Adult Social Care and Health Overview and Scrutiny Committee

25 October 2011

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on TUESDAY, 25 OCTOBER 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 7 September 2011

(4) Chair's Announcements

2. Public Question Time (Standing Order 34)

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

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

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

3. Improving Trauma Care in the West Midlands (Health)

The Committee will receive a presentation from Sue Roberts, Arden NHS Cluster on Improving Trauma Care in the West Midlands.

4. Discussion on Improvements for Frail Elderly Care (Health)

Members are asked to consider the report from Jane Ives, Director of Operations, South Warwickshire Foundation Trust on Discussion on Improvements for Frail Elderly Care.

5. Reablement : Data on Demand for the Service (Social Care)

This report provides the data and narrative on customer demand and eligibility for reablement, including:

- how many customers accessed the service
- how many customers bypassed reablement
- how many customers who were eligible for reablement did not receive a service upon their hospital discharge.

Recommendations

The Overview and Scrutiny committee are asked to:

1. Consider and comment on the information presented on demand for the reablement service
2. Recognise the report on the Evaluation of the Home Care Reablement Service (Cabinet 8th September 2011) for context and further information
3. Continue to support the development of Reablement

For further information please contact Joanne Allen, Reablement Service Manager, Tel: 01926 731078 E-mail ***joanneallen@warwickshire.gov.uk.***

6. Commissioning for Recovery: Drug and Alcohol Service Modernisation Update (Health)

This report provides Committee Members with background information to the new drug and alcohol treatment provision. Members will also receive a presentation by the new service providers.

Recommendation

The Committee is recommended to scrutinise plans to implement a new recovery-focused drug and alcohol treatment service for adults in Warwickshire.

For further information please contact Will Johnson, Joint Commissioning Manager (Adult Treatment and Care), Tel: 01926 412411 E-mail ***willjohnson@warwickshire.gov.uk*** or Louise Williams, Assistant Joint Commissioning Manager, Tel: 01926 412281 E-mail ***louisewilliams@warwickshire.gov.uk.***

7. 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.

8. Update on the Peoples Group

Wendy Fabbro will give a verbal update to the Committee on the new Peoples Group.

9. Fairer Charges & Contributions – Impact of Changes (Social Care)

A major element of the Adult Social Care transformation and savings plans relate to Charging for Community Services which has a savings target of over £3m to be achieved by March 2013. A project board was established and a series of recommendations were presented to Cabinet in June 2010 to take out to consultation. The results of consultation were reported back to Cabinet in October 2010, and approval was given to a series of staged increases to raise charges to full cost. There has also been a further report to Cabinet in September 2011 which presented the outcome of further reviews together with some extension of the charging base. Within the next twelve months, charging

will be fully harmonised with personal budgets thus eliminating any remaining inequities.

At the time of the October 2010 report, Overview & Scrutiny requested an annual review of the effects of the strategy on charging. This is the first of these and the results are presented for scrutiny.

Recommendations

That the Committee notes the contents of this first annual monitoring report on Charging and indicate whether the review and its format should be repeated in twelve months time.

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

10. Work Programme

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

Recommendations

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

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

11. 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.

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

Present:

Members of the Committee	Councillor Les Caborn (Chair) " Jose Compton " Richard Dodd " Barry Londgen (replacing Cllr Penny Bould for this meeting) " Kate Rolfe " Dave Shilton " Sid Tooth " Angela Warner " Claire Watson " Chris Williams (replacing Cllr Martyn Ashford for this meeting)
District/Borough Councillors	Sally Bragg (Rugby Borough Council) Michael Kinson OBE (Warwick District Council) George Mattheou (Stratford-on-Avon District Council)
Other County Councillors	Councillor Jerry Roodhouse Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care) Councillor Bob Stevens (Portfolio Holder responsible for Health)
Officers	Wendy Fabbro, Strategic Director of Adult Services Ann Mawdsley, Principal Committee Administrator Janet Purcell, Democratic Services Manager Andy Sharp, Service Manager Rob Wilkes, Service Manager Care Accommodation, Equipment and Compliance Ron Williamson, Head of Communities and Wellbeing/Resources
Also Present:	Glen Burley, South Warwickshire NHS Foundation Trust Simon Crews, Coventry and Warwickshire Partnership Trust Roger Copping, Warwickshire LINks Heather Norgrove, George Eliot Hospital NHS Trust Rachel Pearce, Arden NHS Cluster Susan Smith, Coventry and Warwickshire Partnership Trust

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Martyn Ashford (replaced by Councillor Chris Williams for this meeting), Councillor Penny Bould (replaced by Councillor Barry Longden for this meeting) and Councillor John Haynes (Nuneaton and Bedworth Borough Council).

(2) Members Declarations of Personal and Prejudicial Interests

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

Councillor Barry Longden declared a personal interest in relation to his daughter's employment by the NHS and his son-in-law's employment by West Midlands Ambulance Service NHS Trust.

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

Councillor Jerry Roodhouse declared a personal interest as the Chair of Warwickshire LINk.

Councillor Dave Shilton declared a personal interest as his mother is in residential care.

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

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

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011 were agreed as an accurate record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

None.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Izzi Seccombe

1. Councillor Sid Tooth asked for an update in relation to the Southern Cross homes. Rob Wilkes noted that there had been three nursing homes and one residential home run by Southern Cross in Warwickshire and negotiations were taking place between landlords and potential new care operators. The target for the completion of handover arrangements to the new care operators was 31 October 2011. Wendy Fabbro added that it was in the best interest of all stakeholders to have a smooth transition and the Contract Monitoring Team were doing everything possible to monitor this. Wendy Fabbro undertook to provide a Briefing Note to Members once everything had settled.

Councillor Bob Stevens

1. Councillor Claire Watson asked for a response to her question put forward for Councillor Bob Stevens (in his absence) at the last meeting in relation to the Lucentis treatment for Age-related Macular Degeneration in Rugby. Councillor Watson agreed to e-mail the question to Councillor Stevens, for a response to the full Committee.

2. Councillor Claire Watson asked for an update on the Rugby St Cross Walk-in Centre, particularly whether there were now enough qualified nurses in place. She added that the road signs in Rugby still referred to an A&E Department, even though one of the recommendations made by the Task and Finish Group in October 2010 and subsequently forwarded to NHS Warwickshire, had been for NHS Warwickshire to ensure the road signage around Rugby was changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross, requesting implementation as a matter of urgency. Ann Mawdsley undertook to provide a copy of Task and Finish Group's final report to the Chair for further investigation.

Health Items

4. Rugby Crisis Centre

Susan Smith and Simon Crew presented the report of the Coventry and Warwickshire Partnership Trust giving an update on the current position on the use of Charles Street, Rugby as crisis house accommodation.

During the ensuing discussion the following points were raised:

1. Crisis homes were only used where people were deemed to be in a mental crisis, and with their agreement, were treated for short periods of time until they were recovered enough to return home. In any setting, crisis teams remained with the person until the crisis was resolved or, at the least, any risk had diminished.
2. The property at Charles Street had been bought due to a number of factors at the time, including concern about the robustness of the crisis resolution team, a redesign of the inpatient facilities in Warwickshire and pressure being brought to bear on the PCT to provide an additional crisis house facility. Since then the crisis resolution team had been strengthened to a 24/7 service, and peoples perceptions and expectations had changed, to a preference for being treated in their own homes.
3. There were two crisis homes in Warwickshire, and while it was acknowledged that there was work to be done with each to ensure they were both fit for purpose for the future, they would be openly accessible to all Warwickshire residents.
4. Older Adults Mental Health Services were now provided under a formal Section 75 arrangement for integrated services working together under one management structure, and under these arrangements and the focus on treating people in their own homes was not expected to result in greater demand for social care support.

The Committee agreed:

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.

4. That a further report be brought to the Committee in 12 months including occupancy rates, access and an update on the outcomes of service reforms.

5. Update on Fast , Slow, Stop

Rachel Pearce gave an oral update on the situation following the Fast, Slow, Stop (FSS) programme including the following:

i. 2,500 procedures had been postponed, approximately half of which were orthopaedic procedures.
ii. At the end of the programme, a reassessment of the postponed cases was carried out, all were treated in chronological order with 1,800 having been considered urgent and fast-tracked.
iii. All hospitals were on schedule to complete postponed operations in September, and George Eliot had completed their list by the end of August.
iv. Every effort had been made to avoid disadvantaging patients, and new patients had not been affected.
v. The backlog had been done at tariff price, with no additional cost to the PCT.
vi. The PCT did not yet have a full picture in relation to 18 week breaches.
vii. All patients who had met the criteria for IVF had received treatment.
viii. Work was ongoing with GPs in relation to the local access rate, particularly where other forms of treatment were available and could be used before referral.
ix. The low priority procedure list was still in place and there was no plan to finance any treatments on this list.

Heather Norgrove, George Eliot Hospital NHS Trust stated that 895 patients had been treated at George Eliot (25 patients had chosen to wait for treatment), and while these operations had not incurred additional cost to the PCT, staff at Trusts had had to work every weekend, and Trusts had had a high price to pay for this programme. She added that the staff at George Eliot had all pulled together to get patients treated as soon as possible. The Chair asked Heather Norgrove to pass the thanks of the Committee on to her team and the George Eliot staff for their hard work.

During the ensuing discussion the following points were noted:

1. It was acknowledged that there had been lessons to learn from this exercise, particularly in the area of communication.

2. The PCT had taken the decision to introduce this programme to balance the budget, and without it, the PCT would have faced significant financial problems.
3. From a clinical point of view, the focus of clinical discussions between the PCT and primary care providers, and between primary and secondary care providers, had had strategic implications in going forward and had contributed towards the introduction of an access rate to manage numbers.
4. Issues around timing of actual operations needed to be taken up with the relevant Trusts and Councillor Bob Stevens undertook to take this issue up with the Trusts.
5. In response to a query about the 18 weeks target, it was noted that the 18 weeks started at the time a GP made the decision to refer a patient to a consultant. Heather Norgrove added that all patients affected by the FSS programme were in breach of the 18 week rule, as the postponements were not made for clinical reasons.
6. There was no intention to reintroduce the FSS programme in the future and the PCT were working with clinical groups to manage referrals from GPs.

The Committee noted the update and requested a further update once the numbers for final outcomes had been received for all Hospital Trusts.

6. Warwickshire LINk Annual Report

Nick Gower-Johnson and Councillor Jerry Roodhouse introduced the Warwickshire LINk Annual Report for the year ending 31 March 2011. It was noted that there had been considerable change since then, including:

a. a more focussed work programme
b. a change to the hosting arrangements, which were now shared by Warwickshire CAVA and Age UK
c. improved and better connections with local health and social care networks.

Work was also being done to establish an appropriate model for the local Healthwatch which, in line with the Health and Social Care Act, would have to be established by October 2012. This would fulfil the current LINk functions and provide advice and information for health and social care users and patients, and from 2013 also provide an advocacy role on health issues.

During the discussion that followed the following points were noted:

1. Community Forums were one of many engagement tools, but it was agreed that LINk members should only attend meetings where relevant discussions were expected to take place.

2. It was agreed that every effort should be made to ensure that there was no duplication of work being undertaken by partner organisations.
3. Nick Gower-Johnson undertook to provide a briefing note for Councillor George Mattheou on Warwickshire LINk.
4. Discussions were taking place with Coventry City Council in relation to the new Healthwatch, and consideration was being given to the possible sharing of back office staff.
5. Members agreed that there needed to be more evidence provided to illustrate any impact on outcomes, rather than just processes. Nick Gower-Johnson added that both LINk and Healthwatch would be judged on impact rather than processes, and that LINk's responsibilities would continue until December 2012 to ensure there was no void for service users.

The Committee agreed to receive a further update to their December meeting, including an updated version of the work programme and progress in developing Healthwatch.

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

Rob Wilkes introduced the report providing 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.

During the ensuing discussion the following points were noted:

1. Rob Wilkes had been working with the Heads of Housing in the District/Borough Councils to ensure that extra care housing was identified as part of the housing needs for planning authorities.
2. Members agreed that every effort had to be made to ensure that all residents had good outcomes.
3. There would continue to be a broad spectrum of care needed, and while the aim was to keep people independent in their own homes, there would always be a demand for nursing, dementia and residential care homes. The market currently lacked extra care housing, which once in place would enable most people to avoid residential care.

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 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.

4. In line with the Committee's commitment to monitor developments in the Care and Choice Accommodation Programme and in particular the outcome for residents of residential homes, a further report based on 2.4 of the report was requested.

8. Proposed Changes to Community Meals Service

The Committee considered the report presenting the proposals for conducting a customer consultation relating to charges for the Community Meals service.

During the ensuing discussion the following points were noted:

1. Concern was raised that increasing the price of meals would result in a decrease in demand, which would further impact on the sustainability of the provider.
2. The proposed increase was in line with most other local authorities.
3. Steps had been taken to ensure that there would be no break in services provided to users.
4. Members emphasised the importance of the social contact element of meal providers going into homes.
5. It was suggested that there needed to be more publicity about meals on wheels, to make it more acceptable.

Recommendations

The Committee agreed to:

1. Support the report to be presented to the Cabinet for their consideration in October 2011.

2. 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.

3. recognise the importance for Warwickshire County Council to maintain a meals on wheels service for residents.
4. receive a progress report on developments following the consultation, if agreed by the Cabinet.

9. Staffing Capacity

The Committee considered the report setting out the Adult, Health and Community Services Directorate Staffing Capacity. Wendy Fabbro outlined the impact on services due to staffing cuts, highlighting in particular the difficulties being encountered by the Contract Monitoring team and the Care Managers teams. She noted the importance of ensuring that the Council had sufficient professional capacity to meet demands.

Wendy Fabbro alerted Members to the invitation that had been sent to all Members to meet with her team in the Peoples Group that would be in place from 1 November 2011. At this meeting Members would receive contract sheets and be given an overview of remit of the new Group.

During the ensuing discussion the following points were noted:

1. Councillor Bob Stevens undertook to ensure that all Members were given a full list of names and jobs across the authority.
2. Members recorded their support and thanks to Wendy Fabbro and her team for their commitment under difficult circumstances.

Recommendations

That Adult Social Care and Health O&S Committee commended the achievement in delivering target savings in 2010/2011, and recognised the further work being undertaken to redesign processes to find further efficiencies. A further report was requested to enable the Committee to continue to monitor staff capacity.

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

The Committee considered the report providing an analysis of the Adult, Health and Community Services Directorate's performance for quarter one of 2011/12 and reporting on performance against the key performance indicators as set out in the Directorate Report Card.

Wendy Fabbro noted that the inspection regime of CQC had changed and that the Directorate would be publishing a local account in December. Work was being done to look at the extent to which the Directorate would be able to benchmark performance across the region and the country.

Recommendation

The Adult Social Care & Health Overview & Scrutiny Committee, having considered both the summary and detail of the performance indicators within the Directorate Report Card for the first quarter of 2011/12 (Appendix 1), requested a further report once the new process was in place.

11. Work Programme and Proposed Task and Finish Group

The Work Programme was agreed, including the additional items requested at this meeting.

The Chair reminded Members that the meeting on 7 December would be a full day, with the scheduled meeting in the morning and a workshop in the afternoon on Commissioning. It was agreed that all Members should be invited to the workshop.

The Chair informed the Committee about the Task and Finish Group set up to consider the Paediatric Cardiac Surgery Services Review.

It was agreed that as there were a number of Members who would be away on conference for the 19 October meeting, that an alternative date would be circulated.

Recommendations

The Committee agreed the work programme.

12. Any Urgent Items

None.

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Chair of Committee

The Committee rose at 12:45 p.m.

Item 4

Item 4

Adult Social Care and Health Overview and Scrutiny Committee

October 25th 2011

Proposal for South Warwickshire Community Emergency Response Team (CERT)

South Warwickshire NHS Foundation Trust

1.0 Introduction

The current level of available service in the south of the county is not expected to cope with the predicted demand for service this winter. There are a range of actions are already in place, however further action will need to take place this winter to ensure that patients receive high quality care.

The proposal made seeks to increase community based resources by moving some community bed capacity onto the Warwick Hospital acute site and using the resource released by acute bed closures to increase the capacity of intermediate care in the area. The proposal is based on our experience of the new community service in the north of the county where it has been evidenced that people require less acute beds and achieve better outcomes when they have more support to be discharged home in a timely fashion. Furthermore this proposal is in line with the principles of 'cutting the cost of frailty' that have been agreed by the Arden clinical senate (including adult health and social care leaders).

The proposal is an internal service reconfiguration within SWFT commissioned services with SWFT funding the change programme.

2.0 Key Issues

There are a number of initiatives in place before winter that will be beneficial to managing winter pressures (Stratford 'Cutting the Cost of Frailty' pilot, ambulatory emergency pathways, implementation of NHS pathways through WMAS, reablement roll out across Warwickshire) but given the increase in emergency admissions, increase in length of stay and the summer capacity pressures that have been experienced at SWFT there is real risk that in the current configuration of services and clinical processes that the health economy will not have adequate capacity to manage through winter to provide safe and timely care for patients. This also has a significant impact on staff and the ability of SWFT and the local NHS to maintain national standards on emergency and elective access.

A recent snapshot audit of patients in community hospital facilities showed that over half could be cared for at home but there were insufficient intermediate care resources to facilitate this. The proposal will address these issues and ensure that resources are in the right place at the right time to maximise patient experience and increase their health outcomes.

3.0 Modelling

3.1 Winter pressures modelling

The modelling conducted shows that the likely increase in demand will require additional 9 – 26 beds over last year. Two scenarios were modelled the first demand related to demographic change (9 beds) the second that demand continues at the level seen in the first 4 months of the year at the normal summer/winter ratio (26 beds). This would equate to around 60 nights where patients will need to be cared for in A&E over the winter period. In winter 2010/11 all bed capacity was utilised to keep pace with demand for beds – and this winter pressures modelling has shown that the available beds will not keep pace with demand during winter 2011/12.

3.2 Evidence for solution

The Transformation Board has reviewed evidence from the North Community Emergency Response Team implementation – The change of service model – whilst still a new model and untested by winter pressures is making an impact on demand for acute beds. 20 community beds and 18 acute beds have reduced. This has been possible because an extra 4-5 patients a day are discharged from George Eliot Hospital into the community setting who would previously had stayed in hospital and length of stay for emergency patients has reduced . This has had 3 effects on patient experience; they get home sooner, with more support and recover better. This is evidenced by the reduction in the length of stay in the acute setting with a 40% reduction on stays in excess of 15 days (in GEH) which has reduced the total average by 1.1 days for the whole hospital. The performance in the National Indicator NI125 (remaining in discharge destination 91 days post discharge) has seen a considerable improvement in performance since intermediate care has been used sooner to discharge patients. The figure was static in a range between 75-78 %, for the year preceding this improvement, but a shift change in this average to 86% has been observed in the first quarter that these objectives were set. We are awaiting validation of the next quarter's figure but the not yet validated figure has seen a further rise to 91.8%.

Studies published in the early 2000's in the British Medical Journal compared costs and outcomes in the NHS with Kaiser California. In spite of similar population coverage, Kaiser achieved better outcomes at lower costs. Further studies led by Chris Ham of Birmingham University (now CEO of the King's Fund), showed that these efficiencies were achieved through a combination of optimised long-term

conditions management in adults with COPD, Heart Failure and Diabetes, leading to reduced hospital admissions and early supported discharge for people aged 75 plus. These achievements were possible because Kaiser developed integrated care for these patient groups across hospital and community settings. Other organisations, such as the Veterans Administration, have achieved similar results through integration. Work in Ireland has demonstrated the influence of prolonged hospitalisation of bed occupancy and suggested concentration on patients with long length of stay as a more effective strategy to reducing hospital bed usage. (**BMJ** VOLUME 327 29 NOVEMBER 2003, Ham, York, Sutch, Shaw and Q J Med 2007; 100:561–566 Quinn, Courtney, Fogarty et al)

4.0 Proposal for change

It is therefore proposed that Arden ward moves from the Royal Leamington Spa Rehab Hospital site to the main acute site at Warwick hospital. This is a move of 3 miles. That the current rehabilitative elements of the Arden ward remains as currently specified by NHS Warwickshire. That the community bed base does however reduce from 28 to 18 in line with the audit findings and that the resource this creates is reinvested in home based community services to ensure that patients receive the same opportunity for recuperation and rehabilitation as in the north of the county.

All community hospitals were considered for this proposal: However, Arden was selected due to its geographical location and the higher acuity of the patients and their more frequent requirement to return to the main acute site. It was felt that clinically the patients who go to Arden would further benefit from a reduction in the likelihood of being returned to the acute site and would have an enhanced experience of rehabilitation as a result.

The reinvestment would be in a Community Emergency Response service and to expand the current Virtual Ward to cover all Warwick, Leamington and Kenilworth patients (Stratford locality already has agreement for the cutting the cost of frailty pilot to be in place before winter). The recurrent funding for the service will be from within the current acute and community service contracts – and will require a shift from community beds to community services and the relocation of a smaller number of community beds onto the acute site to enable them to operate more flexibly to meet acute and rehabilitation demand.

It is proposed to recruit to the CERT service and put in place the training and referral pathways over quarter 3 to enable the service to be in place from January 1 2012 – to meet the peak in winter pressures demand – and double run the new service with all beds still available and then implement the full model by April 1 2012.

5.0 Resourcing

SWFT will pump prime the new CERT service for 4 months this Winter so that the new model has time to become embedded in practice before the reduction of acute beds and relocation of community beds occurs. This funding is from non-recurrent reserves.

The ultimate model is self financing from the current acute and community contract and will provide a small contingency reserve if additional services are required.

6.0 Recommendations

The Adult Social Care and Health Overview and Scrutiny Committee are asked to consider whether the proposal represents a significant service change that requires full public consultation.

We feel that public consultation is not required because; the specification for the community beds has not changed, the community beds are relocating a short distance (3 miles) and the community bed capacity is being right sized to the level of demand. The change will enable the released resources to be invested in further community capacity that will right size intermediate care in patients' homes.

7.0 Next Steps

The full implementation plan is being developed to implement the new CERT service response by January 1st 2012 and the governance for implementation and realisation of benefits will be through the SWFT Transformation Programme Board.

Consultation with affected staff will commence following the Adult Social Care and Health Overview and Scrutiny Committee meeting.

Item 5

Agenda No 5

Adult Social Care and Health Overview and Scrutiny Committee – 25th October 2011

Reablement : Data on demand for the service

Recommendations:

The Overview and Scrutiny committee are asked to:

1. Consider and comment on the information presented on demand for the reablement service
2. Recognise the report on the Evaluation of the Home Care Reablement Service (Cabinet 8th September 2011) for context and further information
3. Continue to support the development of Reablement

1. Introduction

This report provides the data and narrative on customer demand and eligibility for reablement, including:

- how many customers accessed the service
- how many customers bypassed reablement
- how many customers who were eligible for reablement did not receive a service upon their hospital discharge.

2. Background

2.1 The Warwickshire Reablement Service was launched in March, 2010, initially in Nuneaton and Bedworth. Via a phased roll-out, it became available countywide since November 2010. The phased roll-out was linked to the changes in the council's long term home support service and the transfer of some customers receiving council provided home support, to the independent sector. The phasing also enabled learning and intelligence from the initial stages to be applied and build into improved practices and processes, as the service established a countywide presence.

2.2 The Reablement Service currently receives around **40** referrals a week and accepts around **30** customers per week, equating to around **162** customers receiving the service at any one time.

2.3 It delivers approximately **1,628** hours of reablement home care support per week.

2.4 42% of customers at any time have higher level needs requiring the input of an Occupational Therapist.

2.5 Current criteria reflect the need to safely utilise the capacity available. The current criteria incorporates countywide access to the Reablement Service to anyone who currently does not receive a home care service, has a substantial or critical FACs eligible need and has a physical impairment. However, as capacity allows, people with existing home care packages are considered in hospital discharge situations, to enable maximum opportunity to facilitate timely discharges and positive outcomes.

2.6 The outcomes from the developing service have been extremely positive. An analysis of the activity between 1.11.2010 to 31.01.2011 indicated that approximately **71%** of service users who have received the service, have left no longer needing ongoing homecare provided by Adult Social Care.

This compares favourably with the national research evidence on reablement services.

2.7 It is important to note that these indicators, which reflect national research practice, only capture the raw data with respect to whether a person does or does not receive an ongoing home support package. It does not capture whether service users were readmitted to hospital, entered residential care, deceased or in receipt of a direct payment. To gain improved quality of management information with respect to these indicators, work is being undertaken both internally and with health colleagues, for example, to access hospital admissions within this period.

1.8 The longer term objective from April 2012, is to have widened the access criteria to provide the Reablement Service to as many eligible people who would benefit as possible. National research evidence has been used to identify a criteria which reflects the cohort of people who will benefit from the Reablement Service, for example, early identification that there is potential for improved outcomes. This development will reduce long term social care need, as well as support the reduction of inappropriate hospital admissions as well as contributing to timely hospital discharge support. This will mean that all eligible people are supported to regain / retain their maximum independence in their own home through the intensive support of reablement home carers and therapy intervention by occupational therapists, usually for a period of up to 6 weeks.

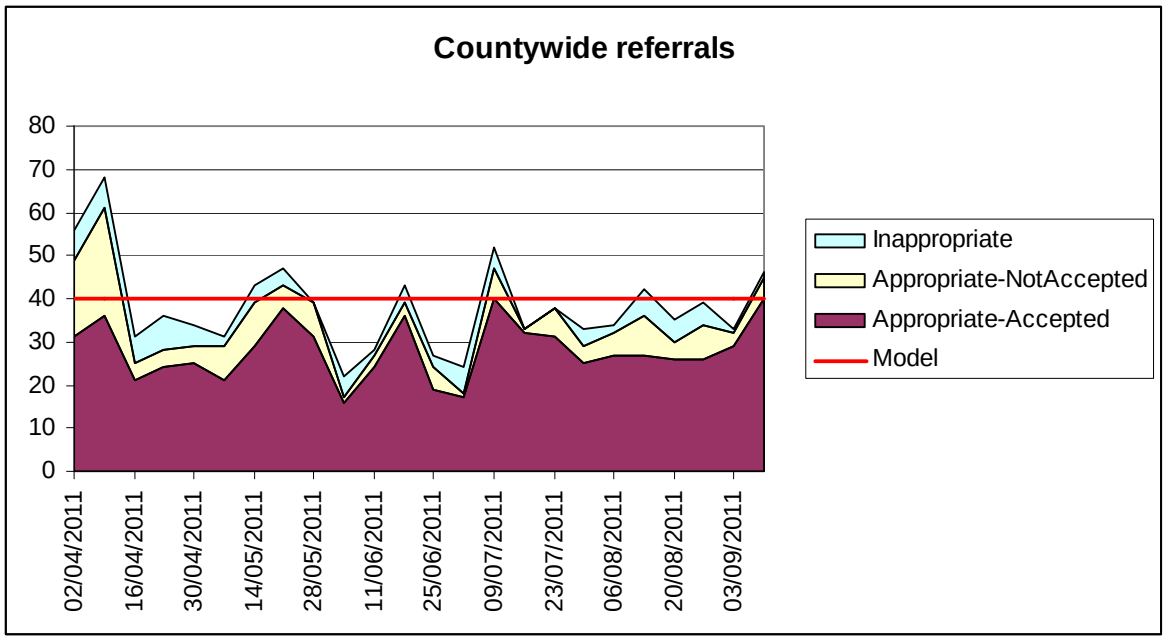
The reduction in long term social care services translates as better outcomes for Warwickshire County Council (WCC) service users, and the realization of cost efficiencies for WCC by reducing the costs of long term social care. Additionally, health partners should experience benefits, in terms of the positive impact on timely hospital discharges and inappropriate hospital admission rates. The development and expansion of the Reablement Service is underway, in order to deliver these objectives.

This report provides information on demand for the reablement service for customers leaving hospital and new customers in the 6 month period April 2011 to September 2011

3. Reablement Referrals

3.1 The modelling for predicted referrals into reablement, indicated that countywide across Warwickshire the service should receive **40** referrals per week

The graph below illustrates the Countywide referrals from 02/04/11 to 03/09/11



The predicted number of referrals (40) has largely been realised on average.

Referrals into the service include those who were inappropriate, for example people who were not medically fit, people who were not FACS eligible for service, people with a diagnosis of dementia and people who were unable to participate in a reablement programme.

Referrals also include service users who were accepted into the service based on the referral information, but following assessment by reablement were not appropriate.

This may be due to declining health, because reablement is not able to meet their assessed needs or that the service user has a cognitive impairment which reduces their ability to participate in a reablement programme.

These people remain in reablement until alternative support is identified and provided.

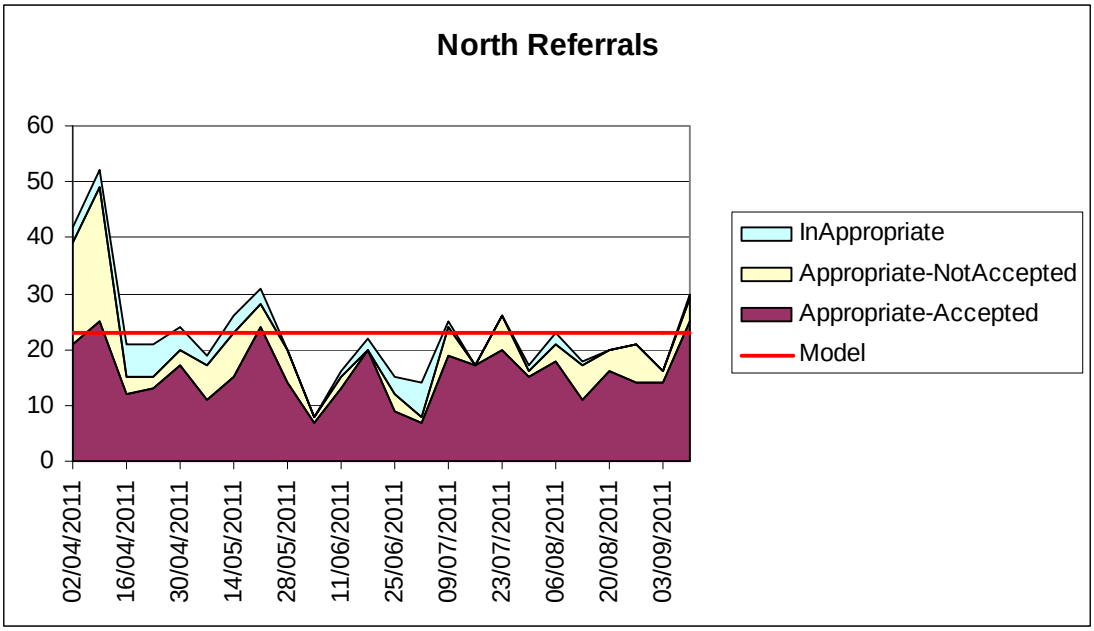
3.2 The table below illustrates in greater detail the Countywide referrals over a 4 week period from 20/08/11 to 10/09/11, which also highlights the fluctuations of referrals on a weekly basis

Week Ending	Appropriate	Appropriate-Accepted	Appropriate-Not Accepted	Inappropriate	Total	Model
20-Aug-11	30	26	4	5	35	40
27-Aug-11	34	26	8	5	39	40
03-Sep-11	32	29	3	1	33	40
10-Sep-11	45	40	5	1	46	40
Average since Apr 2011	34	28	6	4	38	40

3.3 The Countywide referrals are further broken down into North and South localities .

The predicted referrals for the **North** were **23** per week

The graph below illustrates North referrals from 02/04/11 to 03/09/11



The predicted number of 23 referrals per week has been realised.

In May 2011 and July 2011 the North received significantly fewer referrals for a short period of time. This was due to the cumulative affect of ward closures at George Elliot Hospital, when patients were discharged into Intermediate Care and bypassed reablement.

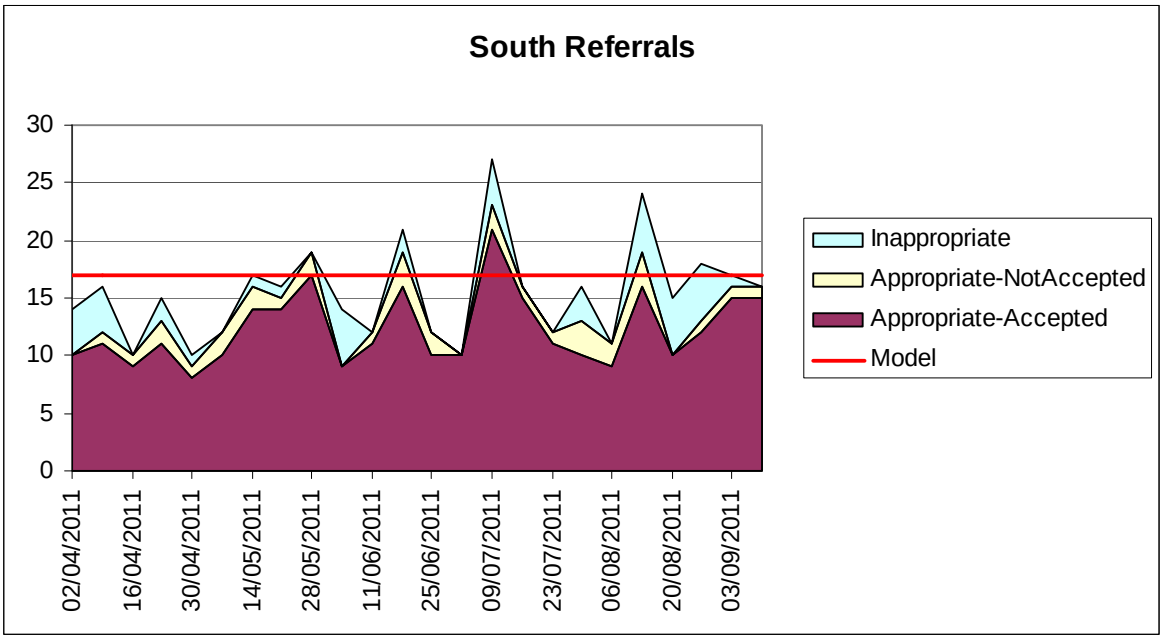
3.4 The table below illustrates in greater detail the North referrals over a 4 week period from 20/08/11 to 10/09/11, which also highlights the fluctuations of referrals on a weekly basis :

Week Ending	Appropriate	Appropriate-Accepted	Appropriate-Not Accepted	Inappropriate	Total	Model
20-Aug-11	20	16	4		20	23
27-Aug-11	21	14	7		21	23
03-Sep-11	16	14	2		16	23
10-Sep-11	29	25	4	1	30	23
Average since Apr 2011	21	16	5	3	23	23

3.5

The predicted referrals for the **South** were **17** per week

The graph below illustrates South referrals from 02/04/11 to 03/09/11



On average, the modelling of 17 referrals per week is just below this prediction.

The table below illustrates in greater detail the South referrals over a 4 week period from 20/08/11 to 10/09/11, which also highlights the fluctuations of referrals on a weekly basis

Week Ending	Appropriate	Appropriate-Accepted	Appropriate-NotAccepted	Inappropriate	Total	Model
20-Aug-11	10	10		5	15	17
27-Aug-11	13	12	1	5	18	17
03-Sep-11	16	15	1	1	17	17
10-Sep-11	16	15	1		16	17
Average since Apr 2011	14	12	2	3	15	17

4. Referrals by Source

4.1 Currently, referrals are received directly into reablement from Community Social Work Teams (OPPD) or Hospital Social Care Teams (HSCT).

The referrals from the HSCT are generated by a referral to them by ward staff, who have identified that a patient will require some element of social care support upon discharge from hospital.

The Customer Contact Centre will receive initial queries from GP's, District Nurses, family members, or the service user themselves, and the contact centre will forward these onto the relevant OPPD team for them to contact the service user for further information and generate a referral to the appropriate service.

North
In the North, between 02/04/11 and 03/09/11 there were **544** referrals into reablement.; of these **377** went on to receive a reablement service .

42% of referrals in the North came from the HSCT
36% of referrals in the North came from OPPD

Total referral numbers and percentages

	Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
Appropriate	0	213	183	83	17	496
Inappropriate	0	17	18	11	2	48
Total	0	230	201	94	19	544

	Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
Appropriate	0%	43%	37%	17%	3%	100%
Inappropriate	0%	35%	38%	23%	4%	100%
Total	0%	42%	37%	17%	3%	100%

The referral source which lead to a Reablement service being provided, (and shown as a percentage)

Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
0	164	136	63	14	377

Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
0%	44%	36%	17%	4%	100%

4.2 **South**
In the South, between 02/04/11 and 03/09/11 there were **373** referrals into reablement; of these **305** received a reablement service .

57% of referrals in the South came from HSCT
40% of referrals in the South came from OPPD

Total referral numbers and percentages

	Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
Appropriate	2	200	121	6	0	329
Inappropriate	0	14	28	2	0	44
Total	2	214	149	8	0	373

	Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
Appropriate	1%	61%	37%	2%	0%	100%
Inappropriate	0%	32%	64%	5%	0%	100%
Total	1%	57%	40%	2%	0%	100%

The referral source which lead to a Reablement service being provided (and shown as a percentage)

Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
2	192	105	6	0	305

Friend/Relative	HSCT	OPPD	Other	PHILLIS	Total
1%	63%	34%	2%	0%	100%

5. Access for new customers

5.1 Previously, our analysis estimated that not more than 35% of new service users in AH&CS had the opportunity to receive reablement in the first instance.

Since March 2011, **570** people started a home care service, who were new service users, of these, **240** received reablement prior to starting their ongoing home care service

Therefore, **42%** of new home care service users received reablement first, which is an improvement on the 35% previously reported

6. Future Developments

6.1 The current eligibility criteria does limit access into the service. From October 2011 through to April 2012 there is a phased implementation countywide of revised eligibility criteria which will essentially enable the reablement service to be offered to as may eligible people as possible.

We predict 79 referrals per week countywide with the revised eligibility criteria.

Through learning throughout implementation, we have identified that typically 80% of people referred into reablement actually go on to receive a service, therefore we should expect to see 63 people per week. This has taken into account a 20% reduction for those service users who are not suitable for reablement

District	2009 Customer base	New OPPD	New HSCT	New Total	Restarts HSCT	Increases OPPD	Total
North Warwickshire	350	4	3	7	3	4	**14**
Nuneaton & Bedworth	737	5	5	10	5	5	**19**
Rugby	444	3	3	7	3	3	**12**
Stratford	617	4	4	7	3	4	**15**
Warwick	680	4	6	10	5	4	**19**
County Total	**2828**	**20**	**20**	**40**	**18**	**20**	**79**

	Table to show that, typically 80% of the above are suitable to receive a Reablement service
District	Referrals leading to Reablement
North Warwickshire	11
Nuneaton & Bedworth	15
Rugby	10
Stratford	12
Warwick	15
County Total	**63**

Area	Number / week
North	36
South	27
Total	**63**

6.2 Joint Developments with Health Partners

Work has already commenced with health colleagues from both primary and secondary care to ensure that a collaborative model of intermediate care, reablement and community services is developed. The expectation is that referrals will come into reablement directly from intermediate care teams, to support timely hospital discharges and ensure a persons assessed needs are met by the service best placed to meet those needs.

Trusted assessments have been developed with health colleagues, and when established will support direct access into the service from hospitals. A suite of reports is being developed which will provide qualitative data on numbers of people referred into reablement directly from wards and from Intermediate Care Teams.

This forms part of the ongoing development of the service, building on the success to date and the positive outcomes for service users and the organisation thus far.

Background Papers

Cabinet 8 September 2011 – Evaluation of the Home Care Reablement Service

Report Author: Joanne Allen

Head(s) of Service: Jenny Wood

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Cllr Mrs Izzi Seccombe

Item 6

Agenda No 6

Adult Social Care and Health Overview and Scrutiny Committee - 19 October 2011

Commissioning for Recovery: Drug and Alcohol Service Modernisation Update

Recommendation

The Committee is recommended to scrutinise plans to implement a new recovery-focused drug and alcohol treatment service for adults in Warwickshire.

NB. This report provides Committee Members with background information to the new drug and alcohol treatment provision. Detailed information will be provided on the day of the Committee in a presentation by the new service providers.

1. Background

1.1 In May 2010 Cabinet authorised the commencement of a tender process for the provision of a recovery-focused, integrated drug and alcohol treatment system for adult residents in Warwickshire.

1.2 In July 2010 the Health Overview and Scrutiny Committee considered a report which outlined the key elements and objectives of the new service. It stated that its principle aim for the future service was one of an integrated, recovery-based treatment model, designed to provide service users with a greater opportunity to recover successfully from their addiction.

1.3 Following appropriate consultation and a robust procurement exercise undertaken jointly with Coventry City Council, the contract for the new service was awarded in July 2011 to Addaction, in consortium with Cranstoun.

1.4 Addaction and Cranstoun are two national substance misuse charities who between them operate over 100 specialist services across the country. Addaction, the lead organisation for the contract, employs around 1,100 staff nationally and in 2009/10 provided treatment for a total of 10,924 heroin and crack users and 13,710 alcohol users across all of its services.

1.5 Both organisations already deliver small elements of the current drug and alcohol treatment service but have teamed up to take on the new integrated service which will start on 1 December 2011.

1.6 In addition to the services they currently operate in Warwickshire, the Addaction and Cranstoun service will replace existing contracts held by the following organisations:

i) Coventry and Warwickshire Partnership Trust (community drug services and inpatient drug and alcohol services)

ii) Swanswell (community alcohol services)

iii) Warwickshire Probation Trust (prison resettlement services)

iv) West Midlands Police (drug and alcohol criminal justice and prison resettlement services – Coventry)

v) Trust the Process Counselling (drug and alcohol daycare services – Coventry)

1.7 The contract across Coventry and Warwickshire is worth £15.3million over two years. It is believed to currently be the largest single contract of its type in the country.

2. Key Drivers

2.1 Over the last 12 months, Warwickshire Drug and Alcohol Action Team has progressed the modernisation of treatment services on a joint basis with Coventry Community Safety Partnership.

2.2 The commissioning of an integrated and recovery-focused treatment service is part of a wider set of partnership actions identified to tackle the harm caused by drugs and alcohol. An update report showing progress against the Alcohol Implementation Plan was presented to the Communities Overview and Scrutiny Committee in June 2011 and a Drugs Implementation Plan is currently being finalised.

2.3 The key drivers for the procurement process were as follows:

i) **To drive improvement in terms of the recovery agenda.** Historically our focus for drug treatment has followed National Treatment Agency guidance relating to increasing the number of drug users in treatment and providing harm reduction services, often including long-term prescribing of substitute medication such as methadone. The National Drug Strategy 2010 instead requires services to focus on recovery which means helping clients to complete their treatment programme, remain free from substance misuse, and engage in training / employment opportunities, sustained housing and improved relationships.

ii) **To ensure value for money.** By commissioning jointly and reducing the number of individual providers – each with their own premises and management overheads – the new provider can operate more efficiently, benefit from economies of scale and more flexible working arrangements.

iii) **To extend the range of treatment options available.** A large integrated contract enables the provider to offer a greater range of services and

recovery-focused treatment options. It will enable improved accessibility and flexibility in service delivery to better meet the needs of clients across both Coventry and Warwickshire.

3. Services from 1 December 2011

3.1 Key elements of the new integrated drug and alcohol treatment service are as follows. The presentation will provide more detail on each of these:

- **Service location:** there will be service bases across the County and a range of outreach locations in areas of highest need.

- **Single point of contact:** the provider will operate a single point of contact for all individual and partner referrals.

- **Assertive outreach:** the provider will proactively seek out those who may need help, targeting specific under-represented and vulnerable groups.

- **Hospital in-reach:** the provider will engage with individuals admitted to Warwickshire's hospitals to offer advice, support and referral to structured treatment where required.

- **Open access:** person-centred advice and information will be available on a face-to-face basis, by telephone or by website.

- **Recovery-focused treatment:** those requiring more intensive help for their drug or alcohol addiction will be offered a range of recovery-focused treatment options including psychosocial interventions e.g. motivational therapy, pharmacological therapies, community and inpatient detoxification and structured day programmes. Key workers will also help service users with their housing, education, training and employment needs.

- **Stimulant services and legal highs:** specific interventions will be available to those using stimulants, such as cocaine and ecstasy. The provider will also respond to and support those using legal highs.

- **Aftercare:** service users will be able to access support from the provider on an ongoing basis to sustain their recovery and prevent relapse.

- **Volunteering:** service users and community members will have the opportunity to volunteer within the service to support people in recovery and 'reintegration' phases.

- **Domestic abuse support:** the provider will work with victims or perpetrators of domestic abuse to help them address their drug and alcohol use.

- **Parents, carers and families:** those affected by another's drug or alcohol use will receive help and support in their own right. This will include therapeutic support and practical advice.

- **Criminal justice support:** the provider will work with the Police and Probation to deliver effective arrest referral and prison in-reach services. They will also deliver the treatment element of drug and alcohol court orders.

- **Training:** the provider will deliver training to a large range of frontline professionals that may come into contact with individuals or families affected by drugs and alcohol. This will include social care staff, pharmacy and GP practice staff, magistrates, police and fire officers.

3.2 Overall, the contract requires Addaction and Cranstoun to provide treatment for 2,500 heroin and crack cocaine users (1,260 in Coventry and 1,240 in Warwickshire) and 2,835 dependant alcohol users (1,335 in Coventry and 1,500 in Warwickshire) per year. This represents 1,000 more clients than currently being treated in Coventry and Warwickshire.

3.3 The outcomes we expect for service users are as follows:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and well-being
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

4. Implementation

4.1 The Drug and Alcohol Action Team have already begun work with Addaction and Cranstoun to prepare for the transfer of existing services and implementation of the new service model from 1 December 2011.

4.2 The key areas of implementation which require careful management are identified below and will be outlined in more detail by Addaction and Cranstoun at the Committee Meeting in September.

4.2.1 **Premises** – Addaction and Cranstoun are currently sourcing appropriate premises for the delivery of the new Coventry and Warwickshire drug and alcohol treatment service. Premises need to suit both clinical and recovery-focused treatment options and should be accessible across the county.

4.2.2 **Inpatient treatment** – Service users requiring an inpatient detoxification will be offered a service to best suit the needs of the individual. This approach will improve access and positive outcomes for service users and with an emphasis on maintaining low waiting times. Woodleigh Beeches in Warwick, an inpatient detoxification unit currently operated by Coventry and Warwickshire Partnership Trust, will become a specialist unit for patients with eating disorders. This change would have occurred regardless of the tender outcome.

4.2.3 **TUPE and staff resources** – Addaction has already made contact with HR departments in the outgoing service providers to arrange the transfer of staff to the new service. A full consultation process will take place and a workforce development programme will be developed to ensure all staff have the skills required to deliver recovery-focused support from 1 December 2011. Addaction has a strong track record in successfully transferring and retaining staff from other organisations.

4.2.4 **Communications and marketing** – A communications plan has been developed which will ensure that service users, carers, staff, partners and the general public are all informed about the new service. We are keen to ensure a seamless transition from the outgoing to the new service providers.

4.2.5 **Service users and carers** – Keeping service users and carers informed and reassured will be crucial over the coming months. Addaction and Cranstoun have already started to build positive relationships with the outgoing service providers and will ensure that continuity of care is maintained throughout the transition period.

4.2.6 **Stakeholder relationships** – Whilst Addaction and Cranstoun are already known to many key stakeholders in Warwickshire, it will be important for them to build on these relationships to maximise the success of the transition and of the ongoing operation of the service. Partnership working with GPs, pharmacists, police and probation will be particularly important in the implementation of the new service.

4.2.7 **Data transfer** – The transfer of service user files and data will be crucial to ensuring continuity of care, including the provision of medication, in the handover period. Addaction and Cranstoun are working with the outgoing service providers to ensure this transfer is managed in a timely and efficient manner.

5. Conclusion

5.1 The new integrated drug and alcohol treatment service represents a significant and positive change from current provision. It will help us to respond more effectively to the National Drug Strategy and increase the number of people receiving help for their drug or alcohol addiction.

5.2 During the months leading up to the contract start date, the commissioners will meet regularly with Cranstoun and Addaction to ensure that the transition is smooth and achieves a minimum level of disruption to both service users and carers and to the wider network of partners.

5.3 The Committee is recommended to comment on and scrutinise plans for implementing the new service.

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Item 9

Agenda No 9

Adult Social Care & Health Overview & Scrutiny 25th October 2011

Fairer Charges & Contributions – The Impact of Changes

Recommendation

That the Committee notes the contents of this first annual monitoring report on Charging and indicate whether the review and its format should be repeated in twelve months time.

1. Introduction

1.1 In October 2010, following a three month consultation, Cabinet approved a series of increases in charges for community care under the Fairer Charging guidelines aimed at eliminating subsidy other than by way of means testing. There were, at the time, concerns about the effect of these changes and Overview & Scrutiny Committee requested a monitoring process so that the success of the policy in achieving its objectives could be measured against the impact on customers.

2. Background to Charging

2.1 Warwickshire had until 2010, maintained a level of charging well below that of most of its neighbours, There had been a review and significant increase in 2007 but since then charges had only risen by RPI + 1% pa.

2.2 Two important factors led to a new approach:

- The need to find ways of achieving savings targets which would not adversely affect service delivery
- The expansion of personal budgets and new Government guidelines "Fairer Contributions" which required a move away from charging for services to one of making a contribution to the budget 'pot'.

2.3 The basic aim of the new strategy developed for approval in October was to eliminate subsidy within a period of fifteen months whilst continuing to protect those without the means to pay.

2.4 There was considerable opposition within the consultation to the changes based on affordability. This was partially addressed within the final decision of Cabinet by extending the original timescales from 6 to 18 months. The rate of increase was, however, high due to the low base that the Council was starting from. The rates of subsidy in charge levels prior to the October decision were as follows:

Table 1: Levels of Subsidy Prior to Changes

	Income Recovery	Subsidy
Home Care	58%	42%
Day Care	12% - 22%	78%-88%
Transport	15%	85%
Respite *	32%	68%
Direct Payments for PAs	91%	9%
Telecare	100%	0%

* *Respite subsidy varied since customers were charged for existing services they would have received had they not been in respite care (e.g. day care, home care)*

These levels of subsidy existed at a time when many of the other neighbouring local authorities were already at full cost for home care or moving towards it, although there was considerable variation elsewhere in other areas such as day care.

One of the principles concerning the move to full cost was that there would then be greater equity within the charging policy as all subsidy would then be provided by way of means testing. This is a principle enshrined in the Fairer Contributions guidance first published by the Department of Health in July 2009 in line with the moves to Personal Budgets. This does, however, mean that during the period of change, there would be even higher rates of increase for some than for others, depending on the services which they were using.

3. Revised Charging Policy

3.1 The key elements agreed by Cabinet in October 2010 were as follows:

(a) Changes to the charging levels for community care services as set out on as set out in Appendix 1 taking all charges up to full cost in four stages between December 2010 and April 2012;

(b) The change in the lower income threshold from Income Support + 40% to Income Support +25% to apply from December 2010;

(c) That the maximum weekly charge (currently set at £387.13) be removed for all new service users from December 2010 and for all existing service users from April 2012;

(d) That the method of charging would change from one based on planned service to actuals.

(e) That all charges would increase by inflation from April each year

3.2 In September 2011, Cabinet approved the outcome of the further review of day care and transport charges with the decisions as shown in Appendix 2.

3.3 The original brief for the Charging Review Board has also been extended to other areas of charging. In May 2011, the Portfolio Holder's decision making session approved the raising of charges in internal residential care homes to the full cost rate of £650/week for new admissions. In September also, a decision was made to introduce full cost charging for carer sitting services with the charges being phased in up to April 2012.

3.4 A Revised Charging Policy was developed in November 2010 in readiness for the introduction of the new charges. This is attached as Appendix 3.

4 Effects on Service Take-Up and on Customers

4.1 At the time of the decision to implement the new Charging Policy, Overview & Scrutiny asked for the effect on levels of service to be monitored. The following statistics have been taken from CareFirst following the introduction of the two stages of increases to date in December 2010 and April 2011:

The actual numbers of customers being charged for services over the last year are therefore as follows:-

Table 1

Total Customer Numbers

Customers	**Oct 2010**	**Feb 2011**	**Sept 2011**
LD	743	788	786
MH	68	80	89
OPPD	4186	4050	3958
Total	**4997**	**4918**	**4833**

Table 2

Cumulative Changes to Take-Up of Services Following 1st Phase increases (Taken in March 2011)

	MH	LD	OPPD	Other	TOTAL
No Ending Service	3	0	18	4	**25**
No Reducing Service	0	1	9	0	**10**
No. Changing service	4	1	16	0	**21**
TOTAL CHANGES	7	2	43	4	**56**

Table 3

Cumulative Changes to Take-Up of Services Following 2nd Phase increases (Taken in September 2011)

	MH	LD	OPPD	Other	TOTAL
No Ending Service	11	1	82	4	**98**
No Reducing Service	1	3	16	1	**21**
No. Changing service	6	2	29	1	**38**
TOTAL CHANGES	18	6	127	6	**157**

It can be assumed that the rate of reduction in service will continue to grow as the remaining two phases of increase are implemented. However it is difficult to separate the respective impact of focusing service or higher needs (FACS) from this reduction.

The statistics are not broken down by income bands and no further monitoring is available within the services. It is assumed that the majority ending service will be self funders who will take up services independent to the Council. Those reducing service are likely to be those with intensive community packages of care who will make do with less. There is a particular effect on numbers taking direct payments following the increase in the PA rate to £10.53 in April.

The original savings plan did not quantify the likely reduction in the take up of services since it was assumed that the financial impact from a reduction in service would be similar to an increase in revenue from that service, since the service is currently subsidised.

4.2 The Service has a clear responsibility to ensure that the assessed needs of its customers continue to be met in line with the Council's resource allocation system. However, with the existing pressure on assessments and reviews, those choosing to reduce their packages as a result of charging will not be prioritised as a matter of course for a review over and above others waiting for this service. However, if there are concerns raised by those providing services or by families then a re-assessment would be provided to keep a person safe.

The element in the Table described as "changes to services" indicates where customers are seeking less costly alternatives. These may be in the form of direct payments where practicable, moves to day care or perhaps greater use of telecare. However, the numbers changing to day care may well reduce now due to the outcome of the further reviews approved by Cabinet in September and possibly also by the changes to the services relating to personalisation. The move to direct payments will be a major element of strategic direction in the next two years.

4.3 The other important barometer of the effect of the Fairer Charging policy changes is the degree of Representations against Policy. The numbers involved have been fairly low in comparison to the previous major review from January 2007 which implemented significant increases with immediate effect and minimal notice.

Fewer than 25 representations have been recorded and dealt with since December 2010, compared to over 100 for the 2007 changes. A major factor in the previous review was Charging on Planned Service and the removal of the 15 minute appointment time for home care. The move to actuals has negated the former and home care appointment times have not featured as an issue this time.

5. The Move to Actuals

5.1 Charging by actuals was an important change which was necessary to introduce alongside the move up to full cost. However, its introduction without the required changes in ICT systems has caused a considerable additional burden on staff and the process which they operate.

Care packages on the CareFirst systems only reflect planned care and there is therefore a need to obtain accurate information through invoices from providers. Under current contracting arrangement, this has been difficult to achieve. In addition, there are no electronic means of automatically feeding changes into the Abacus systems used for charging. Staffing resources have therefore been supplemented at a cost of approximately £29k from November 2010 to July 2011 (but ongoing) in order to maintain performance on processing actuals. Short-term ICT solutions are now available for implementation at a further cost of £14k and a Financial Systems review is about to commence which will enable a fully integrated solution to be developed.

Manually intensive processes and systems have created a high opportunity for error & inconsistent/ ad hoc application of the charging policy by interpreting charge exceptions. 1,427 customers received an incorrect invoice between Jan - March 2011 and over 2000 manual corrections were required to rectify this.

6. Monitoring of Financial Savings

6.1 The Table below shows the latest forecast savings plan from Charging compared to that at the time of the October 2010 cabinet decision.

Table 4

Latest Savings Plan Projections

	2011/12	2012/13	2013/14
Target	2,344	3,240	3,250
Forecast	2,269	3,150	3,150
Variance	(75)	(90)	(100)

The small deficit on the savings plan shown above is based on the following:

- Actual reductions through reduction of service take-up not compensated for in these figures by savings on service costs (as per the assumptions in the original savings plan – see last paragraph in Section 4.1);
- No allowance made for income from full cost charging in residential homes as no customers have been admitted to date at full cost.
- The customer databases will be further reviewed as part of the work to implement Cabinet decisions from September 2011. This may result in some further increase in projections particularly in the areas of transport and replacement carers.

6.2 Appendix 4 demonstrates how the staged changes have affected the monthly invoiced amounts over the period to date.

7. Further Developments

7.1 Members will be aware that the domiciliary care tender has been received and is currently being evaluated. The new full costs resulting from the new contracts will have an effect on the average hourly rates to be charged for both home care and carers sitting services from their introduction.

7.2 The continuing expansion of the numbers of customers with personal budgets means that the move to replace charges with contributions is now the main priority. This change will further improve the equity under which customers will pay for their care. All will contribute according to their means while through the RAS, budgets will reflect the actual costs of care. This will enable, therefore, a move away from the use of averages across services to calculate full costs.

Background Papers

Cabinet 14th June 2010 item 3 – Fairer Charges & Contributions Cabinet 14th October 2011 item 2 - Fairer Charges & Contributions Cabinet 8th September 2011 item 2 – Charging for Community Care

Report Author:	Ron Williamson (Head of Communities & Wellbeing)
Head of Service:	n/a
Strategic Director(s):	Wendy Fabbro
Portfolio Holder(s):	Cllr Mrs Izzi Seccombe

Appendix 1

Levels of Charges for Community Care

(October 2010 to April 2012)

	Prior to Revision	Dec 2010	April 2011 *	Oct 2011 *	April 2012 **
Home Care/Hr	£9.66	£11.36	£13.36 *	£15.10	£16.84
Day Care/day	£5.55	£10.43	£15.69	Subject to review	
Respite/ Day	£4.13	£51.80	£51.80	£51.80	£51.80
Direct Payments/Hr	£9.66	£10.00	£10.78	£10.78	£10.78
Telecare/wk	£4.76	£4.76	£4.76	£4.76	£4.76
Transport/ Journey	£1.33	£3.25	£5.29	Subject to review	
Other Chargeable Services	58.7%	75%	100%	100%	100%

***** As approved in October 2010 plus 2.4% inflation from April 2011

****** As above but will be amended further by inflation from April 2012

Appendix 2

Further reviews of Charging from Cabinet Approvals in September 2011

Day Care

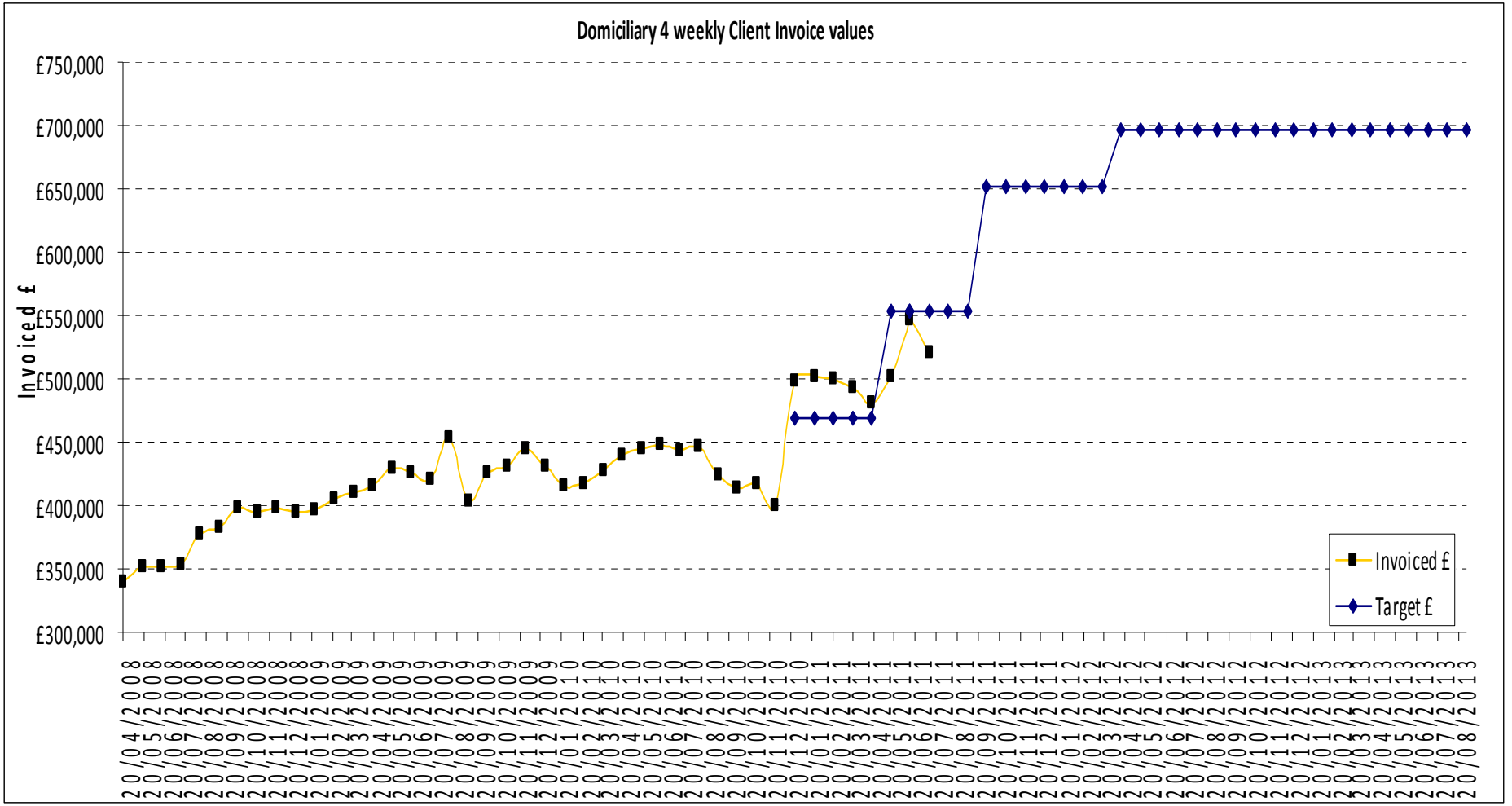
£ Per Day	April 2011	December 2011	April 2012
Day Services – OP / OPMH	£15.69	£22.60	£25.21
Day Services – PD	£15.69	£36.12	£40.28
Day Services – LD	£15.69	£41.91	£46.74

Transport

Journey length	April 2011	April 2012
Up to 5 miles	£5.29	£5.17
5 to 10 miles	£5.29	£8.63
10 & over (avg. 12.5)	£5.29	£12.23

Replacement Carer

£ Per Day	April 2011	December 2011	April 2012
Replacement Carer Services/ Sitting Services	Free	50% of full cost	100% of full cost
Carers' Personal Budgets/Direct payments	Free	Free	Free



Warwickshire County Council

Warwickshire County Council

Adult, Health & Community Services Directorate

Policy on Fairer Charging for Community Care Services (non-residential services)

Warwickshire County Council

Working for Warwickshire

1. Introduction summary

This policy outlines our aims and principles on how we ensure a fair approach to contributions made by individuals to their social care services. It covers:

- background to charging;
- aims and principles;
- who we charge for our services;
- the services we charge for;
- how we calculate the contribution;
- how we decide if an individual cannot afford to pay a contribution;
- what to do if an individual's financial circumstances change;
- when to start paying contributions;
- what happens if an individual fails to make their contributions; and
- what to do if an individual has a dispute and would like to make a complaint.

2 Background to charging

Warwickshire County Council is entitled to charge a contribution for non-residential services provided to adults under Section 17 of the Health and Social Services and Social Security Adjudication Act (1983), hereafter referred to as "the Act". Under Section 17 (3) of this Act, individuals can request a review of their assessed contribution at any stage.

In November 2001, the Department of Health issued statutory guidance to Local Authorities on contributions for non-residential Social Services entitled:

"Fairer Charging Policy for Home Care and other non-residential Social Services - Guidance for Councils with Social Services Responsibilities".

This guidance required all Social Services' Departments implement a Fairer Charging Policy. To supplement the Fairer Charging Guidance, the Department of Health issued the Fairer Contributions Guidance in July 2009. This policy reflects the requirements of the latest guidance.

3 What guidance and policies are used

- Fairer Charging Guidance;
- Fairer Contributions Guidance;
- Charging Residential Accommodation Guidelines (CRAG); and
- Warwickshire County Council Direct Payments guidance.

4. Our aims and principles

The main principle to be applied in this Policy is that charges will be based on the full cost of the service and that individuals will pay 100% of this charge where they can afford to do so.

We adopt the following principles to ensure a fair approach to individual contributions.

- Contributions will be calculated through an individual financial assessment and based on service subject to individual agreement and provision of information.
- Individual financial assessments will ensure that individuals contribute based on their ability to pay calculated using national guidelines and our Council policy.
- The financial assessment will ensure that all individuals will retain at least their basic Income Support or Pension Credit Guarantee level plus an additional 25% as a minimum level of income to be retained. No contribution for services within the financial assessment process will apply where income is equal to, or lower than, this level.
- Individuals can receive a benefits check as part of their financial assessment to maximise their full benefit entitlement.
- Services users have the right to decline a full financial assessment and may instead choose to contribute the maximum level for their service.
- Any contribution raised will not exceed the cost of providing a service.
- Where contributions are not made debt recovery may be pursued for all outstanding contributions.
- A waiver process is in place for contributions in exceptional cases as defined by our waiver policy.

5. Who we charge

This policy applies to all adults provided with non-residential services where Warwickshire County Council is entitled to charge a contribution under Section 17 of the Health and Social Services and Social Security Adjudication Act (1983) with the following exceptions:

- Individuals with Creuzfeldt Jacob Disease (CJD) in accordance with Fairer Charging Guidance 2003 XI s.75.
- Individuals with services provided under s.117 of the Mental Health Act (1983).
- Individuals in receipt of funding from the Independent Living Fund (ILF).

6. What services we charge for

A contribution will be made for the following services:

Home Care

The charge will be based on the agreed level of service with the provider based on 30-minute blocks. Individuals who fail to provide **24-hours** notice to cancel or change their care arrangements, will be charged in accordance with planned/proposed service activity.

Day Care

The charge will be based on attendance per day.

Transport

The charge will be based on a standard rate per journey. A journey can be defined as "getting from one place to another".

Telecare

The charge will be based on the actual cost of the weekly "Telecare" monitoring service.

Direct Payments

For Direct Payments used to employ Personal Assistants (PAs) the charge will be based on the total cost of paying and employing PAs.

Other Chargeable Services

Other chargeable services apply when a person receives a service that does not ordinarily fall into the chargeable services defined above i.e. home care, day care, transport, telecare and personal assistants. The charge will be based on the people/providers that support the customer.

Exemptions from Contributions

The following services are exempt from contributions:

- Community equipment and minor adaptations in accordance with the Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003 and LAC (2003)14.

- Day Care service where it forms part of an individual's residential care contract as defined within the Charging Residential Accommodation Guidelines (CRAG) s1.032.

- Other services offered by the authority agreed to be exempt from Charging. If this applies, details can be found in the relevant service policy.

All current charging rates are contained within our leaflet "Charges for Community Services" which is available on Warwickshire's website or by telephoning 01926 410410.

7. Calculating the contribution

Capital

The value and treatment of capital and assets will be based on the definitions within CRAG, National Assistance (Assessment of Resources) Regulations (1992) and Fairer Charging Guidance. Where guidance or the Act refers specifically to residential accommodation the term residential may be replaced by the term non-residential services for the purpose of this policy.

Where an individual's capital (excluding the value of their main home) exceeds the upper capital limit specified within Charging for Residential Accommodation Guide (CRAG), they will be required to pay the maximum contribution towards the service.

Income

The value and treatment of income will be based on the definitions within CRAG, National Assistance (Assessment of Resources) Regulations (1992) and Fairer Charging Guidance. Where guidance or the Act refers specifically to residential accommodation the term residential may be replaced by the term non-residential services for the purpose of this policy.

All individuals will be offered the opportunity to have a full financial assessment to calculate their contribution. It is the individual's responsibility to provide information to complete this and failure to satisfy the Council will result in the maximum contribution being applied.

The financial assessment will ensure that individuals:

- retain a basic level of income equivalent to the Income Support or Pension Credit Guarantee level plus an additional 25%, which is disregarded within the assessment calculations;

- retain income to meet basic housing costs and agreed disability related expenditure.

The basic principle of the financial assessment calculation is:

Individual Income	**LESS**	Income Support or Pension Credit +25% allowance Housing Costs & Expenses Disability Related Expenditure	=	**Net Available Income for Contribution**

This net available income for contribution being the maximum level an individual may be asked to contribute.

The actual contribution will be the lower of either the individual's available income or the maximum contribution level for the service.

The minimum weekly contribution level will be £1.00 per week. There is currently a maximum contribution rate of £397.18 pw for individuals in receipt of services on 6th December 2010. This will continue unchanged until 4th April 2012 after which point, there will no longer be a maximum amount for weekly contributions. For all new individuals after 6th December 2010, there will be no maximum weekly contribution.

Individuals assessed with no available income for contributions will not have to contribute towards the service.

Deprivation

We will consider questions of deprivation of capital if:

- the individual ceases to possess capital assets which would otherwise have been taken into account for the purpose of assessing their contribution towards their care services;
- the individual deprives themselves of capital assets which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the individual.

Where deprivation is decided we may treat the individual as still possessing the capital asset.

Household costs/bills

Some expenditure may be allowed based on the individual's circumstances. This will be determined through discussion with the individual and include consideration of average levels for household types.

Evidence of expenditure may be requested in certain circumstances to verify requests e.g. exceptionally high values, unusual type of expense. Failure to supply evidence following a written request will result in those expenses being excluded from the calculations.

Disability Related Expenditure (DRE)

Disability Related Expenditure is considered as a reasonable additional expense the individual incurs due to a disability or condition.

Appendix A provides further details of DRE allowances and exclusions, where an item is not reflected within the appendix it will be determined by the decision maker within Warwickshire County Council.

Joint/shared costs

If more than one person lives in the individual's home, costs may be shared between occupants when calculating the financial assessment. This will be determined by the decision maker within Warwickshire County Council.

Couples

When assessing one member of a couple, we will assess a charge based on income and capital either:

- jointly assessed as a couple incorporating both parties income and capital;

or

- a single person based on the individual's income and capital.

The method chosen from these will be the method that provides the 'most beneficial outcome' e.g. the lowest contribution.

However, a spouse or partner is not obliged to disclose their information under this policy and may decline a joint assessment.

8. Changes in an individual's financial circumstances

A change in a contribution may be triggered either by a change in type or level of service or the financial circumstances of the individual.

Individuals must notify changes to their financial circumstances as these can affect their financial assessment. Changes to contributions may be backdated to the actual date of change subject to the backdating guidance in appendix B.

We reserve the right to review all financial assessments at any point relating to current or historical services provided. This may require individuals to provide new or additional information and evidence where necessary.

Where individuals fail to provide information following written requests, contributions will be recalculated to the maximum level from the date of the first written request. These recalculations may be backdated to earlier dates dependent upon information available and the backdating policy.

In addition an individual may request a review of a financial assessment due to revised information or an error at any time.

Where appropriate we may automatically reassess contributions based on changes that we become aware of through policy changes, Department of Works and Pensions or regulation changes. For example annual increases to standard benefit payments, State Retirement Pension or service cost increases.

Details of automated reassessments will be provided in writing and it is the responsibility of the individual to check the figures and contact us if any details are inaccurate.

9. Contribution start date

Contributions start from the day that service commences.

Where a full financial assessment is outstanding, the contribution may be the maximum contribution until completion of the financial assessment. Any subsequent adjustment in contribution will be backdated to the service start date subject to the backdating guidance.

For our Home Care, Day Care, Transport and Telecare Services individuals will be invoiced for contributions four weekly in arrears and payment can be made by a variety of methods. For more information on methods of payment, please contact Money Management & Income Control on 01926 413012.

Direct payments are made weekly or four weekly to bank accounts net of the individual's contribution. Individuals will pay their contribution into that account on the same basis in accordance with their Direct Payment Agreement.

10. Non-payment of contribution

Where an individual fails to make payment of invoices or contribute in accordance with the Direct Payment Agreement action will be taken in accordance with our Debt Recovery Policy and/or Direct Payment Policy. This may result in legal action being taken and extra cost to the individual.

11. Advice on benefits

As part of the financial assessment process and where applicable, advice will be provided to individuals regarding benefit entitlement. This may include assistance to complete applications or signposting to relevant agencies and services.

12. Disagreements or complaints

Where these situations occur we will attempt to work with individuals to resolve these and this may involve either:

- a review of the financial assessment (appendix C) and/or service;
- a complaint or representation against policy; and
- an application for a waiver of the contribution (appendix D).

13. How personal information may be used

We work with partners to provide public services. To do this, we may need to share information. We will do this in a way that protects an individual's privacy in accordance with Warwickshire Full Privacy Notice.

We are under a duty to protect public funds and may use any of the information provided for the prevention and detection of fraud. We may also share information with other bodies that are responsible for auditing or administering public funds.

Individuals have the right to know what information we hold about them and we try to make sure it is correct.

GLOSSARY OF TERMS (in alphabetical order) **June 2010**

Direct payments are made to eligible customers who choose to make their own care arrangements, rather than receiving services provided by Warwickshire County Council (WCC).

Fairer Charging (for Community Care) refers to Government guidelines on how local authorities charge for non-residential care services. Warwickshire County Council, like other local authorities, operates a Fairer Charging policy.

Fairer Contributions an extension of the **Fairer Charging** guidelines to cover the introduction of **individual or personal budgets** for non-residential care customers.

Individual or personal budget is the monetary value of care and support services a customer is assessed as being entitled to receive, either as a **direct payment** or **virtual budget**.

Reablement is a new service introduced in March 2010 helping new home care customers to regain the skills and confidence they need to continue living independently at home. Currently free of charge for up to six weeks.

Respite services are provided to give partners or family carers a break or holiday, and are chargeable.

Telecare equipment is to help keep people safer in their own homes, using sensors such as fall detectors and personal pendants linked to a monitoring and response centre.

Abbreviations

CRAG	Charging for Residential Care Guidance
DOH	Department of Health
WCC	Warwickshire County Council
PA	Personal Assistant
ILF	Independent Living Fund
CJD	Creuzfeldt Jacob Disease
DRE	Disability Related Expenditure

Date of policy implementation:	**6th December 2010**
Policy Owner:	Ron Williamson, Head of Communities & Wellbeing/Resources

Warwickshire County Council

Benefits Advice & Income Control

RULES FOR THE ASSESSMENT OF DISABILITY RELATED EXPENDITURE 2010 / 11 (With effect from April 2010)

There are four over-riding principles that govern the assessment of Disability Related Expenditure (DRE) as agreed by the "Fairer Charging" Working Party on 30 September 2002. This was reviewed in March 2007 and it was agreed that no changes were required.

1. Where there is another adult residing in the home that would ordinarily have an **equal responsibility** for the maintenance and upkeep of the property, the Council would expect them to assume an equal proportion of the costs incurred.

2. If a **relative** is **residing** with the individual, then the Council would not normally accept payments to that relative as DRE.

3. **Validation and verification** of claimed expenditure will only be sought where the amount of DRE being claimed exceeds the discretionary amounts specified within these rules.

4. Principles of **Reasonableness** are to be applied and consideration given to whether claimed expenditure is likely to be necessitated by the person's disability, taking account of the care plan as prescribed in "Fair Access to Care Services". Some discretion is needed as care plans may not always record specialty items required by the individual, nor take account of items purchased prior to assessment or to meet needs that have arisen since the care assessment. In all cases assessments of DRE should be made taking account of the individual's views and requesting where necessary that future receipts be kept for later verification or re-assessment. Should there be any doubt as to the appropriateness of any item claimed as DRE, reference should be made to the relevant Social Worker for clarification.

These over-riding principles seek to achieve a balance between the requirements of the Fairer Charging Guidance and a minimisation of the "intrusiveness" of the assessment. They are designed to limit "Verification" requirements whilst allowing flexibility for individual circumstances where extraordinary costs are being incurred.

The following paragraphs list items as identified for inclusion and consideration. The list is neither exclusive or exhaustive but represents what are the most regularly cited items as indicated by the DoH Guidance "Fairer Charging", the Disablement Income Group and the National Association of Financial Assessment Officers "Good Practice Guide".

1. FUEL

Additional fuel costs are calculated by comparing the individual's actual costs over a 12 month period with the **average** costs for a similar household. West Midlands average costs exceed national average by 7% therefore we take the national average plus 7% to determine the **average** cost. The actual costs are then compared to the **average** and the difference (calculated to a weekly amount) is taken into account as DRE. West Midlands **averages (**including the additional 7%) for the Financial Year 2006/07are shown below:

Accommodation Type	1 Occupant	2 Occupants	Each additional Occupant (Not to include Children)
Flat/Terraced House	£1067.00	£1405.00	£338.00
Semi Detached House	£1132.00	£1492.00	£360.00
Detached House	£1377.00	£1815.00	£438.00

2. COMMUNITY ALARM SCHEME

The actual cost of a Community Alarm is taken into account as DRE as evidenced either by bills or verification with the service provider. It should be noted that the cost will differ throughout the County dependant on the area and service provider.

3. PRIVAT E CARE

The actual cost of private care where it is provided "Professionally" can be taken into account where evidence is produced in the form of invoices or receipts and the individual's Care Plan indicates that it is "reasonably required".

4. PRIVATE DOMESTIC HELP

The actual cost of private domestic help is to be allowed where the care plan identifies it is reasonably required and, appropriate invoices or signed receipts are available.

Where informal domestic help is claimed, a maximum of 2 hours per week at £6.13 per hour can be calculated as DRE without verification. That is a total maximum of £12.26 each week.

Where ironing is claimed in addition to domestic help receipts must be seen supported by a short report.

Where an individual's partner is caring full time for the individual the full amount can be allowed for domestic help and "Partner Caring" written on the DRE form under comments. However, where the partner is able to assist with domestic work the amount claimed is to be halved.

5. LAUNDRY

A fixed price of 99 pence per load is allowable for each load in excess of 2 each week for an individual and in excess of 4 loads each week for a couple. 2 loads each week is considered as the normal wash load for an individual and 4 as the normal wash load for a couple.

Where there is no access to a washing machine at home the full launderette price can be allowed minus the price that is considered as the normal wash load. That is £1.98 for an individual and £3.96 for a couple

6. BEDDING

Where bedding requires to be replaced on a regular basis due to spillages or incontinence etc and no provision is made to the individual for this through the NHS, the full reasonable cost of replacement can be attributed to DRE.

7. DIET

This is discretionary and may be based on medical confirmation of special dietary needs and/or actual or estimated weekly expenditure where those needs are likely to improve or maintain the individual's health. For example fortification drinks not available on prescription or extensive nutritional aids such as Benecol. In cases where dietary requirements are claimed for conditions such as Coeliac Disease estimation should be taken (from shopping receipts) as to the weekly cost of the individual's diet. The excess expenditure attributable to the individual can be calculated by deducting £25.57 for an individual from the individual's estimated weekly bill and the difference allowed as DRE.

8. CLOTHING

Any special clothing or footwear, particularly where these are specially made, or due to exceptional wear and tear caused by a person's disability can be allowed. Discretion should be used and reasonableness applied to cases where mental health problems and learning disabilities may cause tearing of clothing, staining or exceptional wear due to individuals' particular circumstances. Care should be taken to distinguish clearly between need based on disability as indicated in the care plan and "choice" where, for example, an individual may opt for "designer" rather than practical/functional items.

9. WATER

Additional metered costs of water, above the average levels for the area and housing type can be attributed to DRE where water consumption results in higher costs due to the individual's disability. The following table shows the average levels for the area and housing type including the overall average increase from April 07 of 5.7% as published by Severn Trent Water.

No. of Occupants	Flat/Terraced	Semi-Detached	Detached
1	£188.85	£219.25	£240.65
2	£282.43	£307.50	£332.58
3	£355.96	£381.03	£413.01
4	£424.92	£442.85	£467.92

10. GARDENING

£6.13 per week can be allowed for basic maintenance without verification. Exceptional costs such as tree loping and removal, hedge trimming etc are subject to verification by way of invoice/receipts. Discretion and reasonableness should also be applied in exceptional circumstances, for instance where a individual has a larger than average garden.

11. WHEELCHAIRS

Where an individual has had to purchase their own wheelchair we can allow the replacement cost, maintenance and service contract costs up to a weekly maximum of £3.24 each week (manual) and £7.89 each week (powered). This allowance should be calculated on a five year life expectancy and not have been purchased using the Motability facility.

12. POWERED BED

The actual cost of a powered bed not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £3.63 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

13. TURNING BED

The actual cost of a turning bed not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £6.29 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

14. POWERED RISER/RECLINER CHAIR

The actual cost of the item if not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £5.06 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE. Discretion and reasonableness may be required where an individual has had to obtain a customised chair to meet their particular needs.

If a manual reclining chair has been purchased life expectancy should be treated as 5 years.

NOTE: Where second hand equipment has been purchased DRE should be calculated over the remaining life expectancy of the equipment, EG if a 2 year old wheelchair has been bought for £200.00, this figure should be calculated over 3 years = 200 divided by 156 = £1.28 per week.

15. STAIR-LIFT

The actual cost can be allowed up to a maximum of £5.06 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

16. HOIST

The actual cost can be allowed up to a maximum of £2.50 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

17. HOLIDAYS

Additional costs in excess of normal costs for a similar holiday can be allowed usually based on 1 holiday per year. Discretion may be required where therapeutic aspects are involved resulting in more than 1 holiday per year and/or where the costs of carers/companions are a requirement.

18. PRESCRIPTIONS

Where the individual does not have an exemption from prescription charges the annual prescription fee can be allowed as DRE divided by 52 to give a weekly figure. 09/10 annual fee provided by NHS is £104.00 therefore maximum weekly amount allowed = £2.00

19. TRANSPORT

Transport costs are discretionary dependant on the individual's needs and whether the Mobility component of DLA is in payment. Where the individual is incurring exceptional costs, as an example, due to a requirement for regular hospital outpatient visits and/or treatments, the costs above the level of DLA Mobility payments can be considered. Transport provided by Warwickshire County Council (for example to attend day care) is **not** to be included however exceptional costs for other social and recreational costs may be given consideration.

NOTE: Where second hand equipment has been purchased DRE should be calculated over the remaining life expectancy of the equipment, EG if a 2 year old wheelchair has been bought for £200.00, this figure should be calculated over 3 years = 200 divided by 156 = £1.28 per week.

20. COMMUNICATIONS

Equipment for the enablement of communication is discretionary based on the individual's disability and established need. For example, large buttoned telephones, "Possum" specialist equipment, voice activated equipment and/or similar. Receipts/invoices should be seen as verification for all specialist equipment and the cost calculated over its life expectancy. Care should be taken to ensure that such equipment has not been provided or funded by NHS, Disabled Facilities Grant or charitable organisations.

21. CHIROPODY

The cost of services provided by a Chiropodist can be allowed up to a maximum of £23.90 per 6 weekly visits (£3.98 per week) where the NHS does not provide this.

22. DISABILITY EQUIPMENT

Items such as Zimmer frames, walkers, trolleys, specialised equipment, infra red systems etc that have not been provided by the NHS or Social Services Department can be allowed with the cost averaged over a 52 week period to provide an aggregated weekly amount of DRE. This includes surgical and support wear.

23. OTHER ITEMS

Discretion should be used at all times where the individual requires additional items of creams, lotions, non prescription items, homeopathic items etc particularly where skin conditions, incontinence and/or ulcerations are prevalent and the individual may wish to be taken into consideration.

Warwickshire County Council

Benefits Advice & Income Control

Non-Residential Care Services – Contributions Procedure

Revision of Contributions following refusal of visit or provision of financial details

In some instances an initial visit may be refused or information not supplied by the individual. The result of this is that the individual will be required to contribute the maximum amount for the service in line with the contributions policy.

Effective Date of assessment

Where the revised information is provided that will result in a reduction in the contribution the following procedure must be considered where backdating is required.

For the purposes of this procedure in all paragraphs the word individual should be taken as also referring to any representative acting or assisting in some capacity on their behalf.

Backdating a Contribution Reduction

The general rule

Any new information affects the contribution from the Monday after the date on which it occurs (unless this is a Monday).

Changes that result in a reduction of contributions may be backdated for a period up to 1 month from the date the authority is notified provided appropriate evidence is supplied.

Warwickshire County Council

Non-Residential Care Services – Contributions Procedure

Revision of Contributions following notification of a Change of Circumstance/Receipt of Information

Effective Date of assessment

The effective date of a reassessment where Non-Residential contributions are to be increased will be the actual date of the change (effective on Abacus from the following Monday, unless the change is a Monday).

However where the change will result in a reduction in the contribution the following procedure must be considered where backdating is required.

For the purposes of this procedure in all paragraphs the word individual should be taken as also referring to any representative acting or assisting in some capacity on their behalf.

Backdating a Contribution Reduction

The general rule

Any change in circumstance affects the contribution from the Monday after the date on which it occurs (unless this is a Monday).

Changes that result in a reduction of contributions may be backdated for a period up to 1 month from the date the authority is notified provided appropriate evidence is supplied.

Advantageous changes reported late

The policy set out above still applies and the change may have to be treated as if it occurred on a later date than it actually did.

Individuals must report advantageous changes in their circumstances to the council **within one calendar month** of the date on which the change occurs. Where the individual is notified of a change after the date it occurred then the one month period to notify the council commences from the date they were first notified.

An advantageous change is one that results in a reduction of contributions. Advantageous changes include increases in Disability Related Expenditure (DRE) and decreases in income or capital.

Advantageous changes reported within one calendar month

The normal effective date rules apply.

Advantageous changes reported outside one calendar month

The change is treated as occurring on the date on which the council is notified of it. This date is then subject to the normal effective date rules.

Example

- The individual's capital reduces on 20/02/2010. They notify the council on 15/03/2010 and so the change is backdated to 20/02/2010.

Example

- Income decrease effective from 11/04/2010.
- The council receives notification of the increase on 05/06/2010. This is outside the one calendar month time limit, which expired on 11/05/2010.
- The income decrease is treated as if it had happened on 05/06/2010 (the date the council were notified of it). The normal effective date rules are then applied.

Example

- Benefit decrease effective from 11/04/2010.
- The individual receives notification from the Department of Works & Pensions (DWP) of the change on 11/05/2010 and notifies the council on 05/06/2010. This is outside the one calendar month time limit from the change date (11/04/2010), but within the one calender month time limit from the date the individual received notification (11/05/2010).
- The benefit decrease is treated as if it had happened on 11/04/2010 as the individual notified the council within one month of their notification.

Extending the calendar month time limit

The individual must always be notified of the date on which the change of circumstance affects their contribution. They should be advised why a date later than the actual date of change has been used. Individuals should be advised that they can apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the council will consider backdating is 26 weeks from the date actual notification of the change was received in writing.

The individual must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. Once the council is satisfied that there are good reasons the notification should be treated as if it was received in time. The effective date rules are then applied to the actual date of change and contributions decreased.

Backdating

Before backdating an advantageous change, the council must be satisfied

- the individual has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

Good cause

To establish if a individual has shown good cause for not notifying the council earlier, the council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified us earlier in the same way as the individual. The burden of proving good cause rests on the individual but you should consider all the relevant facts in each case such as care needs, capacity, whether a representative should have notified us etc.

Fairer Charging provisions do not include recommendations on backdating and good cause, however the DSS Adjudication Officer's Guide (AOG) (now replaced) has an extract on 'good cause'contained in Annex A which may be a useful guide. see link:-

http://webarchive.nationalarchives.gov.uk/+/http://www.dwp.gov.uk/housingbenefit/manuals/hbgm/annex/a2annxa.pdf

A backdate decision form should be completed when making a decision and this decision must be confirmed by the team manager. Should an assessment not be backdated, a written explanation must be issued stating the reason why. Any dispute with this decision must follow the council's official complaints procedure.

Below is suggested wording to be included in an initial notification letter:-

Dear

Late notification of a change in your circumstances

When assessing contributions for Non-Residential care we consider your income, capital and certain expenses that you have. This means that you must report changes in circumstance that affect your income, capital and expenses within one calendar month of the change happening. If a change is reported late the Council will treat the change as happening on the date we were notified.

As you have not notified us within one calender month your contribution has been amended from the date that we received written notification.

If you can show special reasons why you failed to notify this office of your change in circumstances within one calendar month, then we will consider whether your contributions can be reassessed using the actual date of the change in circumstances.

Yours sincerely,

Non-Residential Care – Backdate Request Decision

This form is to be completed where a backdated beneficial change request has been made.

Individual Name: _____

Ref: _____

Date: _____

Decision: Agreed / Disagreed

Reason: _____

_____

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Letter issued: Yes / No

Decision made by: _____

Confirmed by: _____

Benefits Advice & Income Control

Appeals Process

WHAT TO DO IF YOU THINK THE FINANCIAL ASSESSMENT OF YOUR ABILITY TO MAKE A CONTRIBUTION (CHARGE) TOWARDS THE SERVICES YOU RECEIVE IS INCORRECT.

REVIEW

If you feel that your financial assessment has been calculated incorrectly, or you disagree with any of the figures used in the assessment, you have the right to request a "Review" of your assessment. To do this you should telephone, or write to, the Financial Assessment and Benefits Advice team within 7 days of receiving your assessment. The address and telephone details to contact are noted below.

APPEAL

When your "Review" has been completed, if you are still unhappy you can request an "Appeal" against the review decision. The type of situations this might cover include:

- A disagreement about the calculation of your disability-related expenditure
- A disagreement about the capital assets taken into account, for example property you do not live in.

If you wish to make an "Appeal" you should write to the Finance Assessments and Benefits Advice Team within 28 days of the date of your "Review" decision. The reasons why you disagree with the "Review" decision should be detailed along with any other factors you believe should be considered.

The details of your "Appeal" will then be passed to the Head of Communities and Wellbeing who will consider your reasons and reply to your letter within 14 days.

WAIVER

If you agree that we have applied the rules correctly, but you cannot afford to pay the charge, you can apply for a "Waiver". This would mean that you may not have to pay all or part of the charge, if you can show that you would suffer severe hardship or your health would be at serious risk.

If you wish to apply for a “Waiver” you should contact the Money Management and Income Control team to request a “Waiver” application form.

COMPLIMENTS AND COMPLAINTS

If you accept that the charge is correct, but are not happy with the way we have treated you, for example, you thought we were rude or unhelpful, you can make a “Complaint”. If you feel you have been treated well and would like to pass on your “Compliments” you may do so by contacting our Customer Relations Team whose details are noted below.

POLICY REPRESENTATION

If you disagree in principle with the Council’s charging policy, you can make a “Representation” against the policy by contacting the Customer Relations Team or your local Councillor.

CONTACT DETAILS

Finance Assessments & Benefits Advice Team
3rd Floor, Warwick House,
Wheat St,
Nuneaton
CV11 4AJ

Tel: 01926 413985

Money Management & Income Control Team
3rd Floor, Warwick House,
Wheat St,
Nuneaton
CV11 4AJ

Tel: 01926 413012

The Customer Relations Team
PO Box 9
Shire Hall
Warwickshire County Council CV34 4RR

Tel: 01926 414102

Warwickshire County Council

Benefits Advice & Income Control

Waiver Procedure for non- residential contributions

Background

Under Warwickshire County Council's Fairer Contributions policy, the amount that individuals are required to pay depends on the services that they receive and their assessed ability to pay using the framework outlined in the "Fairer Charging" guidance.

Both Warwickshire County Council's policy and the Fairer Charging guidance are designed to be reasonable and ensure that no one is required to contribute more than they can reasonably afford. However there may be occasions when, because of the special circumstances of the individual and/or any relevant carers, an exception could be made to reduce or fully waive the contribution in their case. This paper describes the waiver decision making process.

It should be noted that this policy is different to that used where there is a question or disagreement about whether the contribution has been calculated correctly or not (because, for example, it is believed that there has been a change of circumstances, an error, or a question about how the policy should be applied). The two are entirely separate processes and consider different issues. **Before considering the waiver policy you must first check that the contribution has been calculated correctly and any action to review the contribution has been completed.**

The contribution can be waived on either of two possible grounds:

- **That the individual cannot afford to pay the contribution.**
- **That the Council believes that the individual can afford the contribution but special factors apply and the contribution should not be collected.**

The decision making process for waiving a contribution is slightly different, depending on the grounds that are being considered, see the following for additional guidance.

The individual cannot afford the contribution

This will only exceptionally be the case, because as described above, both Warwickshire County Council's policy and the Fairer Charging guidance are designed to be reasonable and ensure that no one is required to contribute more than they can reasonably afford. However, there may be exceptional circumstances in some cases that the contributions policy does not take account of.

It is important to ensure that decisions on this question are taken in a consistent way based on the principles of Fairer Charging guidance and practice.

- In these cases, the decision will lie with the Head of Resource Management.

The Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected

The factors that form the basis of an exception being made in these cases are essentially "Social" and not "Financial" – for example, if the contribution were to remain in force:

- The individual would be admitted to residential care or hospital.

- The individual (or relative/carer) would require the care to be reduced or withdrawn, and this would be a significant risk to the health and safety of any person, **or** it would not be possible to deliver services to the individual that will improve their ability to perform activities of daily living and reduce their need for care and support funded by the Council.

    - Because these issues are essentially social, the decision lies with the relevant Service Manager in each case.

Responsibility

The Head of Communities and Wellbeing and Finance Manager - Performance, Development & Income Control may delegate all or some of the tasks, including decision making to others, but they are responsible for them.

It is the responsibility of the person dealing with the request for a waiver (i.e. the Head of Communities and Wellbeing or the Service Manager) to ensure that:

- the individual and anyone representing them (e.g. carers and/or relatives) are kept fully informed, including :

    - How the matter will be dealt with;
    - How they can make their own comments if they wish;
    - The decision;
    - Action they may take after the decision is made (formal complaints procedure).

- They have all the information necessary to make a decision.
- The decision is made in a timely manner (normally within one month of the request being made).
- Money Management & Income Control are notified of all decisions whether successful or unsuccessful.

Application for a waiver

The individual (Practitioner, allocated worker or Benefits Advice & Income Control staff) has the responsibility to discuss a request for a "waiver" with the individual where it may be required.

Before considering a waiver of contributions, you must first check with Financial Assessment & Benefits Advice that the contribution is correct and any action to review the contribution has been completed.

If the contributions are correct, proceed and collect information providing details in the Waiver of Non-Residential Contributions Request Form (appendix 1).

The individual should decide whether the reason for the request is that '**the Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected'** or '**that the individual cannot afford to pay the contribution'.**

Where 'the Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected', **send details to the appropriate Service Manager for approval**.

Where the request is 'that the individual cannot afford to pay the contribution', **send details to the Money Management and Income Control Team**, who will report to the Head of Communities and Wellbeing.

Duration of a waiver

Waivers should be time limited, with the length of the period varying according to the circumstances. The decision maker should decide the period for which contributions are to be waived and should review the waiver at the end of the time period. Only in very exceptional cases should the waiver exceed one year before it is reviewed.

A change in financial or social circumstances may mean that the waiver decision is reviewed at an earlier date when it can be extended or withdrawn.

A waiver is specific for the individual and does not set a precedent for other individuals.

A waiver can be for all or part of the contribution.

The Finance Manager - Performance, Development & Income Control must be informed of any decision to make or refuse a waiver. Details will be shown in the Contribution Waiver Log maintained by the Benefits Advice & Income Control unit. This enables the use of the waiver process to be monitored and implemented.

When a waiver is due to expire, the person responsible for collecting the contribution (i.e. the Finance Manager - Performance, Development & Income Control, or where the individual is receiving direct payments, the person responsible for authorising the payments) will inform the original decision maker (defined by post, not person) of the

need to review the decision. The normal contribution is to be collected from the end of any waiver period unless a fresh decision to the contrary is made.

Monitoring

The Finance Manager - Performance, Development & Income Control will produce a report each year showing details of waiver decisions and reasons. The report should be sent to the Head of Resources Management.

The Head of Resources Management will use these reports to ensure consistency and effectiveness of the waiver process.

Appendix 1

Waiver of Non- Residential Contributions Request Form

Reference No:		**Name:**	
Date of Request:		**Referred by:**	

Check list

✓ Have you checked with Financial Assessment & Benefits Advice that the contributions are correct?	**Yes**	**No**	If no, contact FABA before continuing.
✓ Is the reason that 'the individual cannot afford to pay the contribution'?	**Yes**	**No**	If yes, send request to the Money Management & Income Control Unit.
✓ Is the reason that 'the Council believes that the individual can afford the contribution but special factors apply and the contribution should not be collected'?	**Yes**	**No**	If yes, send request to the Service Manager.
✓ Have you given reasons for the request and attached any appropriate evidence/information?	**Yes**	**No**	If no, do not refer until you have provided reasons

Reason for Waiver Request

For completion by Decision Maker Only

Name:		**Date:**		
Title:		**Waiver approved:**	**Yes**	**No**

Item 10

Item No 10

Adult Social Care and Health Overview and Scrutiny Committee

25 October 2011

Work Programme Report of the Chair

Recommendation

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

1. Work Programme

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

2. Task and Finish Groups

The Committee may wish to consider any potential future Task and Finish Groups.

Background Papers

None.

	Name	**Contact Information**
Report Author	Ann Mawdsley	01926 418079, annmawdsley@warwickshire.gov.uk
Head of Service	Greta Needham	
Strategic Director	David Carter	
Portfolio Holder	n/a	

Appendix A

DRAFT Work Programme for Adult Social Care and Health Overview and Scrutiny Committee 2011/2012

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										
7 Dec 2011	Healthwatch – Monika Rozanski	Update report requested by the Committee at their meeting on 7 September 2011			✓		✓			
	Effectiveness of The Learning Disability Strategy - *A Good Life for Everyone 2011-2014*	To consider the effectiveness of the Learning Disability Strategy.			✓	✓				
	Adult Safeguarding – Wendy Fabbro	Progress report	✓		✓		✓			
	Adult Safeguarding Serious Case Review – Wendy Fabbro	Lessons learnt from the Adult Safeguarding Serious Case Review	✓		✓		✓			
	Community Choices Framework for OP	To consider the Day Opportunities Proposals (Day Centres)			✓		✓			
	Physical Disability and Sensory Impairment (PDSI) Strategy – Wendy Fabbro/William Campbell	To consider the PDSI Strategy			✓		✓			
	Local Accounts – Wendy Fabbro	As part of the commitment to reduce the burden of national bureaucracy the regulatory framework for adult social care previously administered through the Care Quality Commission was brought to an end in 2010. The Department of Health (DH) have now released the new framework for local assessment "Transparency in Outcomes" which sets a range of performance			✓		✓			

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
7 Dec 2011 cont		measures against which activity will be measured. As part of this framework the DH reiterated its commitment to the use of sector led improvement and within this the need for all local authorities with adult social care responsibilities to produce "local accounts" which provide the communities that they serve with an assessment of service quality and performance improvement. The report will address the approach Warwickshire has taken in producing the Local Account and include Q2 performance data.								
7 Dec 2011 (on the rise of the above meeting)	Workshop on Commissioning – Wendy Fabbro/Claire Saul	- 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 - 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.								
15 Feb 2012	West Midlands Ambulance Service (Anthony Marsh, WMAS)	Update on re-modernisation programme (reported to the Committee on 12 October 2010), the Regional Make Ready System and the NHS Pathways and CMS DOS			✓		✓			
	Review waiting times for CAMHS – Jo Dillon and Loraine Roberts	To review waiting times for Child and Adolescent Mental Health Services.			✓		✓			

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
15 Feb 2012 cont	Warwickshire LINk – Nick Gower-Johnson	Update report			✓		✓			
	AHCS Staffing and Staffing reductions	To consider AHCS Directorate Staffing and Staffing reductions (further progress from September Committee)	✓		✓					
	Dementia Strategy – Chris Lewington	Update on the Dementia Strategy	✓		✓					
	Mental Health Strategy – Chris Lewington	Update on the Mental Health Strategy, including concerns raised on Anti-Social Behaviour and Mental Health		✓			✓			
11 April 2012	Virtual Wards	To consider progress made in implementing virtual wards and outcomes achieved			✓		✓			
	The Concordat - Update Wendy Fabbro & Rachel Pearce	To review partnership working between WCC and Arden Cluster			✓		✓			
	Joint Strategic Needs Assessment – Wendy Fabbro and John Linnane	To consider the Joint Strategic Needs Assessment		✓	✓		✓			
	Personalisation, Jenny Wood	To consider progress made in the implementing the personalisation agenda			✓		✓			
	Care and Choice Accommodation Programme – Ron Williamson	The Committee requested a further report based on 2.4 of the 7 September 2011 report	✓		✓		✓			
	Proposed Changes to Community Meals Service	The Committee requested a further update on developments at their meeting on 07-09-11	✓		✓		✓			
Sept 2012	Crisis House Provision (Nigel Barton, CWPT)	An update report (requested by the Committee at their meeting on 7 September 2011), including occupancy rates, access and an update on the outcomes of service reforms.			✓		✓			

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.
	A&E Waits – Rachel Pearce	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	*Briefing Note requested from Rachel Pearce on 11/10/11*
	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.	*Briefing Note requested from Wendy Fabbro on 11/10/11*
	Length of patient stays at Eye Unit at Warwick Hospital – Rachel Pearce	To brief the Committee on the length of patient stays at the Warwick Hospital Eye Unit (turn-around)	*Briefing Note requested from Rachel Pearce on 11/10/11*

PROPOSED REPORTS *AND/OR* TASK & FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	PRIORITY	TIMESCALE	MEMBERS / COMMENT
Paediatric Cardiac Surgery Review	To respond to the Paediatric Cardiac Surgery Review		Response sent in for 5 October 2011 deadline	
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.			*Briefing Note requested from Steve Smith, Head of Property on11/10/11*