gov.uk. Or Ben Larard, Business Intelligence Team Manager, Tel: 01926 745616 E-mail benlarard@warwickshire.gov.uk.

11. Work Programme and Proposed Task and Finish Group

This report contains the Work Programme for the Adult Social Care and Health Overview and Scrutiny Committee and a review outline for the proposed Task and Finish Group to consider the Paediatric Cardiac Surgery Services Review.

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

Recommendations

The Committee is recommended to:

- i) Agree the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year
- ii) Note the draft review outline for the Task and Finish Group to consider the Paediatric Cardiac Surgery Services Review.

For further information please contact Ann Mawdsley, Senior Democratic Services Officer, Tel: 01926 418079 E-mail annmawdsley@warwickshire.gov.uk.

12. 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 Mattheou
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.

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Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Martyn Ashford
“ Penny Bould
“ Les Caborn (Chair)
“ Richard Chattaway (replacing Cllr Sid Tooth for this meeting)
“ Jose Compton
“ Richard Dodd
“ Kate Rolfe
“ Dave Shilton
“ Angela Warner
“ Claire Watson

District/Borough Councillors Sally Bragg (Rugby Borough Council)
Michael Kinson OBE (Warwick District Council)
Derek Pickard (North Warwickshire Borough Council)

Other County Councillors Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)

Officers Wendy Fabbro, Strategic Director of Adult Services
Ann Mawdsley, Principal Committee Administrator
Michelle McHugh, Overview and Scrutiny Manager
Ron Williamson, Head of Communities and Wellbeing/Resources

Also Present: Roger Copping, Warwickshire LINKs
David Gee, Warwickshire LINKs
Suki Kaur, Service Manager, Community LD Services, Coventry and Warwickshire Partnership Trust
Rachel Pearce, Cluster Director Delivery Systems, Arden Cluster

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Nigel Barton (CWPT), Kevin McGee (George Eliot Hospital), Councillor Bob Stevens and Councillor Sid Tooth (replaced by Councillor Richard Chattaway for this meeting).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to her membership of the UNITE and GMB Unions.

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

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

Councillor Angela Warner declared a personal interest as a GP practising in Warwickshire.

(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

13 April 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 were agreed as an accurate record with the following correction:

Page 1 – Also Present

David Gee, Warwickshire LINks to be included in the list of attendees.

Matters Arising

None.

7 June 2011

Page 1 – District/Borough Councillors

Councillor Michael Kinson, OBE to be added to the list of attendees.

(4) Chair's Announcements

The Chair noted that the Committee would be losing their support as Michelle McHugh and Ben Cahill were both leaving the authority and Alwin McGibbon was retiring. He thanked them all for the tremendous amount of work done for the Council and for the Committee and wished them well. He added that this would

severely impact on the Committee's ability to carry out its scrutiny function.

Councillor Dave Shilton supported the Chair's comments and pointed out that the Council would be losing experienced officers who would be very hard to replace. He added that the Council were losing a highly sought after officer in Michelle McHugh and that the support received from her, Alwin McGibbon and Ben Cahill would be irreplaceable. Councillor Shilton wished all three officers well for their futures.

Councillor Penny Bould supported earlier comments, adding her thanks to the three officers. She added that a strong message needed to be given that scrutiny would not be able to operate without proper support.

Councillor Kate Rolfe echoed all sentiments and added that it had been a pleasure working with all three officers, and she wished them luck in the future.

Councillor Richard Chattaway stated that a democratic deficit was being created, with the loss of support to the Groups and the difficulties that would face scrutiny committees in terms of support in the future, and added that if the Council wanted effective scrutiny, Democratic Services would have to be resourced effectively.

The Chair agreed to take the views of the Committee to the Overview and Scrutiny Board.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Izzi Seccombe

1. Councillor Richard Chattaway noted the concerns of residents in Bedworth in relation to the Mayfield Care Home. Councillor Izzi Seccombe responded with her gratitude for the prior notice. She added that there had been no intention as the Local Authority to purchase the property and the expectation had been for a partner in extra care housing to purchase the site. One issue was that the Administrators had kept the value of the property at the original price, despite the lack of interest from potential purchasers. She

noted that there was no budget for the Council to make a compulsory purchase but that she would look again at ways to enable a resolution. The Chair stated that some sort of investigation may need to be carried out together with the Borough Council and it was agreed that Councillors Caborn, Chattaway and Seccombe would liaise on taking this matter forward.

2. David Gee, Warwickshire LINks, asked Councillor Seccombe to respond to the following statements:
- (i) There had been a report in local newspapers regarding the development of a nursing home in Shipston
 - (ii) At the Shipston Forum, plans had been raised to build a new hospital in Shipston, which had been supported by Brian Stoten.
 - (iii) When discussions were taking place in relation to Alcester, similar plans had been declined as not being viable.

Councillor Seccombe responded that there were a number of issues in Shipston, including:

- only one GP surgery in a residential area of the town servicing a catchment of approximately 25,000 patients
- 80% of the patients in the Ellen Badger Community Hospital being non-residents of Shipston.
- The Ellen Badger Community Hospital was also not compliant with standards and there was no money to invest in improvements.

She added that the proposals for Long Furlong were for a new community hospital to be operated by GPs, with some EMI beds would be presented to the NHS Board in July.

Wendy Fabbro noted that there still needed to be more integrated work done in Alcester. She said that the proposals for Shipston would provide an integrated, seamless service for local residents that could create a new model for integrated services across the county.

Rachel Pearce reported that in relation to Alcester, an affordable approach had been recommended to the Strategic Health Authority (SHA). It was hoped that SHA approval would be received in time for proposals to be put to the Board in July. In terms of Shipston, there was general consensus that this was a good idea that should be progressed, but that there was still a process to go through, and the Board would be asked to approve the development of a Business Case at their meeting in July, and SHA approval would then have to be sought.

Councillor Seccombe noted that the planned timescales were for a report to go to the NHS Board in July and to the Cabinet in September.

3. Councillor Michael Kinson OBE asked for an update on Park View and Whitnash Care Homes. Wendy Fabbro responded that following the Cabinet decision in January, soft market testing had been carried out and a recommendation had been made regarding the value of these properties. It was hoped that a report would be brought to the ASC&H O&S meeting in September setting out the results of the analysis and the next steps for the Council.

Questions taken on behalf of Councillor Bob Stevens, in his absence

1. Councillor Martyn Ashford asked for a report to be considered for inclusion in the work programme relating to the use of 0844 and 0845 telephone numbers by GP surgeries. He noted the importance of making it clear to surgeries that, in line with the guidelines that had come into force on 1 April, they should not be using these numbers. Rachel Pearce undertook to take this matter further and the Chair agreed that this should be included in the list of items to be considered for the future work programme.
2. Councillor Claire Watson asked what the rationale was behind Rugby residents not being able to receive services at the unit treating Age Related Macular Degeneration that has moved from University Hospital to the Hospital of St Cross, Rugby. It was agreed that this question would be forwarded to Councillor Stevens for a response.

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

The Committee considered the report on the findings and recommendations of the Task and Finish Group set up to examine the Reablement Services and the hospital discharge process to see how effectively health and social care services were 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.

The Chair thanked Councillor Jose Compton (Chair of the Task and Finish Group) and the Task and Finish Group, supported by Alwin McGibbon, for an excellent report.

During the ensuing discussion the following points were raised:

1. Wendy Fabbro undertook to provide for the Committee demand data, particularly in terms of the percentage of bed blockers eligible for reablement services.
2. Wendy Fabbro agreed to provide a Briefing Note to the Committee on the current waiting lists for Disabled Facilities Grant.

The Committee agreed the recommendations as set out below and requested a further report in 12 months showing progress against the Action Plan:

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 intervention 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.
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.

5. Warwickshire Health & Social Care – Draft Concordat

The Committee considered the draft concordat providing 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.

Wendy Fabbro noted that she hoped this would prove to be a dynamic and evolving document, taking into account the changing environment.

Rachel Pearce undertook to provide an answer in response to a question about whether the therapies referred to in bullet point 13 on page 4 were purely Cognitive Behaviour Therapies or a wider range of therapies.

The Committee agreed to:

- forward the draft Concordat to the Shadow Health and Wellbeing Board with a recommendation of support, and
- to receive a review of the Concordat in 12 months.

6. Learning Disabilities – Management Regime

The Committee considered the progress report demonstrating how improvements will be taken forward in response to the learning from recent safeguarding cases and reporting of abuses nationally which resulted in a review of management controls within the Services.

Wendy Fabbro undertook to provide a copy of the Peer Review undertaken in Warwickshire in this area of work.

Wendy Fabbro agreed to provide a copy of Warwickshire County Council's Whistleblowing Procedure.

Members accepted the report and requested an update in six months.

7. Any Urgent Items

None.

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Chair of Committee

The Committee rose at 11:55 a.m.

Item 4

**Report to Warwickshire Health Overview and Scrutiny Committee –
September 2011**

Rugby Crisis House

1. Purpose of Report

To update the Committee as to the current position of Coventry and Warwickshire Partnership Trust on the use of Charles Street as crisis house accommodation.

2. Background

Crisis houses are used often alongside the intervention of Crisis Resolution/Home Treatment (CR/HT) to support individuals who are in a psychiatric crisis and where hospital admission can be avoided.

Respite or crisis houses are usually located in ordinary houses in the community and whilst there are a variety of models, they are generally run by Third Sector organisations which work in partnership with statutory services, particularly CR/HT Teams, to prevent hospital admission and more latterly to enable and support earlier discharge.

Many areas of the country have varying degrees of facilities, with some areas not having any access to such provision at all.

It is not a national or local requirement to provide a crisis house or accommodation, for those in psychiatric crisis and who would be under the care of the Crisis Resolution/Home Treatment Team.

It is however deemed as good practice and the feedback from Service Users and Carers is that it can help to support and break the cycle of repeat admissions, where it is offered as an alternative, and robust Crisis Resolution/Home Treatment Teams are available and they work together.

Currently in Warwickshire there are two such facilities already in operation; one in Nuneaton called Gwenda House and another in Leamington called Park House.

During changes to services within the Partnership Trust during 2007/2008 and the subsequent consultation document on the development of Adult Mental Health services in Rugby July – October 2007 (see paragraph 3.3), the agreement to look at a third provision was highlighted.

At the time the Trust was fully committed to working alongside the Commissioners to do so and purchased a property called Charles Street for this purpose.

Since this time Charles Street has never been opened or utilised as specific commissioning has never been available.

During the subsequent years since the consultation work took place, these Crisis House services which were previously run independently in many ways from the provider Trust, are now an integral part of services with admissions being gatekept by the Crisis Resolution/Home Treatment Teams provided by the Partnership Trust.

Other recent developments have included that in 2010 we opened the first Partnership Trust Resource Centre at the Railings in Rugby, as a central hub for all our clients receiving specialist services from the Partnership Trust. This development has seen all services under one roof and ensures the residents of Rugby receive specialist services as close to home and where ever possible in their own community or their own home.

A further development was creating open access to both facilities in Nuneaton and Leamington, so any client from Warwickshire could have access to either facility when in crisis.

This process was non existent at the time of the original consultation. It means that Service Users from Rugby, if they meet the criteria can be offered a crisis bed in Leamington or Nuneaton as part of their support package.

A recent review by the Partnership Trust and the crisis house providers, Rethink and Friendship Housing, looked at current demand and capacity to ensure we could meet the expansion of this provision to all Warwickshire Service Users.

3. Current Position

There are two crisis houses in Warwickshire; one in Nuneaton and one in Leamington both of which are funded by NHS Warwickshire. An additional house in Rugby was purchased by the Trust in 2008, but it has never been opened as a crisis house. Ad hoc arrangements also exist to support Service Users in crisis at Harry Salt House in Coventry.

Referring to the occupancy chart (page 3) you will clearly see that capacity currently outweighs demand and opening the referral route up to all areas will not create unmanageable demand. All of the crisis houses are currently operating at varying degrees of under occupancy.

The Partnership Trust has shared this information with NHS Warwickshire and based on these figures they are not intending on commissioning a third sector provider or commissioning the Partnership Trust to provide another facility in Rugby at this time.

Table 1: Crisis House Provision for Coventry & Warwickshire					
Property	Owners	Size	Operators	Commissioning Arrangements	Average Occupancy Levels 2009/10
Park House Leamington	CWPT	6 beds plus office accommodation	Rethink	NHS Warwickshire 3 year contract - £123,000 pa	50%
Gwenda House, Nuneaton	Warwickshire County Council	3 beds	Friendship Care and Housing	NHS Warwickshire 3 year contract - £154,000 pa	66%
Rugby Crisis House	CWPT	4 beds	Unused - £120,000 revenue required to open house	Not commissioned	0%
Harry Salt House, Coventry	Midland Heart	2 beds within CWPT Rehab Service	CWPT	Unfunded	28%

We have worked with the current Rugby Crisis Team managers and Leads who inform us that clients from Rugby are always considered for admission to the crisis facilities and that they are used on a regular basis.

3.1 Park House Leamington

The accommodation consists of 6 beds. It is currently under utilised. This figure has increased slightly since the reconfiguration of adult in-patient mental health beds; however it remains at around 50%. This facility is being used to support Services Users from South Warwickshire and Rugby. This has been the case for around the last 18 months.

The accommodation is under utilised and not in line with the expected service delivery model, as it is in a part of a building that is also used as a community accommodation base for staff from Coventry and Warwickshire Partnership Trust.

As identified in the previous position paper in April 2010, the Trust is currently the landlord without a lease. This is an ad hoc arrangement which presents a risk and cannot continue without a more formal contract in place. This will be progressed by Coventry and Warwickshire Partnership Trust.

3.2 Gwenda House Nuneaton

This Crisis House opened in June 2007, after many years of planning and advocacy for such a house by the Service User led organisation, Voices for Choices. Located next to the Wellbeing Centre, this is a small, 3-bedroomed house, its lounge and dining room enhanced by the imaginative provision of outside space at the end of the garden. The property is rented by Friendship Care and Housing from Warwickshire County Council.

Friendship Care and Housing, a Housing Association, provides support to guests who are able to stay in the house for up to 3 weeks. A flexible service, including day attendances if needed, is provided. Staff¹ are on site from 8.00 am until 10.00 pm, although the Crisis Team gate keep admissions and visit to provide clinical support. The house has 3 bedrooms, 1 en-suite, and is attractive and well-furnished, although there is no wheelchair access to the bedrooms.

The contract was tendered by NHS Warwickshire and won by Friendship Care and Housing with a value of £154.000 pa. It has recently been extended for another 3 year period, with the same specification as the Crisis House in South Warwickshire. Monitoring data is provided to the PCT, covering the number of admissions and outcomes for Service Users. Although occupancy data is not provided, it is estimated that, over the year, the house is, on average, two thirds full². Some initial discussions have been had with Commissioners and Friendship Care and Housing about occupancy levels.

Established and valued by Service Users, this house is nevertheless not used to its full occupancy. With the closure of the Avenue Clinic, Nuneaton demand has been monitored closely to ensure that admissions to hospital are avoided and early discharge facilitated.

¹ A service manager and 4 support staff

² Data provided by Phil Cullen, Team Manager

Potential Options/Recommendations

Review of current points of entry to ensure that for both houses the accommodation has access to Service Users from across Warwickshire and Rugby. This will require operational discussion and alignment as when a Service User is admitted to a Crisis House it is the role of the CR/HT to visit daily or more often to care through 24 hours a day and 7 days a week.

Currently this falls to the local team however with the potential of Nuneaton Service Users being offered a crisis bed in Leamington, and then more appropriate and effective protocols need to be developed. These protocols will need to support the Service User, Carer, Crisis House, as well as the CR/HT and will ensure consistency.

3.3 Charles Street Rugby

Following 2 high profile homicides, Coventry and Warwickshire Partnership Trust consulted on the development of Adult Mental Health Services in Rugby from 11 July until 17 October 2007. The consultation proposed new premises for all Community Teams in Rugby and relocating Linden Ward, the only adult acute inpatient ward on the St Cross site, to the Caludon Centre. The consultation document said, "We also intend to explore the opportunity to establish a Rugby Crisis House which would also enable us to reduce the numbers of patients who need inpatient care".

As part of the consultation process, Warwickshire HOSC established a Task and Finish Group comprising representatives of Rugby Borough Council and Warwickshire County Council. At the panel day on 24 September, the CEO gave a commitment to set up a Crisis House from the Trust's 2007/08 budget and to establish a Rugby Community Mental Health Centre, with funding to be provided from the 2008/09 budget. The results of the Task and Finish Group were reported to HOSC on 7 November 2007. The Trust's commitment to establish a crisis house in Rugby was reiterated in December 2007, in response to the HOSC review.

The report to the Trust Board on the consultation process in November 2007 clearly identified that the Project Team would set up a Crisis Intervention House.

On 5 December 2007, Warwickshire PCT considered the development of Adult Mental Health Services in Rugby and supported the closure of the Linden Unit and the community services development in Rugby. The Trust's commitment to the Crisis House was reiterated and Warwickshire PCT clearly "Supported the establishment of the crisis house to be available towards the end of this financial year and provided from within existing resources".

A semi-detached house at 29 Charles Street, Rugby, was bought for £160,000 in early 2008. The purchase was reported to the Trust Board on 18 March 2008 and the plan to close Linden Ward in April 2008 and to search for premises for a new Community Mental Health Centre in Rugby was reiterated. The Railings was finally purchased in 2009 and opened in June 2010.

Charles Street is a 4 bed roomed house with an integral garage and garden in a cul-de-sac in a residential area. It was originally let on a short-term basis to a family but since the autumn of 2009 provided short-term accommodation for the IAPT service until the Railings opened in June 2010. It has however been vacant since then. No revenue budget exists for a Crisis House within operational services and the property has not been used for this purpose to date.

Issues for Consideration

- For the last 18 months the Rugby CR/HT Team has been utilising Park House for any Service Users who meets the criteria. The Manager of the Rugby Crisis Resolution/Home Treatment Team has reported that there has not been one occasion when a Service User in need of a crisis bed was declined. Despite this Park House is still operating at a 50 % occupancy level. Therefore the current demand for crisis accommodation does not justify another service being developed. (Note – the full changes to in-patient beds has now been in operation for over a year)
- NHS Warwickshire are clear that they did not agree or would be in a position to fund a Crisis House and additional revenue of at least £120k which would be required to open such a facility.
- Mental Health Services CWPT has a duty to make most effective use of its resources and ensure value for money. It has annual commitments to reduce its cost base for Learning Disabilities and Mental Health by £5m per annum as part of its statutory contracts and has no spare resource.
- The non provision of a Crisis House in the Rugby locality is likely to be challenged by Service Users and Carers especially given the promises made to the HOSC as part of the consultation.
- An ongoing review of access to all crisis accommodation is underway and NHS Warwickshire is keen to see the two existing facilities provide access for all residents of Warwickshire.
- Since 2010 an excellent locally based resource centre has operated in Rugby (The Railings). This has been greatly welcomed by the people of Rugby, staff and clinicians.

Park House and Gwenda House are Warwickshire facilities and Service Users from across Warwickshire requiring crisis support are supported to use either of these facilities depending on their current capacity.

Charles Street in Rugby has not opened and could be disposed of by the Trust, avoiding further demands on resources – currently unavailable.

The review cannot at this point justify that another facility should be provided or commissioned based on occupancy levels of the other houses and the ability for open access for any resident from Warwickshire.

The Rugby CR/HT Team, at any one time, cares for around 16 Service Users who are actively receiving home treatment. At any one time only one of those may be offered admission to a crisis house with the others receiving treatment in their own home. Therefore if such a facility was opened locally, demand would not warrant the cost.

4. Recommendations

The Committee is asked to consider the following proposals in the light of current evidence on demand and the lack of available funding :-

1. Charles Street could be released for disposal. to support the Partnership Trust's estates rationalisation plans. The Committee acknowledge that at the current time, the opening of another crisis house in Rugby is not desirable or possible due to funding streams and more importantly, cannot be shown to be required due to demand and capacity.
2. That operational services continue to work with the two current Third sector providers in Warwickshire and the Commissioners, to review access, standardise procedures and practices and review the interface between the Trust and the crisis houses.
3. Key stakeholders are informed of the moves and changes that have occurred since the original agreement and that the plan around a third crisis facility cannot be justified or resourced.

Susan Smith
General Manager Adult Mental Health
August 2011

Nigel Barton
Director of Operations

Item 6



Warwickshire Local Involvement Network

**WARWICKSHIRE LOCAL INVOLVEMENT NETWORK
ANNUAL REPORT 2010-2011**

WARWICKSHIRE LINK - ANNUAL REPORT 2010/2011

Foreword

Once again can I thank every one who has supported LINK through the year and to LINK Council members along with the support staff. A lot has happened and we have been moving forward, we had the first of what I hope will be an annual engagement event, which this year focused on 'Surviving the Cuts Together' At this event the economic climate and its impact on Health and Social Care was discussed. We have completed a number of projects and presented robust recommendations to the deliverers of Services. The publication of the new Health and Social Care bill which now sees us moving from LINK towards HealthWatch and from my initial reading we will have more powers and work to do. The creation of GP Consortia, along with Health and Well Being Boards will increase our work load. This report brings you up to date and also presents what future work streams we will be conducting. Our aim is to get closer to local people, use groups more effectively and ensure that we influence and shape how care will be delivered across Warwickshire. I also want to take this opportunity to urge all those who have an interest in the health / social / mental health work to sign up to theLINK Warwickshire website web site (www.linkwarwickshire.org.uk) which as a tool will keep you in touch with project work, whilst also allowing you to keep up-to-date with the areas that interest you. I firmly believe we are in exciting times especially for shaping future health and social care. Again my thanks to fellow LINK Council members and to the staff who have supported us over the past year.

Jerry Roodhouse – Warwickshire LINK Chair

1. INTRODUCTION

The announcement of HealthWatch has been both a challenging and exciting development for the Warwickshire LINK. Having entered our first year as a fully operational LINK we have aimed to remain focused on the task at hand whilst planning for a transition period. The LINK Council has become an effective team, managing issues and concerns appropriately, within the resources available.

Partnership working with Warwickshire Community and Voluntary Action (WCAVA) has been a great advantage to the LINK. It has led to the completion of a number of projects (detailed in Section 5), increased networking with statutory sector partners and greater engagement with our communities. Supported by the LINK Project Board project activity has been closely monitored and carried out to a high standard. Strengthening of the LINKs infrastructure has also allowed it to become aware of and respond to a number of local consultations (detailed in Section 4).

The experiences and activities of the LINK this year have improved its ability to help local people and organisations in the County to speak with one voice, influence key decision-makers and be instrumental in improving health and social care service provision across the community. Although the LINK is aware of areas where it needs to improve its work e.g. stronger working protocols, better coordination of engagement activity and more robust prioritisation methods, this year has been one of positive development and advancement.

In a climate of change and with many unknowns the LINK is continuing to identify and prioritise project work for the coming year (detailed in Section 7). The work of the LINK 2011/12 As well as carrying out structured projects in 2011/12, the LINK hopes to work closely with Warwickshire County Council, supporting them to prepare for the transition to HealthWatch in April 2012.

2. LINK DETAILS

- **Name, Address and Contact Details of the LINK:**

Warwickshire LINK
4 & 6 Clemens Street
Leamington Spa
Warwickshire
CV31 2DL
Email: warwickshirelink@hapuk.co.uk
Tel: 0845 094 9497
Web: www.warwickshirelink.co.uk

- **Name, Address and Contact Details of the Host:**

HAP UK
5 Spa Road
Melksham
Wiltshire
SN12 7NP
Email: info@hapuk.co.uk
Tel: 01225 701120

Web: www.hapuk.co.uk

Luisa Crook – LPPM
Sharon Johal – LINK Officer

Please note the above contact details are only relevant to the year which this annual report applies. The current host working with the LINK is Warwickshire Community and Voluntary Action. For any queries about the contents of this report please contact WCAVA
Email: linkofficer@wcava.org.uk
Telephone: 01926 833908

3. STRUCTURE AND OPERATIONAL MODEL

This has been the first fully operational year for the Warwickshire LINK. The LINK Council has met on a 6-weekly basis, to fulfil the following functions:

- a) Ensure the Local Involvement Network carries out its legal duties
 - b) Agree plans of work for the Local Involvement Network
 - c) Involve the membership of the Local Involvement Network in developing all plans for work
 - d) Make sure those plans are carried out
 - e) Involve the wider Local Involvement Network in developing its recommendations
 - f) Work in accordance with the Nolan Principles of Public Life
 - g) Manage the resources of the Local Involvement Network
 - h) Recommend changes in terms of reference and rules to make the Local Involvement Network responsive and accountable to the local community
 - i) Ensure quality systems are developed and implemented.
 - j) Make the views of local people known to Health and Social Care organisations, whether or not the Council agrees with those views
 - k) Ensure reports and recommendations are based on good evidence
 - l) Ensure that people who are unable to attend meetings can influence its work and the work of the LINK.
 - m) Ensure that people who do not use the internet and e-mail can influence its work and the work of the LINK.
 - n) Nominate people who will authorise members and participants to exercise the power to 'enter and view' premises
 - o) In partnership with the Host, agree and carry out a programme of publicity about the LINK to raise awareness and widen both membership and participation.
 - p) Prepare an Annual Report for the Secretary of State
 - q) Monitor the work of the Host
- **LINK Council Membership** (involved in making relevant decisions – as defined in Section 2 (1) (a), 2 (2) (a)-(h) and 2 (3) (c) (i) and (ii) of the Local Involvement Networks Regulations 2008):
- Betty Rossi
 - David Gee
 - Jerry Roodhouse (Chair)
 - John Copping
 - Lesley Hill
 - Mark Furber (Vice Chair)
 - Mike Gerrard
 - Roger Copping
 - Roy Green

A LINK project Board was established to monitor the Work Plan and to oversee the partnership arrangement with WCAVA. Meeting on a 6-weekly basis this group has pushed project plans forward and supported staff members to identify risks and solutions, to problems.

– **LINK Project Board Members:**

- David Gee
- Mark Furber
- John Copping

This year the LINK completed a recruitment and training programme for its 'Enter and View' representatives. A team of 10 representatives completed their training on the 8th of December.

– **Enter and View Authorised Representatives:**

- Katherine Booty
- Roger Copping
- David Gee
- Richard Grant
- Lesley Hill
- Ann Page
- Doreen Sadler
- Sandra Simm
- Susan Tulip
- Christine Whitelocks

4. LINK ACTIVITIES

The LINK has worked hard throughout this year to regularly attend a number of Boards and Committees. Maintaining frequent communication has improved the LINK's ability to feed information and issues into the commissioning cycle.

- **LINK representatives on external groups:**

- LINK representative - NHS Warwickshire Trust Board
- NHS Warwickshire Commissioning Advisory Group
- Community Health Board
- Adult Social Care and Health Overview and Scrutiny Committee
- South Warwickshire NHS Foundation Trust Board
- Transforming Community Services
- Stroke Improvement Group
- Patient Experience Group
- Older Peoples Forum – Nuneaton and Bedworth
- Carers Forum
- Senior Peoples Forum Warwick District

The LINK has also carried out activity to increase the public's awareness of their role and to gather intelligence to inform current and future projects. Building on the work carried out in 2009/10, LINK members have either attended or provided information to the following Community Forums:

- North Leamington
- Southam
- Nuneaton
- Whitnash
- Weddington & St Nicolas
- Ettington
- Eastlands and Hillmorton
- Bedworth
- Shilton
- North Warwickshire
- Dunchurch

The LINK has also attended a number of other events, meetings and groups. Having a promotional stand, an item on the agenda or sitting around the table with partners have all been valuable ways of supporting engagement:

- National Childbirth Team Meetings – Nuneaton Branch
- Celebrating Dignity “Dignity is Everyone’s Business” – Birmingham
- Health Fair – George Eliot Hospital

- Maternity & Children's Project Steering Group
- NHS Warwickshire Public Health Roadshows
- Director of Public Health Events
- Older Peoples Partnership Board
- DIAL – Annual General Meeting
- Guideposts – Caring with Confidence
- Nuneaton and Bedworth Supporting Communities Forum
- Warwickshire Race equality partnership
- Warwickshire User Forum AGM
- Voluntary Action Stratford Networking Event
- Warwick District Senior People's Forum
- Warwick Community Action Forum
- Compact Conference
- Warwickshire Community and Voluntary Action Annual General Meeting
- Coventry and Warwickshire Partnership Trust – Annual General Meeting
- NHS Warwickshire Prioritisation Focus Group
- Community Arts Workshop
- Coventry and Warwickshire Voluntary Action - Big Society Event
- Older People in Action – Warwick District
- North Warwickshire Voluntary Action Network

The LINK was very pleased to receive invites from a number of Trusts working within the County to input into their **Quality Accounts**. Working collaboratively with the Adult Social Care and Health Overview and Scrutiny Board, LINK members attended a joint meeting where the following Trusts presented their draft Quality Account for comments:

- West Midlands Ambulance Service
- Coventry and Warwickshire Partnership Trust
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust
- University Hospital Coventry and Warwickshire NHS Trust

As this was the first year for Quality Accounts to be completed the majority of LINK comments focused on the nature of the process

The Warwickshire LINK has also responded to a number of statutory consultations:

- **Adult Social Care – Fairer Contributions (Charging) Consultation** – supported by our Health and Social Care Engagement Officer the LINK attended 4 sessions hosted by Warwickshire County Council Social Care Services. By gaining feedback from the attendees the LINK was able to submit a response which included both a comment on the consultation

process itself and the possible impact of the changes for service users.

- **Rugby Urgent Care Consultation** – to support the LINK to respond effectively to this consultation they worked jointly with the Rugby St Cross Hospital A & E Services Scrutiny Review Group.
- **North Warwickshire Intermediate Care and Bramcote Hospital Consultation** – working closely with NHS Warwickshire the LINK debated the advantages and disadvantages of closing Bramcote Hospital. The LINK also paid close attention to views shared a number of older peoples groups and at Adult Social Care and Health Overview Scrutiny Committee.
- **Older Adults Mental Health Services (Rugby) Consultation** - the Warwickshire LINK supported the Hawthorn Task and Finish Group (Overview and Scrutiny) reviewing the appropriateness of the consultation process being carried out.

5. LINK PROJECTS

The LINK has carried out a number of projects:

- **Out of Hours Project**

The Out of Hours (OOH) project was commissioned by the Warwickshire LINK and supported by NHS Warwickshire. The OOH Service was set up to provide a service for the public for urgent health matters which would not be classified as “emergencies”, during the hours when GP surgeries are closed. In June 2009 NHS Warwickshire commissioned Harmoni, a private provider to deliver this service in throughout Warwickshire. Following a variety of anecdotal information the LINK felt finding out the opinions of patients who have used the service would be beneficial.

In order to determine the opinion of patients the LINK sent out 2000 questionnaires to those that had received the service within the previous 2 months. 385 completed forms were returned. The results showed that a large majority of patients using the OOH Service were satisfied or very satisfied with their experience. Qualitative comments pointed to some areas where improvements could be made e.g. appropriate use of the service and the confusion between “urgent” and “emergency” services.

- **How well are Health Services in Warwickshire meeting the needs of Blind and Partially Sighted People for Accessible Health Information?**

Prompted by Royal National Institute for the Blind research it has been recognised that having access to personal and general health information is crucial for enabling each of us to maintain our well-being, to understand our health needs, to make informed decisions, to make use of health services appropriately and to maintain our confidentiality, privacy and independence. If someone is unable to be aware of such information or to read or otherwise access it because of a significant sight loss then their abilities to maintain their health, privacy, and independence could be significantly affected.

National research had found that over the 10 years from 1998 to 2008, there was little improvement in the availability of accessible and appropriate health information for blind and partially sighted people, despite the requirements of the Disability Discrimination Act which became law during this time. As a result the Warwickshire LINK embarked on a project to find out whether health services in Warwickshire are meeting the needs of local people for health information that will benefit them. It is estimated that there are some 17,280 people with significant sight loss in the County, including 8,453 who are eligible for registration as blind and partially sighted, and the numbers are increasing each year.

The project found out about people's experience in relation to a number of health services, hospitals, opticians, dentists, pharmacies and GP surgeries, and also asked health services to tell us about the arrangements they make for those with sight loss.

Whilst there are examples of good practice, the project found that the local situation was similar to the national one:

- there are not universally comprehensive and consistent arrangements being made by health providers, and
- there are not clear expectations from NHS Warwickshire which commissions and monitors the performance of the services.

The report identified a number of actions which would lead to improvement. To read the full report visit www.linkwarwickshire.org.uk

- **Dignity in Care Homes Project**

The LINK has been keen to engage in a project that would increase their understanding of Social Care services. Using their role of Enter and View as part of an organised activity they have embarked on a project looking at Dignity, within the Care Home environment. As many of the most vulnerable older people in Warwickshire will continue to need the services of Care Homes as our ageing population grows, LINK wanted to work in partnership with Care Homes to ensure that the best possible care is available.

The initial stage of this project involved partnership working with the Warwickshire County Council (WCC) trained peer reviewers. The Peer Reviewers met with residents and relatives in 5 homes across the County, to talk about their experiences. The second phase of the project involved holding a workshop for Care Home providers across the County, to come together to hear feedback gathered from service users and their families. The LINK then challenged providers to think about how they could improve dignity within their home by formulating an action plan they could commit to. The final phase of this project will be for Enter and View representatives to follow up on the workshop by coming to view the actions taking in the homes.

Range of professionals visiting regularly

E&V review of inspection reports

The LINK will be planning an ongoing programme of visits to Care Homes over the next year and will be sharing their findings with the Care Quality Commission, commissioners and the public.

- **Mental Health Project**

Responding to anecdotal information the LINK talked to people with varying mental health difficulties and their carers via support groups and organisations in 2009/10. Building on this work further engagement has been carried out with an increased focus on the following issues:

- 'discharge' planning arrangements
- support / services arranged for people after discharge
- support / services available to people if they are feeling vulnerable and how to access these services
- support / services available to people if their mental well-being begins to decline again and how to access these services
- how carers are involved and supported as key providers of support to family members with mental health issues

Service user feedback was gained by working with a number of organisations and forums, including:

- Rethink Carers Forums
- Making Space
- Voices 4Choices
- World Mental Health day

Close partnership working with Coventry and Warwickshire Partnership Trust has meant that issues and concerns have been fed directly to appropriate operational managers. Furthermore, focused engagement has gathered an evidence-base for a number of discrete projects, looking at particular service areas (detailed in Section 7).

- **Warwickshire LINK Engagement Event - Surviving the Cuts Together**

On 25th November Warwickshire LINK hosted an event for community organisations and the public to find out more about how financial and policy changes would affect health and adult social care services in Warwickshire, how organisations might need to work together to minimise potential problems, and how the public could have a greater voice about services.

The day included presentations about LINK and the Government's proposals about HealthWatch, the LINK AGM, a Question Time session with Chief Officers of key local agencies, community organisation information stands, opportunities for identifying issues of concern and for networking.

An audience response system was available to enable participation in supplying information and expressing views. Throughout the day, 135 people attended the event.

The panel members included:

- Glen Burley - CEO of South Warwickshire NHS Foundation Trust
- Cllr Izzy Seccombe - representing Adult Social Care
- Dr Spraggett – South Warwickshire GP Commissioning Consortium
- Paul Tolley - CEO of Warwickshire Community and Voluntary Action
- Paul Jennings - CEO of NHS Warwickshire

Questions to the Panel revealed that people were fearful that services will be reduced to patients and users in the future and also that criteria will be changed so that patients will do “so well” that they will no longer “need” support. Particular concerns were voiced about services for learning disabled adults, about fears of poorer care in Virtual Wards, and withdrawal of some orthopaedic surgery without public consultation.

Concern was expressed that evidence based treatments do not necessarily meet the needs of the individual or take a holistic approach to the person, and this was summed up by a heartfelt statement that clinical treatment in hospital may be faultless, but poor personal care hampered recovery. There was also significant concern, that with the rapid pace of change, some services could disappear before alternatives are developed, that personal budgets could have serious implications for the viability of small community organisations and that inadequate recognition was being given to preventative support that keeps people away from health and social care provision.

This very successful event enabled the LINK to gather patient and public opinions to be considered when prioritising project work. The LINK will be holding a similar event next year.

- **NHS Warwickshire Healthline**

Earlier this year NHS Warwickshire announced the development of Warwickshire Healthline (originally called the Single Point of Access). The LINK felt that it should become involved in the design of this service to better the intended aims of this service to the public and to ensure that the benefits are communicated clearly to potential users. The LINK will work with NHS Warwickshire to ensure adequate processes are put into place so that everyone can readily access this new service.

Development has been slower than anticipated as aspects of NHS Warwickshire’s proposals have needed to take account of National Government’s “111” initiative. By keeping a close watching brief on this new service the LINK has ensured that they will be involved:

- In developing appropriate communications for the public
- Providing opportunities for the public to influence the operation of the Healthline service

- To monitor in practice if the service delivers better outcomes for patients and the public

The LINK also hopes to support the development of a directory of community organisations and initiatives that promotes peoples health and well-being. This could then be used as an additional resource by the Healthline, creating wider opportunities for people to get the support they need.

6. FINANCIAL REPORT

HAP UK LIMITED
HAP UK LIMITED
Annual Financial Performance

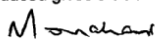
Contract : Warwick (5)	2010		
	Annual Budget £	Year Total £	Variance Actual £
Host Income:			
Host Contract Income	139196	139196	0
Other Income inc. Bank Interest	0	0	0
	<u>139196</u>	<u>139196</u>	<u>0</u>
Host Employment Costs:			
Management Salary Costs	11773	13816	-2043
Direct LINK Support Salary Costs	47093	43250	3843
Clerking Salary Costs	0	0	0
Core Link Salary Costs	19622	14787	4835
Staff Expenses	4711	5073	-362
Recruitment Training & Development	4726	1312	3414
	<u>87925</u>	<u>78238</u>	<u>9687</u>
Host Overhead Costs:			
Premises	5320	3049	2271
IT Equipment, Maintenance & Software	19223	20154	-931
Business Development & Consultancy	1081	-6	1087
Audit & Professional Advice	798	1962	-1164
Banking, Insurance & Finance Charges	6606	3053	3553
Unallocated Host Costs	18243	16283	1960
	<u>51271</u>	<u>44495</u>	<u>6776</u>
Surplus/(Deficit)	<u>0</u>	<u>16463</u>	<u>16463</u>
LINK Support:			
LINK Contact Income	-60804	60804	0
LINK Underspend	0	-16228	16228
LINK Income	<u>-60804</u>	<u>44576</u>	<u>-16228</u>
Volunteer Expenses	10818	2227	8591
Volunteer Recruitment & Training	4788	179	4609
Additional Access Support	3967	2	3965
Stationery, Postage, Printing	2837	2971	-134
Communications & Marketing	3513	7152	-3639
Locality Bases	16262	1800	14462
LINK Activity Support	14851	30101	-15250
LINK Governance & Performance Mgt	3768	144	3624
	<u>60804</u>	<u>44576</u>	<u>16228</u>
Balance : LINK Income/Expenditure	<u>0</u>	<u>0</u>	<u>0</u>

LINK Funding :	
	£
2008/9 b/f	42130
2009/10 c/f	10377
2010/11 b/f	<u>52507</u>
2010/11 £	<u>60804</u>
Available £	113311
Spent £	<u>44576</u>
Underspend	<u>68735</u>


True and fair statement

We have carried out an independent review of the income and expenditure statement of the LINK for the year ended 31 March 2011 as prepared by HAP UK Limited and as extracted from the audited financial statements of the company.

Based on the work undertaken and from representations we have received, in our opinion the statement produced gives a true and fair view of the affairs of the LINK for the period covered.


 Monahans (Statutory auditors)

Dated

 20/03/11


Monahans
 Professional. Personal. Positive.

7. THE COMING 12 MONTHS

The year 2011-12 will be one of transition to HealthWatch and the LINK has planned a range of activity that will firstly support this change to happen as smoothly as possible, secondly ensure on-going work from the previous year is completed and finally address a realistic number of prioritised projects. The draft work-plan from which a limited number of projects will be selected for the coming 12 months is outlined below:

No.	Title	Description	Activity Type
On-going Work			
1.	Manage Transition to HealthWatch	To plan for an effective transition to HealthWatch. Including partnership agreements, working protocols and internal systems.	On-going
2.	Relationship Building with GP Consortia	To support GP Consortia to consider how they will engage with patients and the public. To establish an on-going two-way dialogue with the Consortia and thereby consolidate an appropriate way of working together. To gain a good understanding of the commissioning cycle and mechanisms to enable influence to be exerted at appropriate time	On-going
3.	Monitoring Changes to the NHS	To keep up-to-date and to release timely information to the public about changes to NHS structures. To share patient and public opinion with NHS Warwickshire where relevant.	On-going
4.	Health and Well-Being Board	To ensure the LINK/HealthWatch is involved at the earliest opportunity with the establishment of the H&WB. To ensure future trends are identified and work-planning is carried out in a coordinated way.	On-going
5.	Community Engagement Plan	To identify how LINK/HealthWatch will engage with the communities of Warwickshire in an organised and coordinated way. To ensure harder to reach communities are considered i.e. population segments that do not usually participate (e.g. BME, gay, lesbian, transgender, homeless). To explore how the LINK/HealthWatch can make the best use of volunteer engagement. To identify ways of working more effectively with existing user forums and establishing a meaningful two-way dialogue.	On-going
6.	Working with Community Forums	To explore ways of working more effectively with Warwickshire County Council Community Forums To identify ways of ensuring collaborative working	On-going

		with other key partners attending Community Forums	
7.	Annual Engagement Event	To plan and deliver an annual LINK / HealthWatch engagement day.	On-going
8.	Social Care Engagement Event	To host an event for organisations and members of the public to hear from Wendy Fabbro (Director of Adult Social Care)	On-going
9.	Communications Plan	To plan a range of activity to raise awareness of HealthWatch and its role.	On-going
10	Monitoring the Closure / Transfer Programme of WCCs Residential Care Homes	To play an active role in the Adult Social Care and Health Overview Scrutiny Working Group in this subject.	On-going
11	Good practice in Statutory Consultation	To monitor and scrutinise the effectiveness of statutory consultation	On-going
12	Maternity, Neonatal & Children's Services Changes	To monitor the changes to Maternity, Neonatal & Children's Services. To ensure adequate and meaningful consultation is carried in regard to this major service change. To support the NHS Trusts involved to engage with the public.	On-going / Project
13	Partnership Working with Coventry and Warwickshire Partnership Trust to consult on their Quality Account	To work jointly with CWPS Trust to plan a patient and public engagement day to provide an opportunity for a variety of people to comment on the draft quality account. (We have been approached directly by the Trust who are very enthusiastic about jointly hosting an event. This would be an effective way of establishing a partnership with this Trust.)	On-going
14	Quality Accounts	To work with NHS Trusts across the County to identify ways of working jointly to gain meaningful feedback on draft Quality Accounts. To draft a LINK / HealthWatch statement to be submitted to each Trust.	On-going
Prioritised Projects			
15	Virtual Wards	To gain a better understanding of the delivery model. To find out how providers are evaluating the effectiveness of the service. To find out how service users feel about the service.	Project
16	Experiences of Mental Health Users	To create a focus from current project activity - this has identified a wide range of developments and concerns. There will be ideas from the current project that could be considered such as:	Project

		<ul style="list-style-type: none"> - Further investigation into the impact of the loss of local services in Rugby and North Warks and how the impact is being evaluated/ and or the success of the changes - Investigating the consistency of support to / involvement of carers across all the Trust services - The piloting of personal health budgets in a Rehabilitation and a Community Mental Health Team - Ensuring that GPs are developing the appropriate interests/ skills in mental health issues - To work closely with CWPT to plan some work in partnership 	
17	Performance of Stroke Services	<p>To review performance information for Stroke Services across the County.</p> <p>To identify the user experience of Stroke Services.</p>	Project
18	Warwickshire Healthline	To monitor and provide feedback to deliverers and commissioners of Healthline.	Project
19	Dignity for Older People	To carry out a rolling programme of involvement with Care Homes that includes visiting homes to focus on dignity.	Project
20	Malnutrition in Older People	<p>To identify and understand the underlying causes and issues leading to malnutrition among older people.</p> <p>To review national survey findings.</p> <p>To ensure agencies working older people are aware, implementing measures to improve the situation and raising awareness with affected communities, relatives and carers.</p>	Project
21	Focused Engagement with Young People	<p>To engage with young people to identify specific issues facing them.</p> <p>To engage with young people to identify what concerns them.</p> <p>To engage with young people to identify their actual experience of accessing health and social care services.</p> <p>To look become familiar with the public health agenda for young people and to see if their concerns are represented there.</p>	Project
22	Delayed Hospital Discharges	<p>To be assured that all discharge arrangements are in the interests of the patient.</p> <p>To ensure appropriate support is available to</p>	Project

		enable patients to recover, reacquire skills and confidence etc.	
23	Reviewing a Cancer Pathway	To follow the patient pathway and identify the user experience. To make recommendations to improve the user experience.	Project
24	Facilities for Dementia and Alzheimer's Patients	To identify if current services available to services users with Dementia and Alzheimer's meet needs. To use a variety of methods to identify the experience of service users, carers and relatives. To provide recommendations to the relevant commissioners and providers based on feedback received via engagement.	Project
25	Improving the Health of People with Learning Disabilities	To work with the New Ideas Advocacy Service to support a group of people with learning disabilities who have developed an action plan of changes they would like to see happening in relation to their health care. To work in partnership with this group to support them to deliver specific project work to ensure their concerns are addressed.	Project
26	Transition arrangements for young people with learning disabilities moving to adult services	To carry out some project in partnership with New Ideas to better explore young peoples concerns about transition.	Project

8. SUMMARY OF ACTIVITY

Demonstrating impact through action

Number of LINK participants/members on 19/01/2011

Level of participation	Total	Of which:		
		People with a social care interest	Individual participants	Interest group participants
Informed participants	240	Unknown	194	46
Occasional participants				
Active participants	020	001	020	002

2. Summary of Activity

Requests for Information in 2010-11	
How many requests for information were made by your LINK?	14
Of these, how many of the requests for information were answered within 20 working days?	13
How many related to social care?	0*
*A number of informal requests have been made to Social Care in support of delivering project work.	
Enter and View in 2010-11	
How many enter and view visits did your LINK make?	0
How many enter and view visits related to health care?	0
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	0
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2010-11	
How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	2
How many of these reports and/or recommendations have been acknowledged in the required timescale?	2
Of the reports and/or recommendations acknowledged, how many have led, or are leading to, service review?	0*
Of the reports and/or recommendations that led to service review, how many have led to service change?	0*
How many reports/recommendations related to health services?	2
How many reports/recommendations related to social care?	1
*Action plans relating to possible service change have been written and will be monitored in the coming months.	
Referrals to OSCs in 2010-11	

How many referrals* were made by your LINK to an Overview & Scrutiny Committee (OSC)?	1
How many of these referrals did the OSC acknowledge?	1
How many of these referrals led to service change?	0

AGENDA MANAGEMENT SHEET

Name of Committee	Adult Social Care and Health Overview and Scrutiny Committee
Date of Committee	7th September 2011
Report Title	Care and Choice Accommodation Programme – the future of Warwickshire County Council’s Residential Care Homes for Older People and the development of Extra Care Housing in Warwickshire - Progress Report
Summary	Further to the Cabinet report of 27 January 2011, this report provides O&S Committee with updates on the progress being made with regard to internal residential care homes for older people and the development of Extra Care Housing in Warwickshire.
For further information please contact:	Ron Williamson Head of Communities and Wellbeing/Resources Tel: 01926 742964 ronwilliamson@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	Care and Choice Accommodation Programme – Residential Care Home Land for Development of Extra Care Housing – 17 March 2011 Cabinet Report Care & Choice Programme - The Future of Warwickshire County Council’s Residential Care Homes for Older People – 27 January 2011 Cabinet Report Care and Choice Accommodation Programme - Surplus Land for Development of Extra Care Housing – 18 November 2010 Cabinet Report Care and Choice Accommodation Programme – Extra Care Housing in Warwickshire – ‘Big Bang’ Procurement Process – 14 October Cabinet Report

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
- Cabinet Member Councillor I Seccombe, Councillor A Farnell
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team Leader
- Finance Chris Norton, Strategic Finance Manager
- Human Resources Sarah Sharland, HR Business Partner for AHCS
- 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

**Adult Social Care and Health Overview and Scrutiny Committee –
7th September 2011**

**Care and Choice Accommodation Programme – the future
of Warwickshire County Council’s Residential Care Homes
for Older People and the development of Extra Care
Housing in Warwickshire - Progress Report**

Recommendation

It is recommended that Overview and Scrutiny Committee:

1. Considers and comments on the progress made to date since the recommendations resolved by Cabinet on 27th January 2011 in relation to internal residential care home provision for older people.
2. Considers and comments on the progress made with regard to the delivery and provision of Extra Care Housing in Warwickshire in line with key strategic objectives.
3. Continues to support the progress of the Care and Choice Accommodation Programme in the delivery of a range of housing with care and care accommodation services that offer Warwickshire’s citizens improved choice, control and independence.

1. Background and Purpose of Report

- 1.1 The report entitled “Care and Choice Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People” was approved by Cabinet on 27th January 2011. The report provided a very detailed breakdown of evidence in relation to the following key areas:
- The demographic challenges ahead including the likely impact of an increased prevalence of dementia across an aging population
 - Financial and corporate savings targets and requirements
 - The case for change and service modernisation including the reshaping of residential care
 - Feedback from customer consultations including quality considerations
 - The possible options for the future of the 10 residential care homes
 - Equality Impact Assessment
- 1.2 Cabinet had been asked to consider the closure of the Council’s 10 internally run care homes on the basis that:

- They cost 40% more to run than the purchase of equivalent places in independent sector homes at the local authority fee rates.
- That despite the significant increases in elderly population and particularly of those with dementia, that fewer places would be needed in the future.

- 1.3 This was based on the fact that the Council will be able to maintain the independence of people for longer in their own homes through services such as reablement, assistive technology ('telecare'), adaptations and the provision of equipment and that other residential options will be available e.g. through the increased provision of extra care housing with partner organisations.
- 1.4 Cabinet subsequently approved the closure of two homes, Mayfield in Bedworth and Abbotsbury in Rugby, calculated to be surplus to requirements in future because of planned developments across a range of new services. Cabinet also recommended that officers pursue a range of procurement options including selling the remaining eight care homes as 'going concerns' (i.e. disposal), joint venture partnership, social enterprise or other potential alternatives to closure should these be viable in the context of a robust business case for the Council and positive outcomes for customers.
- 1.5 The first objective of the report is therefore to provide feedback to Members on the recent closure of Mayfield and Abbotsbury care homes followed by an update on the detailed work which has been undertaken since January 2011 on the viability of alternative options to the closure of the remaining eight internally operated care homes. The second objective is to provide members with a progress update on the development of extra care housing and how this complements and directly links with the internal care homes programme.

2. Residential Care Homes – the Closure of Mayfield and Abbotsbury care homes

- 2.1 The closure of Mayfield and Abbotsbury care homes will be completed ahead of schedule (August 2011) while decisions are being sought to determine the future of the remaining eight homes. Staff involved with the home closures have been praised for the efficient and sensitive way they have continued to deal with residents, customers and family members throughout the changes.
- 2.2 A dedicated transfer team comprising of staff from every section of the directorate has worked with residents, their families and the care home staff. New care homes have been secured for the residents and they have been supported to move with some very positive stories about how well people have settled. Work has been undertaken which has confirmed that the risk and any possible negative effects on customers have been minimised in line with Birmingham University's recent research: 'Achieving Closure – Good Practice in Supporting Older People During Residential Care Closures' (2011). Customers using the day care provision at the two homes have also

been able to transfer to nearby care homes operated by Warwickshire Care Services and have been able to do so in their chosen social groups.

- 2.3 Although the needs of customers have been the paramount concern, staff have also been facing major changes and uncertainties. Many of them have worked in the homes for many years, but despite their own insecure positions they have all put the welfare of the residents first and have done a remarkable job to help them make the transfer as stress-free as possible. All customers have now left Mayfield and Abbotsbury and work is being completed to close the sites, which are being considered as opportunities for extra care housing development, thus continuing to be used for adult social care facilities.
- 2.4 Lessons have been learnt during the closure process, particularly in relation to communication and the early coordination of day care services. These lessons have now been incorporated into our closure and transfer policies and procedures should they be required for any of the remaining 8 internally operated care homes.

3. Residential Care Homes – Customer & Business Requirements for the Options Appraisal

- 3.1 A range of key customer and business requirements needed to be considered for an options appraisal of whether the County Council should either pursue the possible sale of the eight remaining care homes as going concerns or adopt joint venture partnership or social enterprise business models as an alternative to the closure programme agreed in January 2011.
- 3.2 Feedback from consultation on the future of the care homes between October 2010 and January 2011 showed that a joint venture partnership between the Council and an independent sector provider was favoured by 53% of people, as there was reassurance that WCC would still be involved with the overall running of the homes. This led people to feel that there would be better safeguards in relation to quality and the retention of existing staff would provide continuity of care.
- 3.3 The overwhelming response regarding closure of all the homes was that they should remain open although the 'disposal' option was generally not considered as positively e.g. 32% felt that costs would be cut by independent providers in order to generate profits and that the quality of care could therefore diminish. 42% of people said that they would be in favour of a social enterprise developing a community run enterprise if it meant that the homes would remain open, although they felt that they would need initial support from WCC. The majority of residents also stated that they would be prepared to pay more for their care if it meant that their home could remain open, although it must be noted that charges for new customers entering WCC care homes have recently risen from £397.18 to £659.00 per week to reflect the need to achieve full cost recovery.

- 3.4 Adult Health and Community Services has to deliver overall savings of £22m - the reshaping of residential care represents £3m of this savings target. The programme outlined in January's Cabinet report is estimated to achieve this objective as alternative provision can be secured either through other types of services or more cost effectively in independently operated care homes. Although the closure of Mayfield and Abbotsbury has been completed ahead of schedule, the closure of the remaining 8 care homes will become more difficult in the context of local market conditions and the political landscape.
- 3.5 The requirements of the Transfer of Undertakings Protection of Employment Regulations (TUPE) and associated public sector codes is a critical factor to be considered in the options appraisal e.g. this will impact significantly upon the price likely to be secured from any disposal/sale option. For clarification, TUPE requires that staff currently engaged on activities which are taken over by another organisation have their employment transferred to that organisation. Their contractual employment status, including terms and conditions cannot be changed for reasons associated with the TUPE transfer. Until recently, there was also a Code of Practice on Workforce Matters in Local Authority Service Contracts requiring that new recruits to that service were employed on terms and conditions "no less favourable overall" than the transferred staff. This Code of Practice has now been withdrawn which will improve the opportunity for a new employer to deliver transferred services at a lower cost over time.
- 3.6 Consultation is currently under way regarding changes to the associated Code, "A Fair Deal on Pensions", but currently this still applies. This requires that staff transferred from Local Government to another employer when a service is contracted out should have pension provisions which are broadly comparable to the local government scheme. This is a more onerous stipulation than the statutory obligation which is that the new employer makes a contribution that matches the employee contribution, up to a maximum of 6%. If the transfer does not involve an ongoing contract, the lesser requirement may be applied, although reputation and employee relations may also be a consideration.
- 3.7 The care homes project group has been working closely with Physical Assets and finance colleagues to incorporate interdependencies with the Property Rationalisation Programme to avoid any possible adverse impact on the authority's ability to achieve its revenue and/or capital savings targets as set out in the Medium Term Financial Plan. It has already been assumed that any capital receipts will not be available to AHCS/People Group to fund the development of extra care housing or other care services.
- 3.8 A key factor which needed to be explored in more detail was the relative benefits of disposal, joint venture, social enterprise or closure in relation to realising revenue or capital savings for the County Council. The process of due diligence subsequently had to be considered given that these options could deliver widely varying levels of revenue and capital and over different timescales. For example, in performing a best consideration test on the disposal of property and land, the Council must not sell significant assets far below market prices to secure an early reduction in revenue costs without

first testing the market and appraising the costs and benefits of all the available options.

- 3.9 Further analysis was needed to determine whether there was sufficient interest in the market to purchase the homes (given TUPE and pension liabilities) and how this would compare with entering into a joint venture partnership. It would also be extremely difficult without better feedback from the market on how to make an informed decision on the merits of potentially millions of pounds worth of investment from an independent provider through a joint venture in return for a large percentage of the council's assets. Consequently, it was felt that a market testing exercise was required to target the kind of market information that would enable the County Council to make a more informed decision.

4. Residential Care Homes - Market Testing Exercise and Independent Valuations

- 4.1 A market testing exercise was therefore held during March whereby providers who expressed an interest were asked to complete a business questionnaire. A range of providers including one social enterprise and eight other private care home operators with a national, regional or local presence were then invited to meet a panel of officers of the County Council so that these options could be explored in more detail.

- 4.2 The detail of much of the exercise is legally privileged or commercially sensitive, but a number of key themes can be highlighted as follows:

1. A strong interest existed in purchasing the homes, either as a group or on an individual basis.
2. All providers were amenable to a covenant on the property to ensure that sites would continue to be used for adult social care.
3. Large variations arose between the values that providers placed on the homes.
4. A number of the providers confirmed that they would accept an independent valuation as a market price.
5. A number of providers felt that it would be necessary to have at least 5 of the homes in the joint venture to make this a viable option.
6. All providers stressed the need to maintain or improve standards for existing and current residents. The majority of providers would seek to increase the size of the homes/number of beds and/or develop extra care housing or specialist dementia units.
7. All providers understood that TUPE would apply. 8 out of the 9 providers demonstrated to the panel that they fully understood the implications of

TUPE and had the expertise in-house to manage such a transfer.

- 4.3 The market testing exercise highlighted that the basis of valuations provided to us by the District Valuer in March 2007 were not accepted by providers in this context as being a true value of the homes in either current or future residential care conditions, as residential care was such a specialist market. This delayed the formulation of a robust options appraisal on the relative merits of disposal, joint venture, social enterprise or closure.
- 4.4 Consequently, independent valuations were sought by the Council during April (after a formal selection process) and a detailed and confidential report was subsequently presented to the care homes project group in mid-May.

5. Residential Care Homes - Options Appraisal

- 5.1 The key 4 main options open to the Council are as follows:
1. Closure of the 8 remaining WCC homes for older people and subsequently disposing the properties.
 2. Disposal of all or any of the homes as “going concerns”, maintaining quality and charging in accordance with CRAG regulations.
 3. Entering into a partnership with the Council to operate a joint venture company for all the homes (or those not eliciting market interest) to facilitate strategic and scheduled transformation.
 4. Establishing social enterprise/local community co-operatives.
- 5.2 Appraisal Criteria were set by the care homes project group to illustrate what factors have been taken into account across the range of options and to demonstrate a fair and transparent appraisal process. The following criteria were applied to evaluate the 4 main options:
- Services to customers
 - Risks/disadvantages
 - Financial Assessment
 - Legal Implications
 - Market Analysis
 - Employment
 - Property issues
 - Timescales

5.3 The details of the options appraisal and recommendations contain a great deal of legally privileged and commercially sensitive information. However, the recommendation being presented to Cabinet on 8th September focus on meeting the following three key objectives:

1) Securing the safety and security of customers

2) The best financial option for the County Council

3) The lowest risk to customers and the County Council

5.4 The Cabinet report in January 2011 highlighted that work was being undertaken in partnership with Health and other agencies in relation to Low Furlong in **Shipston**, which could lead to a 'Total Place' style development including ECH and/or residential care. A separate report, which is commercially sensitive especially as it relates to our partners, is being presented to Cabinet on 8th September. The outcome of any Cabinet decision on this particular site could obviously affect the timing or inclusion of Low Furlong in any option pursued linked to the other 7 care homes.

6. Residential Care Homes - Quality and Safeguarding

6.1 Reassurances regarding quality, sustainability and safeguarding are of critical importance especially in light of the current Southern Cross financial crisis and recent care concerns in residential care settings such as Castlebeck.

6.2 If the disposal option was pursued, or the option pursued ahead of joint venture, then two procedures are open to the Council. Although most commercial property is now marketed through an agent via 'informal' bids (as you would in the case of your own personal home), it would be possible to devise a 'tendered' bid approach that would ensure that quality and other key requirements were built in to the process rather than merely 'selling to the highest bidder'.

6.3 Any prospective bidders would be tested for quality standards and their ability to detect and address safeguarding issues and only those passing this 'pre-qualification' stage would be considered for the tendering process itself. The County Council's requirements in relation to quality, safeguarding and ongoing monitoring would subsequently be formalised in a care contract for a period of 3 to 5 years.

6.4 No matter which option is approved by Cabinet, any contract monitoring would be based on pro-active rather than reactive monitoring such as regular collation of key quality indicators and face-to-face feedback e.g. through formal customer reviews and also 'peer reviewers', who are normally customers specially trained to provide us with objective views about our services (although this role could be extended to members).

- 6.5 In recognition of recent media concerns about quality and safeguarding and the increasing expectation of the Care Quality Commission on local authorities to account for positive outcomes across their services, it is suggested that consideration is given to increasing the level of contract monitoring input to provide additional reassurances for customers and all other stakeholders.

7. Residential Care Homes – Next Steps

- 7.1 Subject to the decisions ratified by Cabinet on 8th September, the care homes project team will take forward the preferred option, communicating this to stakeholders as appropriate.
- 7.2 A detailed communications strategy has been in place since the beginning of the work on the care homes programme to ensure that customers, staff and all other stakeholders including the general public have been kept up-to-date with developments. This is being regularly updated to reflect the latest information on proposed options e.g. through letters to customers and staff, core brief, media and members' briefings etc.

3. Extra Care Housing Programme

3.1 Purpose and Objective

- a) The overall purpose of any Extra Care Housing (ECH) scheme is to provide safe and secure self-contained housing with care for older people aged 55+ who require varying levels of care and support to enable them to live independently in a home environment.
- b) WCC's objective is to ensure that adult customers in Warwickshire benefit from services in their own home and, if this is no longer possible, are able to access alternative housing with care designed to meet their care and support needs within their local community i.e. ECH, housing that offers support and independence to older people in purpose-built, self-contained flats or bungalows, each with its own front door, with access to care - usually on site and available 24 hours a day, 365 days of the year. The preferred model of ECH is mixed tenure, where customers have the choice to live either as a tenant, homeowner, or in shared ownership. Investment comes from private housing providers as well as the rented housing market, therefore catering for people who might already own houses and wish to retain their assets.
- c) WCC is now promoting a '50/50' model of service provision, i.e. an extra care model where 50% of people who would normally go into residential care are diverted into extra care housing rather than the previous 'thirds' model, which would see only 33% of people diverted away from residential care.
- d) WCC's 50% nominations will be reserved for people with social care eligible needs, where it is preferable for them to live within a safe community with care close to hand. The remaining 50% would be people who would purchase or rent but with nil to low level needs. Within WCC's 50% allocation, both substantial and critical needs (i.e. FACS eligible) are to be

accommodated within the care provision allowed. Only where it became unsustainable for the customer to remain in an ECH setting due to safety and cost would it be considered necessary for transfer to residential care.

- e) Despite the recession, WCC continues to progress with its ECH development programme and it is anticipated that by 2014/15 a minimum of 500 'affordable'* extra care housing units suitable for older people and/or supported living accommodation units suitable for adults with learning disabilities with eligible social care needs will either be in place or planned in Warwickshire.

* "...Affordable housing includes social rented and intermediate housing, provided to specified eligible households whose needs are not met by the market...."

3.2 Programme Delivery Updates

a) ***Briar Croft, Stratford-upon-Avon***

An ECH development providing **64 units** (shared ownership and social rented) was officially opened on 11 June 2010. WCC has been working in collaborative partnership with Stratford District Council, Orbit Housing and Warwick Care Services on the scheme, which is now operating at full capacity.

b) ***Farmers Court, Rugby***

WCC continues to work with Housing 21 and Rugby Borough Council on the former Cattle Market site in Murray Road on the new ECH development of **45 units** (which are all social rented only). There are currently 40 confirmed tenancies, with residents having moved in from the week commencing 20th June 2011.

c) ***Avon Court/All Saints Road, Warwick***

Further to Housing 21 being awarded the contract to provide up to 46 ECH units in October 2010, a Full Planning Application for the development of **42 units** (primarily x 2-bedroomed units) was submitted to Warwick District Council (WDC) and subsequently approved on 16 August 2011. This should see construction under way in late 2011 with the facility due to open in Spring 2013.

d) ***Partnership Framework - Care and Choice Mini-competition***

The Care and Choice team have recently concluded the evaluation of a mini-competition/tender via its Partnership Framework for the development of up to 600 ECH units suitable for older people - of which half (approx. **300 units**) will be specifically for the use of WCC Adult Health and Community Services (AHCS) customers - on the following 6 sites:

- Former Mancetter First School Playing Field, Atherstone

- Former St. Margaret's Griff School, Bedworth
- Mayfield Care home site, Bedworth
- Abbotsbury Care home site, Hillmorton, Rugby
- Former Marie Corelli School Playing Field, Bishopton, Stratford-upon-Avon
- Former St. Nicholas School Annexe, Moorfield Road, Alcester

A report for approval of contract award is to be presented to Cabinet on 8th September 2011.

e) ***Maudslay Park, Great Alne***

Further to the granting of Outline Planning Permission during April 2011 for development of 179 units in total, this development will be made up of 132 private sector units and **47 affordable units** (35 social rented, and 12 shared ownership) and a full menu of facilities, including a Medical Centre, for scheme residents and the community of Great Alne. The affordable units have been aligned to WCC's service specification for ECH - which includes the '50/50' model of service provision - and are being secured via a Section 106 Agreement. It is anticipated that these units will become available towards the end of 2013.

f) ***Remodelling Sheltered Housing***

WCC and its collaborative partners at WDC and Nuneaton and Bedworth Borough Council are currently exploring the possibility of converting a number of existing Sheltered Housing schemes into Extra Care Schemes in Leamington Spa, Nuneaton and Bedworth. This could be achieved through the introduction of a 24/7 'on site' care team and structural requirements to accommodate the team coupled with a possible upgrade to bathroom and kitchen facilities e.g. level access showers. Each scheme has a set-up cost to WCC of approximately £30k per scheme and will yield approximately **3 units of ECH per scheme**, per annum.

g) ***Supported Housing suitable for Adults with Learning Disabilities***

A tender is now under way to provide up to **30 units** of ECH specifically for this client group on two county council-owned sites in the south of the county – Wharf Street, Warwick, and the rear of Bidford Fire Station.

It is estimated that up to 200 units are required by 2015 and other developments are planned which include a recently agreed contract for the provision of **10** x 1-bedroomed flats at Kingston House, Bedworth, with the first tenants moving in during September 2011.

h) ***Supported Housing suitable for Adults with Physical Disabilities***

Subject to Cabinet approval on 13 October 2011, a tender for the development of up to **3 units** of Supported Living Accommodation suitable for Adults with Physical Disabilities on a WCC-owned site in Stratford-upon-Avon will be under way later in the year.

i) ***“Village with a Vision”, Harbury***

In 2009, the Care and Choice team were alerted to the ‘Village in a Vision’ group in Harbury, who are seeking to progress their own ‘homegrown’ housing with care scheme using available land in the village, thus reducing the need, particularly for older people, to move away from the village when their care needs can no longer be met within their own home. The group is committed to delivering a mixed tenure scheme in line with local demographics and has recently appointed Bromford Housing as their preferred partner.

Further to WCC work with the group, there are early indications that similar communities are interested in further exploring this approach, which aligns with the government’s ‘Big Society’ approach, i.e. empowering communities, redistributing power and fostering a culture of volunteerism.

j) ***Private Sector developments***

In addition to the developments outlined above, it is anticipated that a further number of schemes will also be developed by the independent sector in line with Appendix 5 of the Local Investment Plan (LIP) recently submitted to the Homes and Communities Agency (HCA). The appendix lists details of a significant number of proposed developments, which could deliver upwards of 2000 units, including approximately 1200 ‘affordable’ units. It should be noted that these figures do include the schemes listed in this report.

k) ***Developments on WCC owned land, including internal care homes***

- The Care & Choice Accommodation Programme was set up primarily to explore ways of developing ECH and specialist residential care on 22 specific WCC owned sites. However, two key factors led to limitations in the programme’s delivery.
- Firstly, the housing corporation grants that had been available to the market to help develop schemes over the last 5 years were significantly curtailed leading to one of our ECH schemes at the Attleborough Grange site in Nuneaton being frozen. Secondly, until the recent requirement for significant savings targets, it was not possible to enter into a closure programme to release the sites currently used by internal residential care homes. The Avon Court care home was closed in 2010 and has subsequently been tendered for ECH development, but this had been operated by an independent provider.
- In fact, the overall ECH programme has to be constantly updated to reflect changing market conditions and opportunities. For example, in addition to privately owned schemes, work has been undertaken to explore the potential for ECH development on sites owned by the County Council but operated independently by Warwickshire Care Services. However, this contract has recently been extended to 31/03/13 while other major changes are taking place in the market, meaning that these

sites which were previously in the ECH programme have been excluded at this point.

- l) In relation to the remaining 8 care homes operated by WCC, 4 of these could be considered for ECH but 2 of these sites are now probably too small for isolated development under current market conditions. The release of the sites at Mayfield and Abbotsbury has led very quickly to an award of contract for new ECH development, although it has to be remembered that there is a significant lead-in time of up to 2 years before the actual facilities are built and operational.

3.3 Savings

- a) With a significant reduction to the level of funding available for local authorities to spend on adult social care, one of the significant advantages of ECH is that it offers a lower cost to individuals for their care whilst protecting the equity in the property of customers funding their own care. The mini-competition for the 6 WCC-owned sites affords AHCS a real opportunity to make significant in roads to the targets set out in the overall ECH Savings Plan.
- b) The financial advantages of ECH mainly lie in the fact that the accommodation costs are not borne by WCC, whereas they are borne by the local authority for residential care services. Internal residential care costs approximately £524 per week, external residential care costs £363 per week, whilst the cost of maintaining someone within an ECH setting who would otherwise be in residential care would typically cost approximately £210 per week.
- c) In addition to providing care accommodation to meet the aspirations of the 21st Century, the combination of providing ECH coupled with say the decommissioning of the Abbotsbury and Mayfield care homes has afforded WCC an immediate opportunity to make real savings and contribute towards the Directorate's savings targets by reducing excess capacity in the local residential care market.
- d) WCC remains committed to a transformation programme, which seeks to modernise services and challenge the traditional delivery of social care. The delivery of ECH via the Care and Choice programme remains a building block of the overall strategy to deliver the Personalisation agenda.
- e) The corporate finance team have advised that the programme is on course to exceed the 2014 savings target of £500k by £359k, i.e. Medium Term Financial Projection savings of £859k. **[attached as Appendix ?].**

3.4 Extra Care - Next Steps

- a) It is anticipated that approximately 500 ECH units will either be in place or will have construction planned in Warwickshire by the end of 2014, however the securing of Detailed Planning Permission from Borough and District Planning departments and Capital Funding, including via the HCA, remain

constant challenges at both local and national levels.

- b) With the first phase of the CACAP continuing to progress, this delivery target remains achievable. However, the recent downturn in the property market and economic climate suggests that viable alternatives to deliver the overall programme will need to be continually explored. It is therefore proposed to keep this programme of change under constant review in order to maintain CACAP delivery for years to come.

4. Conclusion and Recommendations

- 4.1 The work on care homes has now reached a critical point where the option to either sell the remaining internal homes as going concerns, enter into other partnership models including joint venture or social enterprise (or a combination of any of these) has to be finalised. However, if none of these options prove viable, the underlying closure programme would have to be implemented.
- 4.2 The measure of success for the County Council will be its ability to ensure the safety and security of customers whilst achieving key financial and service targets within an acceptable risk framework. Evidence so far confirms that measures have been taken to ensure this is being delivered within an overall transformation and personalisation programme. We have reports where ECH developments have directly improved the independence and quality of customers that would have otherwise entered a residential setting sooner than they needed. The ECH programme has been gaining significant momentum over the last 12 months and it is now on target to deliver the required savings and service levels by the end of 2014.
- 4.3 It is therefore recommended that the Committee:
1. Considers and comments on the progress made to date since the recommendations resolved by Cabinet on 27th January 2011 in relation to internal residential care home provision for older people.
 2. Considers and comments on the progress made on the delivery and provision of Extra Care Housing in Warwickshire in line with key strategic objectives.
 3. Continues to support the progress of the Care and Choice Accommodation Programme in the delivery of a range of housing with care and care accommodation services that offer Warwickshire's citizens improved choice, control and independence.

Report Author: Ron Williamson – Head of Communities & Wellbeing

Head(s) of Service: As above

Strategic Director(s): Wendy Fabbro – Strategic Director, Adult Health & Community Services

Portfolio Holder(s): Councillor Mrs Seccombe

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**
Date of Committee **7th September 2011**

Report Title **Proposed Changes to Community Meals Service**

Summary This report presents Overview and Scrutiny Committee with the proposals for conducting a customer consultation relating to charges for the Community Meals service. The outcomes of the consultation will inform:

- Future pricing for the service
- Planning how we will lower the costs of the service to the Council by reducing or removing the current subsidy paid by WCC to zero by the end of the contract.
- Activity to improve the financial viability of the service which has received lower than expected volumes following transfer of provider.

For further information please contact:

	Andrew Sharp Service Manager	Tim Hamson Service Redesign Officer
	Tel: 01926 745610	Tel: 01926 745614

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

- 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 Item added to forward plan for Cabinet meeting dated 13th October 2011
- To an O & S Committee
- To an Area Committee
- Further Consultation

Adult Social Care and Health Overview and Scrutiny Committee – 7th September 2011

Proposed Changes to Community Meals Service

Recommendations

1. The committee are asked to consider and comment on the report and to recommend that it is passed to Cabinet for their consideration in October 2011.
2. The committee propose that Cabinet are asked, upon considering the report, to
 - a. Give permission for a formal consultation to be carried out.
 - b. Delegate any final decision (based upon the consultation findings) to the Strategic Director of Adult Health and Community Services in consultation with the Portfolio Holder for Adult Social Care.

1. Background

- 1.1 Community Meals (Meals on Wheels) is a service available to adults in Warwickshire who require the delivery of a nutritious meal direct to their door. This includes cooked, hot lunches and frozen meals.
- 1.2 The Community Meals Service is currently provided countywide, 365 days a year by County Enterprise Foods (CEF), a subsidiary of Nottinghamshire County Council. A 3 year contract (with an option for a 1 year extension) was awarded to the provider in May 2010 following a competitive tender process.
- 1.3 For 2011/12 the budget available to subsidise the community meals service is £192k. The contract started in May 2010 and ends in April 2013 with an option to extend for a further year. It is the directorate's objective to maintain the service at the current level whilst reducing this subsidy to a nil contribution by the end of the contract. Within the contract there is provision for a yearly review of the meal pricing.
- 1.4 The initial pricing levels were set at a standard charge for all types of meals of £4.20, with the customer contributing £3.50 per meal irrespective of whether they are a Social Care or Self referral. The balance of 0.70p is paid by AH&CS for each meal provided, with a higher subsidy per meal paid of £0.90p if the meals level falls below 150,000. Currently there is no differential according to the customer's eligibility for social care services, either in respect of subsidy level or customer contribution.
- 1.5 The uptake of the service has not been to the level that was expected when the contract commenced. With lower numbers of orders the unit costs of the

service to the provider have been much higher than expected, compromising the financial viability of the service. In order to address the shortfall in income for the provider, an increase in customer contribution from £3.50 to £4.00 per meal has been implemented from the 1st June 2011 (the customer contribution was last increased in October 2009).

- 1.6 In addressing the shortfall in income for the provider, their ability to continue to deliver the service has been strengthened. The benefits therefore being that the risk of customers experiencing a disruption in service is reduced, WCC are less likely to have to use resources to arrange alternative provision and there is no need for WCC to provide payment to the provider to account for their reduced income.

2. Activity to Date

- 2.1 As of 1st June 2011, customers incurred a price rise of 50 pence per meal (irrespective of meal type); therefore the new customer contribution will be £4.00 per meal. This price increase was agreed between WCC and County Enterprise Foods. No customer consultation was carried out because legal advice indicated that as this was a small, non-means tested flat rate charge; the decision to raise prices could be taken without consultation.
- 2.2 The current price level was not part of the AHCS fairer charging consultations as the contract had only just been awarded at the time of these consultations, and it was thought fairer to the new provider, to allow the new service provision to establish and meal levels to settle.
- 2.3 In addition to the recent price increase, marketing activity by way of inclusion on the Council's Resource Directory, a future article in Working 4 Warwickshire and Warwickshire View (to increase staff awareness) and a webpage on Warwickshire Direct (which includes a podcast link) has been completed in order to increase awareness of the service.
- 2.4 Further to this recent increase, the price that customers will pay for their meals from 1st April 2012 also needs to be considered in the context of our intention to reduce the subsidy. A consultation exercise is necessary in order to gain the views of service users as further increases to the price that they are currently paying would be considered a significant change to service when take in conjunction with the increased price in June.
- 2.5 Ideally the consultation exercise needs to be completed by the end of November 2011. This would allow sufficient time to consider customer feedback prior to making any future changes to the service or customer contribution level ahead of 2012/13.

3. Consulting with customers

- 3.1 In order to consider an additional price increase to that made in June 2011, a consultation exercise is required with customers so that any future decisions take into account the views of service users. Consultation is also needed since a future price increase on top of the June 2011 change, would be

considered significant.

3.2 It is proposed that the consultation take place throughout November 2011. This would be carried out by using a survey questionnaire to accompany the customer's meal delivery. In addition to this, feedback from Older Peoples Forums will be sought and this is scheduled to take place during November.

3.3 Areas which customers would be asked for their viewpoint on would include:

- Their perception of what is a reasonable price for the existing service.
- How satisfied they are generally with the current service re: food quality / choice & diversity / customer service.
- Differential pricing depending on an individuals FACS eligibility.
- Whether they would consider any variation to the current meals delivery time windows (which may help to alleviate some of the cost pressures).

If the customer contribution had to increase in the future, what enhancements to the current service might they appreciate.

4. Recommendations

4.1 The committee are asked to consider and comment on the report and to recommend that it is passed to Cabinet for their consideration in October 2011.

4.2

- a. The committee recommend to Cabinet that it consider the report, and - Authorise formal consultation on proposals for an increase in meals charges from 1st April 2012.
- b. Delegate any final decision (based upon the consultation findings) to the Strategic Director of Adult Health and Community Services in consultation with the Portfolio Holder for Adult Social Care.

Report Author: Tim Hamson / Darren Spencer

Head(s) of Service: Claire Saul

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Izzi Seccombe

AGENDA MANAGEMENT SHEET

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

Date of Committee **7 September 2011**

Report Title **Staffing Capacity**

Summary This report sets out the Adult, Health and Community Services Directorate Staffing Capacity.

For further information please contact: Ms Wendy Fabbro
Strategic Director
Tel: 01926 742950
wendyfabbro@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework?

Background papers

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

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To Council

.....

To Cabinet

.....

To an O & S Committee

.....

To an Area Committee

.....

Further Consultation

.....

Adult Social Care and Health Overview and Scrutiny Committee – 7 September 2011

Staffing Capacity

Recommendation

That the Adult and Community Services O&S Committee notes the achievement of delivering target savings in 2010/2011, and recognises the further work being undertaken to redesign processes to find further efficiencies.

However, members are asked to note the areas where further investment is judged to be necessary.

1. Introduction

- 1.1 During 2010, Adult Social Care and Health directorate accepted the challenge of simultaneously tackling a past trend of overspending budgets, and delivering substantial reductions in base budgets. Clearly, every effort was made to avoid the budget reductions causing loss of services available to those in need, but inevitably there have had to be changes to the way we deliver services, and the nature of the care available. A major element of the savings target was £2million to be secured from staffing reductions, with the potential for a second similar tranche by the end of 2014. The 2010 target has been achieved, more redesign is required for the second reduction.
- 1.2 This report sets out the extent of reductions and the impact on services. However, the picture is very complex and is set in a national picture of changing policy as well as local demand and expectation. We are now fully committed to working in partnership with neighbouring local authorities and with Clinical Commissioning consortia (GP commissioning groups) to achieve economies of scale in commissioning, and with the independent sector to secure efficiencies in contracts.
- 1.3 Whilst relishing the prospect for changing to a more personalised, local service for people with assessed needs, it is important to keep sight of the imperatives to deliver a safe service of appropriate quality. The details below describe the 'art' of achieving this balance

2. Adult Social Care and Support

- 2.1 The Social Care and Support staffing budget includes staffing up to and including Head of Service level. This exercise excludes the Reablement Service as these staff were not in this Business Unit pre-2011/12 and also are subject to separate transformation changes.

2.2 The following table provides a summary of the budgetary changes from 2010/11 and 2011/12:

Description	£ 000 or %	Comment
Staffing budget 2010/11 (as agreed at start of financial year)	13, 233	
Staffing budget 2011/12 (as agreed at start of financial year)	12,233	
Difference	1,000	
Reduction as % of 10/11 budget	7.56%	
Additional savings achieved through early retirement in 2010/11	99	This is the fye. These reductions were additional to the £1million
Total reduction	1099	
Total reduction as % of 10/11 budget	8.3%	
Further savings to be achieved by additional early retirements in 11/12 or 12/13.	244	

2.3 The Social Care and Support Service delivered £1m of staffing savings in 2010/11. These savings came from reductions in management and frontline staff but recent analysis has identified challenges in the ongoing delivery of a safe service given the parallel impact of legislative and national policy directions including:

- The roll-out of Self Directed Support and personalisation, requiring the development of completely different tools (forms) and budget management.
- Adult Social Care Transformation has required hundreds of additional re-assessments of individuals to take place, over and above usual demand.
- The national and local rising workload impact of implementing good adult safeguarding practice, indicated by the government to become a statutory function.
- The drive to reduce hospital inpatient lengths of stay and appropriately avoid admission requires additional social care assessments.
- Introduction of mobile working, with a limited technological solution.
- National recruitment challenges (e.g., AMHP role, where there are significant risks to maintaining staffing levels to deliver the minimum statutory requirement).
- The early retirement scheme, which delivered additional savings over and above the £1million.
- High sickness rates in some teams (10+%).

2.4 Although it is difficult to identify the impact of the £1million reduction alone, there are particular examples relating to timely response to safeguarding situations (backlog of 55 cases) and timely allocations (backlogs of several

hundred across the service).

- 2.5 Reduced management availability has limited the delivery of appropriate case guidance, written professional guidance documents and case-flow management for teams. There is a corresponding increase in complaints (volume has increased, including ombudsman complaints, and challenges of maladministration. The recent apparent reduction in expenditure is thought to be partly due to the backlog situation, whereby people who should be in receipt of services remain un-assessed or partly assessed, rather than in receipt of timely support.

Mitigation

- 2.6 Wider budget analysis across the Social Care and Support Service budgets indicates that there is scope to put in place some additional, temporary management and frontline capacity until the overall situation can be reviewed with respect to demand, or lower projected demand that may be expected as a result of Transformation Programme, business process changes and workforce development.

3. Resources

- 3.1 Savings took place within two areas – learning & development and business support.

a) Learning & Development

A total of 5.5 (of 24 posts) vacancies were removed from the budget along with reductions to programme activity budgets by focussing on service priorities. Work is progressing to ensure that the team is working in conjunction with sub-regional partners so that L&D are as joined up as possible and procurement efficiencies are obtained.

b) Business Support

Further savings were made through 1 post being made redundant as a result of greater efficiencies in administration across the Saltisford office bases.

- 3.2 The overall level of savings targeted under these proposals amounted to £87k within the directorate budget of which £68k was through vacant post with a further £97k all in vacant posts previously funded through area based grant.

4. Local Provider Services

- 4.1 Overall a target of £650k had to be achieved within this area towards the overall £2m target for the Directorate.

4.2 a) Community Support Services management

The management structures were reduced to 2 (was 5.6) managers (One each for the north and south of the county) and 6 team leaders (was 13.8) in a planned response to reduced numbers of customers and the move from a building-based approach to one based on services out in the community. It also reflects the greater responsibilities assigned to community support service officers (next level down).

Further changes are currently taking place under the learning disability commissioning strategy.

b) Service Management:

Reduction of 4.5 vacant posts including 3 quality assurance/project officers posts which supported quality and the development of the services now taken on by operational managers within the service. This has placed greater pressure on operational managers but one which is considered sustainable.

4.3 The service had also employed 1.5 volunteer development workers to promote volunteering, largely within care homes. This has continued to be taken forward by the remaining service development officer, but the final solution for care homes will lose this role.

4.4 The overall level of savings targeted under these proposals amounted to £550k of which £223k related to posts which had previously been left vacant but which remained within the budgets

5. Strategic Commissioning

5.1 The savings target for the SC staffing budget was £300,000 and was achieved within the timescale. A further saving of £50,000 was also secured from the equivalent of a 50% reduction in the Head of Service for Adults (linked to needing only one post for the People Group).

5.2 However, the deletion of the Supporting People 'Admin Grant' (which was comprised of the SP team staffing costs) set an additional target of £250,000. Some of the staff from the old SP team have now been incorporated into the new Strategic Commissioning structure, thus making reductions at the same time as retaining the overall function, albeit at a reduced level.

5.3 The **£501,872 savings achieved**

Area (gross savings i.e. Gross Salaries)	Target Saving:	Actual Saving	Balance
Strategic Commissioning Saving:	-£300,000	-£300,000	£0
SP Admin Grant Saving:	-£250,000	-£250,000	0
Head of Service Saving:	0	-£54,261	£4,260
Totals:	-£550,000	-£604,261	£54,261

- 5.4 The net loss of full-time equivalent staff was 13, representing 22% of the budget. Since the main restructuring, a further management post has been deleted, bringing the overall total to **14**, which is over **24%** of the original budget.
- 5.5 The key areas of capacity affected in the team were:
1. Senior management (1.5 posts deleted)
 2. Lead/Commissioning Officer (net loss of 5.5 posts at this level)
 3. Contract monitoring Officer (2 posts deleted)
 4. Customer Engagement Officer (2 posts deleted)
 5. Carers Support Officer (2 posts deleted)
 6. Business Improvement Team Manager (1 post deleted)
 7. Business Improvement Officer (1.5 posts deleted)
 8. Administration Officer (3 posts deleted)
 9. Warwickshire Quality Partnership Manager (1 post deleted)
 10. Learning & Development Officer, WQP (1 post deleted)
- 5.6 Although we have been able to offer secondment and developmental opportunities for a number of staff to fill the major gaps left in the commissioning function, these staff are on the whole new to the role and relatively inexperienced in this area. The impact of this has been the need for additional management capacity to be directed to these staff in order to provide support alongside a recognition that timescales for projects have needed to include longer set up phases to allow staff to develop a clear understanding of how to address their new responsibilities.
- 5.7 The **impact** of these reductions has been a slowing of the whole Strategic Commissioning programme but the following areas were the areas most affected:
- a. Home care – a delay in the re-commissioning and procurement process which is now expected to conclude October 2011.
 - b. Learning disabilities – delays in launching the strategy (until June 2011) and addressing the high percentage of residential care placements (extra care and ‘Keyring’ schemes will start in 2012).
 - c. Mental health services – a delay in development as key staff were diverted onto the home care project, however, the strategy refresh is now able to be jointly undertaken with Arden PCT, GP Commissioners and

Coventry City.

- d. Supporting People – a major reduction in capacity, leading to a complete review of the programme- launching in September 2011.
 - e. Contract monitoring has been under significant pressure, especially in light of the increased workload from Southern Cross and Castlebeck as well as holding one vacancy.
 - f. Market shaping –not as widely embedded as anticipated at this stage although underway. As facilitating the development of a market which offers choice and alternatives to traditional social care is key to the success of our transformation agenda this lack of capacity does present a risk to our ability to deliver.
 - g. Partnership working, particularly with NHSW and other Health stakeholders. The reduction in management and commissioning capacity has impacted on our ability to forge ahead with some key joint commissioning activity.
 - h. Progress on the redesign of other services such as Direct Payments and Advocacy has also been adversely affected due to lack of capacity and a strong commissioning skill base within the service redesign team which is almost entirely staffed by secondments.
- 5.8 Given the scope and complexity of work being requested, the current structure is at capacity with all areas showing strains (particularly contract monitoring and market facilitation).

6. Conclusion

- 6.1 All divisions have reduced staffing capacity but have simultaneously had to redesign their service and process to 'do things differently' in order to deliver the target outcomes for service users and carers.
- 6.2 For care management services, the volume of change has meant that the directorate is now consolidating and strengthening its workforce. This may be a temporary phenomenon, but demographic trends suggest there will be no decline in demand in the near future to support further reductions.
- 6.3 Changes in the national policy context will inevitably place more burdens on local authorities for quality management, particularly in Care Homes. The focus of the Care Quality Commission is now less about routine monitoring and more about gate keeping entry to the care market and reacting to crises. The public expects that services are continually monitored for quality, but this may take additional investment to manage securely into the future as we withdraw from being a direct provider of care and focus on commissioning from the independent sector.

Report Author: Wendy Fabbro

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Cllr Mrs Izzi Seccombe

AGENDA MANAGEMENT SHEET

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

Date of Committee **7th September 2011**

Report Title **Quarter One (April – June) 2011-12 Performance Report for Adult, Health and Community Services**

Summary This report provides an analysis of the Adult, Health and Community Services Directorate’s performance for quarter one of 2011/12. It reports on performance against the key performance indicators as set out in the Directorate Report Card

For further information please contact:

Wendy Fabbro Strategic Director of Adult, Health and Community Services Tel: 01926 742967 wendyfabbro@warwickshire.gov.uk	Ben Larard Business Intelligence Team Manager Tel: 01926 745616 benlarard@warwickshire.gov.uk
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Would the recommended decision be contrary to the Budget and Policy Framework?

No.

Background papers None.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s) Not Applicable
- Other Elected Members Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Watson, Councillor C Rolfe, Councillor R Dodd
- 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

**Adult Social Care & Health Overview & Scrutiny
Committee – 7th September 2011**

**Quarter One (April – June) 2011-12 Performance Report for
Adult, Health and Community Services**

Recommendation

That the Adult Social Care & Health Overview & Scrutiny Committee:




- Consider both the summary and detail of the performance indicators within the Directorate Report Card for the first quarter of 2011/12 (Appendix 1)
- Consider and comment on areas where performance is falling short of target, and where remedial action is being taken.

1. Background

- 1.1 This report presents the Adult Social Care & Health Overview & Scrutiny Committee with the 2011/12 quarter one report on the performance of the Adult, Health and Community Services Directorate. This is set out in detail in Appendix 1.
- 1.2 The Directorate Report Card is made up of measures from the new national Adult Social Care Outcomes Framework and local measures developed by the Directorate to measure the effectiveness of both its transformation programme and core service delivery. Some of the transformation measures are still in development so are not included in this paper but will be considered in future reports.
- 1.4 The majority of the indicators against which the Directorate is now measured are new and as a result baseline and benchmarking data is not available in all cases but where measures are comparable to those that have existed in previous years this analysis is included within the report. Due to the lack of baseline and benchmarking data, at this stage we have only set provisional targets at this stage, which will be revised once more data is available to inform our position. As in previous years a formal target setting process is due to be undertaken later in the year with the Directorate Leadership Team, the outcomes of which will then be reported through the scrutiny process.

2. Performance and Key Messages

2.1 The table below summarises the forecast full year performance outturn for 2011/12. Of the Directorate's 20 performance measures 14 (70%) are forecast to either met or exceeded target, using a 5% tolerance level. A summary of all indicators can be found in appendix one.

Performance	Number	Percentage
 Exceeded Target	3	15%
 Met Target	11	55%
 Missing Target	6	30%

Of the six indicators projected to miss target three are among the Directorate's key priorities, they are:

- Proportion of adults receiving on-going social care support who are in residential care
- Proportion of adults with a learning disability in settled accommodation
- Proportion of adults with a learning disability in employment

2.2 'Proportion of adults receiving on-going social care support who are in residential care'

Through our focus on the expansion of personalisation and our intention to support people to retain their independence and ability to live in their own home for as long as possible, our expectation would be that the use of traditional residential care will reduce over time. However as the potential number of older customers continues to increase, demographic pressure remains, which presents a challenge to meeting this objective.

It is important to note that there is a risk if taking this measure in isolation and that as a result it could be misinterpreted. The calculation of this indicator is based upon a percentage of the customer base supported by adult social care receiving support in a residential setting compared to support in the community. Although the proportion of customers receiving on-going support who are in residential care has increased slightly since March 2011 and is forecast to miss the target for reduction that we have set, this needs to be considered alongside the successful interventions being made by the Directorate's Reablement service which reduces customer's need for on-going community-based support. As a result of this and other positive interventions the numbers of community packages at the end of the first quarter of this year stood at 6844 compared to 7851 for the same period in the previous year.

The actual percentage of customers in receipt of on-going support in a residential setting is in fact remaining static with the increase in proportion of customers receiving this service being attributed to our success in managing and reducing demand for community packages.

In the longer term significant work is underway to provide customers with viable alternatives to residential care such as extra settings or alternatively through moving customers whose level of need has changed back into community based setting where possible. Based upon this position, the measure of the proportion of customers in residential care is unlikely to reduce until 2012-13 at the earliest.

2.3 **'Proportion of adults with a learning disability in settled accommodation' and 'Proportion of adults with a learning disability in employment'**

The Directorate is forecast to continue to miss targets related to the measures assessing the proportion of customers with a Learning Disability in 'settled' accommodation and in employment. These indicators although not new in nature have only formed part of the national indicator set for a short period of time and have presented a data collection challenge to most local authorities. Part of the lower than anticipated performance against these measures is as a result of the calculation definition requiring customers to be reviewed and for the outcome of a move to settled accommodation or employment being recorded.

Although we are not meeting our targets in relation to these two measures our performance does continue to improve but the pace of change does need to increase. Benchmarking data for these measures shows that we perform close to the level of our comparator group of similar authorities in relation to supporting customers to access settled accommodation and at a higher level than our comparators with regard to supporting people into employment.

Clearly there is more work to do in delivering an increased pace of change for the services that are measured by these indicators and this is being addressed positively through our recently developed Learning Disability Strategy. Key elements to this revised strategic approach are projects around a "place to live" and a "fulfilled life" which seek amongst other things to increase access to appropriate accommodation and life chances through employment.

As part of these projects work is underway to identify customers who are able to move out of residential care and provide suitable alternatives for them and any other customers who may have required residential care. As an outcome of this the number of people with a Learning Disability in residential care will reduce by 20% (70 people) before the end of March 2014.

From an employment perspective we are currently developing a service specification to commission a revised support structure for customers with a disability (LD & PD) aimed at improving access opportunities. Although this service will not be in place in time to impact upon current year performance it will form a key component part of our approach for the future and should result in a significant increase in our performance in supporting customers into work.

3. Additional Performance Considerations

- 3.1 The percentage of customers and carers receiving their support in the form of a direct payment or personal budget continues to increase in line with national expectations. Benchmarking shows that the 2010/11 outturn of 29.3% (against a target of 30%) is above the average of Warwickshire's comparator authorities and only slightly below the all England average.

This positive performance has been achieved as a result of the roll out of self-directed support across all client groups. Although delivery of the increase in the use of personal budgets continues to be a challenge our current forecast is to reach a position where 45% of our customers are supported in this way by the end of 2011-12. This is a significant increase and presents a positive pace of change in Warwickshire but it is important to note that there is a national expectation that we will support 100% of our customers through a personal budget in one form or another by March 2013.

As a result of this demanding national expectation it is clear that more work needs to be done to deliver against this agenda and for this reason a key focus of all of our transformation activity is the move away from traditional provision and commissioning to one of personalisation with the use of personal budgets at its heart. To support this we continue to work towards the development of new ways in which customers can be supported to access personal budgets such as the use of managed accounts and individual service funds as well as developing clearer channels of access to community based alternatives to social care which can be purchased through personal budgets, for example through the creation of the resource directory.

- 3.2 The Directorate is making significant progress in delivering against our priority of reducing spend on long term home care packages, primarily as a result of the Directorate's Reablement service and the use of an allocations panel in Social Care and Support to challenge high cost packages of care with a view to identifying alternative solutions which can improve the outcome for the customer and reduce the financial burden to the authority.

Weekly spend on homecare packages in the last week of June is £13k less than the last week in March, which is reflected in the reduced numbers of home care hours delivered each week.

In all 413 people benefited from access to the reablement service in the first quarter of this year and of these customers 295 (71%) required no on-going support following the completion of a reablement programme and 79 customers (19%) required a lower level of support on an on-going basis than would have been expected without a reablement intervention.

4. Strategic Commissioning

- 4.1 Our approach to Strategic Commissioning in Adult Social Care has been enhanced significantly in recent months with the implementation of new staffing structures to support service redesign and the publication of key strategic documents such as the Homecare Strategy, Learning Disability Strategy and the supporting Independence (Prevention) Strategy.
- 4.2 A critical facet of the revised strategic commissioning approach and strategic development is to ensure that the Directorate is actively working with providers to develop services that meet the aims of personalisation. At the end of August AHCS hosted a 'meet the buyer' event attended by around 160 delegates representing approximately 80 care providers to explain our commissioning intentions and the direction of travel for care services in Warwickshire. Our engagement with the provider sector will be enhanced further following the meet the buyer session through the use of provider forums to be launched in September, which will act as a mechanism for on-going communication and interaction with the market.
- 4.3 A key benchmark of our relative success as a strategic commissioning organisation is the assessment of spends across our service types compared to other local authorities. Data from 2009/10 (the most recent available) shows that Warwickshire's performance is better than the average of its comparator group for proportion of spend on community based support. When looking at the proportion of spend on residential (low is best) compared to that on community based services (high is best) Warwickshire is in the top (best) quartile for older people services and performs better than the average level for services to people with learning disabilities. As these two client groups make up 84% of Warwickshire's spend on adult social care, these measures clearly show that our commissioning focus is delivering against its intended outcome of focusing on community based delivery as opposed to the use of traditional residential provision.

However as previously expressed in relation to the specific indicators considered within earlier sections of this report there is still further work to do and this is evidenced by the levels of relative spend on residential support compared to community.

For older people more money is spent on residential care (46%) than community services (42%), with the remaining 12% being spent on assessment and care management. However it is important to note that this compares favourably to Warwickshire's comparator group where on average 55% of spend on older people is residential care and 35% on community services.

When looking at learning disabilities, for this client group the balance between residential and community shows that more is spent on community support (50%) than residential (45%). As well as the balance being as we would hope it is also important to note that this position compares well to other authorities where the average spend on residential care is 51% of the total budget with 43% of budgets being spent on community support.

4.4 As previously described in this report a critical area of development from a national perspective is the expansion of the use of personal budgets to support customers to access services. The performance data already expressed in this report shows the positive direction of travel within Warwickshire and this is underpinned further through an assessment of the spend profile of Warwickshire on direct payments. The most recent data shows that 5.2% of our total spend in adult social care is in relation to the provision of direct payments for customers. This level of investment is above the comparator group average of 4.9% which supports the view that we are responding well to this. When considering the profile of the use of direct payments and personal budgets the position locally mirrors the national picture in that the client group with the biggest take up of this option to support their care is physical disability, where 44% of community services spend is on direct payments.

4. Recommendations

4.1 That the Adult Social Care & Health Overview & Scrutiny Committee:

- Consider both the summary and detail of the performance indicators within the Directorate Report Card for the first quarter of 2011/12 (Appendix 1)
- Consider and comment on areas where performance is falling short of target, and where remedial action is being taken.

Report Authors: Andrew Sharp, Service Manager, OPPD, Intelligence & Market Facilitation

Ben Larard, Team Manager, Business Intelligence











Head(s) of Service: Claire Saul, Head of Strategic Commissioning

Strategic Director(s): Wendy Fabbro, Strategic Director of Adult, Health and Community Services

Portfolio Holder(s): Cllr Mrs Izzi Seccombe

Appendix One: Adult Health and Community Service Report Card, Quarter One 2011/12

Theme	Title	Definition	2010/11 Outturn	Quarter 1 Actual	2011/12 Forecast	2011/12 Target	Performance Against Target	2010/11 Benchmarking
Warwickshire's residents have more choice & control	Ensuring a safe environment for people with learning disabilities	Proportion of adults in with a learning disability in settled accommodation (high is good)	56%	-	58%	70%	▲	Comparator: 60.2% (▲) England: 61.0% (▲)
	Enhancing quality of life for people with learning disabilities	Proportion of adults with a learning disability in employment (high is good)	5.9%	-	6.5%	11%	▲	Comparator: 5.3% (★) England: 7.2% (▲)
	Ensuring a safe environment for people with mental illness	Proportion of adults in contact with secondary mental health services in settled accommodation (high is good)	90.3%	-	92%	92%	●	-
	Enhancing quality of life for people with mental illness	Proportion of adults in contact with secondary mental health services in employment (high is good)	22.7%	-	25%	28%	▲	-
On-going home care packages are decreasing	Helping older people to recover independence	Proportion of older people (65+) who are still at home after 91 days following discharge from hospital into rehabilitation services (high is good)	86.3%	-	88%	85%	●	Comparator: 81.1% (★) England: 83.1% (●)
	Regular reviewing of	Proportion of customers receiving a review	77%	47%	80%	85%	▲	-

Theme	Title	Definition	2010/11 Outturn	Quarter 1 Actual	2011/12 Forecast	2011/12 Target	Performance Against Target	2010/11 Benchmarking
	packages							
	Customers outcomes are met	Proportion of people whose outcome measures are fully or partially achieved at completion of reablement	60%	51%	70%	70%		-
	Reducing home care	Total weekly value of homecare packages	£635,493	£622,708	£590,000	£600,000		-
	Reducing home care	Total weekly homecare hours being delivered	55,245	53,377	48,000	50,000		-
Warwickshire's vulnerable residents are supported at home	Admissions to residential care	Admissions to residential care homes per 10,000 population (low is good)	14.1	2.3	13.5	14		-
	Promoting personalisation	Proportion of people using social care who receive self-directed support (high is good)	29.3%	31.1%	45%	45%		Comparator: 27.5% () England: 30.1 ()
	Supporting carers	Number of carers receiving an assessment in their own right	929	345	1250	1100		-
	Supporting carers	Number of carers receiving services provided as an outcome of an assessment or review	6606	1906	7000	7000		-
	Delivering efficient services which prevent dependency	Proportion of Council spend on residential care (low is good)	51.4%	-	51%	49%		-

Theme	Title	Definition	2010/11 Outturn	Quarter 1 Actual	2011/12 Forecast	2011/12 Target	Performance Against Target	2010/11 Benchmarking
	Maintaining customer's independence	Proportion of adults receiving on-going social care support who are in residential care	30%	31%	30%	28%	▲	-
	Supporting recovery at the most appropriate place	Number of older people entering residential care direct from hospital as a percentage of all admissions to residential care	43%	35%	37%	40%	★	-
	Customers have an alternative to residential care	The number of extra care housing units available for use by customers eligible for Warwickshire County Council Adult Social Care	46	91	107	107	●	-
	Supporting recovery at the most appropriate place	Delayed transfers of care (low is good)	18.8	14.7	16	17	★	-
Residents of Warwickshire have greater access to specialist residential care	Access to specialist residential care	Admissions to specialist residential care as a proportion of all residential & nursing care	18.5%	17%	17%	19%	▲	-
	Access to specialist residential care	Cost of specialist residential care as a proportion of all residential & nursing care	17.5%	17.8%	18%	18%	●	-

AGENDA MANAGEMENT SHEET

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

Date of Committee **7 September 2011**

Report Title **Work Programme and Agreed Task and Finish Group**

Summary This report contains the Work Programme for the Adult Social Care and Health Overview and Scrutiny Committee and a review outline for the agreed Task and Finish Group to consider the Paediatric Cardiac Surgery Services Review.

For further information please contact: Ann Mawdsley
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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s) N/A
- Other Elected Members Cllrs Caborn, Rolfe, Shilton and Tooth
- Cabinet Member
- Chief Executive
- Legal
- Finance
- Other Strategic Directors Wendy Fabbro (For Information)
- District Councils
- Health Authority

Police

Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**Adult Social Care and Health Overview and Scrutiny
Committee - 7 September 2011**

Work Programme and Agreed Task and Finish Group

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

Recommendation

The Committee is recommended to:

- i) Agree the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year
- ii) Note the draft review outline for the Task and Finish Group to consider the Paediatric Cardiac Surgery Services Review.

1. Work Programme

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

2. Task and Finish Groups

Attached, as Appendix B, is a review outline for an agreed Task and Finish Group scrutiny on the Paediatric Cardiac Surgery Services Review. Due to the 5 October 2011 deadline for responses from HOSC Committees, the Task and Finish Group has been agreed by the Chair of the Overview and Scrutiny Board and the Chair and Party Spokespersons for this Committee. The Committee will be consulted outside the formal meeting cycle to agree the response of the Warwickshire Adult Social Care and Health to this Review.

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

Shire Hall, Warwick,
March 2011

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes
COMMITTEE										
19 Oct 2011	Drug and Alcohol Services, DAAT	To consider outcome of tendering exercise			✓				✓	
	Fairer Charging and Contributions, Ron Williamson	To consider impact of changes to charges and contributions	✓	✓			✓			
	Review waiting times for Child and Adolescent Mental Health Services (CAMHS) – Jo Dillon and Loraine Roberts	To review waiting times for Child and Adolescent Mental Health Services.			✓		✓			
7 Dec 2011	Effectiveness of The Learning Disability Strategy - <i>A Good Life for Everyone 2011-2014</i>	To consider the effectiveness of the Learning Disability Strategy.			✓	✓				
	Physical Disability and Sensory Impairment (PDSI) Strategy – Wendy Fabbro/William Campbell	To consider the PDSI Strategy			✓		✓			
	Day Opportunities Proposals	To consider the Day Opportunities Proposals (Day Centres)			✓		✓			
	Adult Safeguarding – Wendy Fabbro	Progress report	✓		✓		✓			

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes
	Adult Safeguarding Serious Case Review – Wendy Fabbro	Lessons learnt from the Adult Safeguarding Serious Case Review	✓		✓		✓			
7 Dec 2011 (on the rise of the above meeting)	Workshop on Commissioning – Wendy Fabbro/Claire Saul	<ul style="list-style-type: none"> - Commissioning Intention document - Directorate use of evidence and commissioning arrangements (to review commissioning arrangements in the Adult, Health and Community Services Directorate (how evidence is used to guide commissioning practices) - ASCH progress towards corporate objective of being a strategic commissioning organisation (To assess use of evidence in commissioning practice. 								
15 Feb 2012	AHCS Staffing and Staffing reductions	To consider AHCS Directorate Staffing and Staffing reductions (further progress from September Committee)	✓		✓					
	Learning Disability Commissioning Strategy – Wendy Fabbro/Claire Saul	Update on the Learning Disability Commissioning Strategy	✓		✓					
March / April 2012	Virtual Wards	To consider progress made in implementing virtual wards and outcomes achieved			✓		✓			
	Personalisation, Gill Fletcher	To consider progress made in the implementing the personalisation agenda			✓		✓			

PROPOSED REPORTS AND/OR TASK & FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	PRIORITY	TIMESCALE	MEMBERS / COMMENT
Paediatric Cardiac Surgery Review	<i>To respond to the Paediatric Cardiac Surgery Review</i>		Needs to report by 5 October 2011	Task and Finish Group agreed "virtually" by the Chair of the OSB and Chair/Spokes of ASC&H.
Needs Assessments (with reference to particular Corporate Strategies)	To assess the appropriateness and robustness of Needs Assessments in relation to a specific Corporate Strategies, for example the Dementia Strategy and Learning Disability Strategy	HIGH		
GP Appointment Phone Booking System	To assess the efficiency of phone booking for GP appointments. Activity should build on any existing evidence. This evidence should be gathered to inform a pre-scope.	HIGH		
Quality and Standards in Personalisation	To review mechanisms and processes in place to ensure quality and standards in services provided through Personalised Budgets			
Access to WCC properties for people with disabilities	To assess the suitability of access to WCC properties for people with disabilities, referencing the Corporate Asset Management plan and wider property rationalisation.			<i>Could be a suitable topic for work by an individual Committee Member to undertake and report back. Potential for identified work to be beyond remit of the ASC&H O&S Committee</i>
Review of Quality Accounts	To review Quality Accounts in relation to Department of Health guidelines with intention to provide recommendations in 6 months time (beginning of 2012)			Chair to have letter written to DoH highlighting concerns.
Progress on Hospital Discharge/ Reablement T&F Action Group	To consider progress of implementation against the Hospital Discharge and Reablement Task & Finish Group Action Plan		In 6 months (beginning of 2012)	
Report on progress on Learning Disabilities Management Regime	To consider progress made on the implementation of the Learning Disabilities - Management Regime (<i>reviewing progress of implementation of Committee recommendations</i>)		In 6 months (beginning of 2012).	

BRIEFING NOTES

	SUBJECT OF BRIEFING NOTE	OBJECTIVE OF BRIEFING NOTE	COMMENT / FURTHER INFORMATION
	Southern Cross developments	To keep the Committee informed of Southern Cross developments relevant to Warwickshire.	Committee keen to know WCC capacity to care for residents of Warwickshire Southern Cross homes. Briefing Note sent to Members on 24 August 2011.
	Orthopaedic Surgery Rachel Pearce	To outline how the backlog of Orthopaedic Surgery is going to be managed, the impact the backlog will have on other surgery and the financial implications for 2011/12	Verbal update requested for 7 September meeting
	Ambulance Turn-Around rates West Midlands Ambulance Service	To assess turn-around rates of West Midland Ambulance Service	
	A&E Waits	To review A&E waiting times. Activity should build on any existing evidence / data, with the intention of a future review focusing on any identified problem areas in the County	
	Effectiveness of The Learning Disability Strategy - A Good Life for Everyone 2011-2014 Chris Lewington	To review the effectiveness of the Learning Disability Strategy	
	Implementation and effectiveness of the Concordat Wendy Fabbro/Rachel Pearce	To review partnership working between WCC and Arden Cluster	
	Current waiting lists for Disabled Facilities Grant – Wendy Fabbro	To assess waiting lists for Disabled Facilities Grant with particular focus on joint working by / between Borough & District authorities, seeking areas for comment	
	Demand data and percentage of Bed Blockers eligible for reablement - Wendy Fabbro		

	Length of patient stays at Eye Unit at Warwick Hospital – Chris Lewington	To brief the Committee on the length of patient stays at the Warwick Hospital Eye Unit (turn-around)	
	Learning Disability and Hate Crime Week – Chris Lewington	To brief the Committee on Learning Disability and the recent Hate Crime Week	

Scrutiny Review Outline – Paediatric Cardiac Surgery Services Review

Review Topic (Name of review)	Paediatric Cardiac Surgery Services Review
Panel/Working Group etc – Yes/No? Members	TBA
Key Officer Contact	TBA
Scrutiny Officer Support	
Relevant Portfolio Holder(s)	Cllr Bob Stevens, Health
Relevant Corporate/LAA Priorities/Targets	Corporate Business Plan 2011-2013 - Ambition 3 Care and Independence – “Continue Improving our relationship with Health services whilst managing changes to the Health community”.
Timing Issues	<ul style="list-style-type: none"> - The four month public consultation period ended on 1 July 2011, HOSCs have until 5 October 2011 to make submissions - The key findings of the health impact assessment will be published in August 2011 along with an independent report on the outcome of the public consultation – enabling HOSC to consider these in forming a response to the consultation.
Type of Review	Task and Finish Group
Resource Estimate	If commissioned this Task and Finish Group will have to make recommendations for the Adult Social Care and Health OSC to agree by the end of September 2011. It is anticipated that the TFG will hold a review planning meeting, 2 evidence sessions and a meeting to develop conclusions and recommendations. 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)	<p>This proposal relates to the statutory role of Health Scrutiny in relation to NHS service reconfiguration.</p> <p>The JCPCT (Joint Committees of PCTs) is, under its Safe and Sustainable programme, consulting on proposed changes to paediatric cardiac surgery services in England. The proposal is to reduce children’s heart surgery centres from 11 to 6 or 7. The rationale is that clinical expertise is spread too thinly over 11 sites, that only the larger centres can achieve excellence and there is a risk that if the current model continues some children’s heart services may become neither safe nor sustainable in the future.</p> <p>There are four options being consulted on: two for 6 centres outside London and two for 7 centres outside London. All options include 2 centres in London. The consultation document can be accessed at http://www.specialisedservices.nhs.uk/safe_sustainable/public-consultation-2011, which includes a summary of the proposals.</p>

<p>Rationale continued (Key issues and/or reason for doing the review)</p>	<p>All options under consultation include keeping Birmingham Children's Hospital, Alder Hey and Great Ormond Street so it is likely that these centres will be retained. However, each option proposes closing Leicester hospital which would place additional pressure on Birmingham Children's Hospital and members need wish to consider the impact each option will have on the capacity of Birmingham Children's Hospital and the hospitals ability to meet the needs of children in Warwickshire.</p>
<p>Objectives of Review (Specify exactly what the review should achieve)</p>	<p>To consider:</p> <ul style="list-style-type: none"> - <i>Safe and Sustainable</i> report setting out the key findings of the health impact assessment during the consultation to OSCs in August 2011. - An independent report on the outcome of the consultation, expected in August 2011. <p>To ensure that the four key tests for service change have been met:</p> <ul style="list-style-type: none"> - Support from GP commissioners - Strengthened public and patient engagement - Clarity on the clinical evidence base - Consistency with current and prospective patient choice. <p>Consider each of the proposed options – evaluating the risks, benefits, capacity and demand for Birmingham Children's Hospital under each option and impact on meeting the needs of Children in Warwickshire.</p> <p>To agree a preferred option for Warwickshire.</p> <p>Prepare a response to be agreed by the ASC&H O&S (either virtually or with a special meeting) for transition to the NHS.</p>
<p>Scope of the Topic (What is specifically to be included/excluded)</p>	<p><u>Included</u> The following is included in the scope of the review:</p> <ul style="list-style-type: none"> - TBC <p><u>Excluded</u> The following falls outside the scope of the review:</p> <ul style="list-style-type: none"> - TBC
<p>Indicators of Success – Outputs (What factors would tell you what a good review should look like?)</p>	<p>Recommendations accepted and forwarded to the NHS.</p>
<p>Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	

<p>Specify Evidence Sources (Background information and documents to look at)</p>	<ul style="list-style-type: none"> - <i>Safe and Sustainable</i> report setting out the key findings of the health impact assessment during the consultation to OSCs in August 2011 to inform their responses to the consultation. - An independent report on the outcome of the consultation, expected in August 2011.
<p>Specify Witnesses/Experts (Who to see and when)</p>	<p>Strategic Health Authority Birmingham Children's Hospital</p>