Adult Social Care and Health Overview and Scrutiny Committee

15 February 2012

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on WEDNESDAY, 15 FEBRUARY 2012 at 10:00 a.m.**

The agenda will be: -

1. General

(1) Apologies

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

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

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

(3) Minutes of the meetings of the Adult Social Care and Health Overview and Scrutiny Committee held on 7 December 2011 and 16 December 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. George Eliot Hospital – Update

Kevin McGee, Chief Executive of George Eliot Hospital, will give a verbal update on developments at George Eliot Hospital.

4. Report of the Chair of the Paediatric and Maternity Services Task and Finish Group

Interim report from the Chair of the Paediatric and Maternity Services Task and Finish Group looking at Paediatric and Maternity Services at George Eliot Hospital, Nuneaton.

Recommendations

(1) To endorse the progress of the Task & Finish Group

(2) To endorse the proposed next steps

For further information please contact Richard Maybey, Democratic Services Officer, Tel: 01926 416876 email ***richardmaybey@warwickshire.gov.uk.***

5. West Midlands Ambulance Service

Ham Patel, General Manager and Martyn Scott, Area Manager for Coventry and Warwickshire South, West Midlands Ambulance Service, will give the Committee a presentation updating Members on the re-modernisation programme, the Regional Make-Ready System and the NHS Pathways and CMS DOS.

6. CAMHS Update

This report is the second progress report on the Action Plan which was produced as a result of the Scrutiny Review carried out in 2010 to scrutinise the provision of CAMHS and, in particular, explore why waiting times were regularly exceeding the 18-week target, and the recommendations from that Review agreed by Cabinet.

Recommendations

(1) That the Adult Social Care and Health Overview and Scrutiny Committee (ASC & HOSC) request that Coventry and Warwickshire Partnership Trust (CWPT) produce a report for the Committee to consider at their meeting on the 11th April 2012 outlining the precise nature of the current Child and Adolescent Mental Health Service (CAMHS) waiting lists and an action plan outlining how these will be addressed in the next six months.

(2) That CWPT bring a further report to ASC & HOSC on 5th September 2012 that provides a full account of the current waiting and the actions that have been put in place to address these waits.

(3) That commissioners explore new ways of addressing waiting times including benchmarking Coventry and Warwickshire Partnership Trust (CWPT) against statistical neighbours, the re negotiation of the contract with CWPT and testing the market for potential providers. The outcome and recommendations to move this forward will be brought back to ASC & HOSC on 5th September 2012. Any decision on changes to the current contractual arrangements will require authorisation and support from the Arden Cluster and Clinical Commissioning Groups

For further information please contact Kate Harker, Joint Commissioning Manager, Tel: 01926 742339 email ***kateharker@warwickshire.gov.uk***.

7. Coventry and Warwickshire Partnership Trust

The Committee will receive a presentation from Nigel Barton, Director of Operations, Coventry and Warwickshire Partnership Trust regarding Foundation Status.

8. Older Adults Mental Health Task and Finish Group - Update Report

The report sets out the progress to date of the Task and Finish Group set up to scrutinise a consultation planned by the Coventry and Warwickshire Partnership Trust regarding proposed changes to older adults mental health services and

seeking agreement on the way forward.

Recommendations
That the Adult Social Care & Health Overview and Scrutiny Committee agrees one of the following options and makes it's recommendation to the Overview and Scrutiny Board:

1. The Task and Finish Group be put on hold until the 'Refocusing Dementia Services' consultation begins.
2. The Task and Finish Group be kept in place, but the Committee agrees a different remit for the work of the group.
3. The Task and Finish Group be dissolved.

For further information please contact Dave Abbott, Democratic Services Officer, Tel: 01926 412323 email ***daveabbott@warwickshire.gov.uk***.

9. Dementia Strategy Progress Report

This report sets out the progress made against The Living Well with Dementia Strategy 2011-2014.

Recommendation

The Committee is asked to scrutinise and comment on the progress made to date.

For further information please contact Chris Lewington, Service Manager – Learning Disability, Mental Health, Carers and Customer Engagement, Tel: 01926 743259 email ***chrislewington@warwickshire.gov.uk***.

10. 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.

11. Warwickshire LINk

The report updates the Committee on the work carried out by Warwickshire LINk since the report in October last year, including the work programme and the many changes to LINks

Recommendations

The Committee is asked to comment on the report.

For further information please contact Deb Saunders, LINk Manager, Tel: 01926 833907, email ***linkmanager@wcava.org.uk***.

12. Staffing Capacity

The report gives a further update on the staffing situation in the Peoples Group and the impact on services of staffing reductions.

Recommendation

That the Adult and Community Services O&S Committee notes the progress in tackling the staffing capacity deficits in prescribed areas

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

13. Adult Social Care Local Account 2010/11

This report presents the first local account for Warwickshire for consideration and approval before its publication in February 2012 in line with regional guidance developed by the Association of Directors of Adult Social Services (ADASS).

Recommendation

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

- Ratify the decision of Cabinet to support the publication of the Warwickshire Local Account 2011.

For further information please contact: Andrew Sharp, Service Manager – Older People, Physical Disability, Intelligence and Market Facilitation - Tel: (01926) 745610 or email: ***andrewsharp@warwickshire.gov.uk***

14. Developing Local Healthwatch in Warwickshire – Progress Report

This is further update on the progress in developing Local HealthWatch in Warwickshire.

Recommendation

Comment on the development plans

For further information please contact Monika Rozanski, Senior Projects Manager, Tel: 01926 412493 email ***monikarozanski@warwickshire.gov.uk.***

15. 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***.

16. 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 December 2011 at Shire Hall, Warwick

Present:

Members of the Committee	Councillor Les Caborn (Chair) " Martyn Ashford " Penny Bould " Jose Compton " Richard Dodd " Kate Rolfe " Dave Shilton " Sid Tooth " Angela Warner " Claire Watson
District/Borough Councillors	Sally Bragg (Rugby Borough Council) John Haynes (Nuneaton and Bedworth Borough Council) Michael Kinson OBE (Warwick District Council) George Mattheou (Stratford-on-Avon District Council) Derek Pickard (North Warwickshire Borough Council)
Other County Councillors	Councillor Jerry Roodhouse (Chair of Warwickshire LINks) Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care) Councillor Bob Stevens (Portfolio Holder for Health)
Officers	Phil Evans, Head of Service Improvement and Change Management Wendy Fabbro, Strategic Director of Adult Services Nick Gower-Johnson, County Localities and Communities Manager Martyn Harris, Democratic Services Officer Amanda Morgan-Taylor, Interim Consultant for Provider Services Ann Mawdsley, Principal Committee Administrator Nicole North, Performance and Improvement Officer Monika Rozanski, Senior Projects Manager Kate Sahota, Communities Local Service Team Manager Andy Sharp, Service Manager - Older People, Physical Disability, Intelligence and Market Facilitation Jenny Wood, Head of Social Care and Support

Also Present: David Gee, Warwickshire LINks
Heather Norgrove, George Eliot Hospital NHS Trust
Stuart Sullivan, Mayday Trust
Sue Roberts, Arden NHS Cluster

1. General

(1) Apologies for absence

Apologies have been received on behalf of Cllr George Mattheou (Stratford DC), Nigel Barton (Coventry and Warwickshire Partnership Trust), Rachel Pearce (Arden Cluster) and Ham Patel (West Midlands Ambulance Service)

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as a service user of Warwickshire County Council services

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

Councillor Angela Warner declared a personal interest due to her employment as a GP in Warwickshire.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 25 October 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 25 October 2011 were agreed with the following correction:

Page 9 – 7.2 Questions to the Portfolio Holder – Councillor Izzi Seccombe

The words “administrative costs” in the fifth line to be replaced with the words “bed blocking”.

Matters Arising

Page 9 – 7.4 Questions to the Portfolio Holder – Councillor Izzi Seccombe

Councillor Dave Shilton welcomed the news that discussions were taking place between the Castel Froma physical disabilities home in Leamington Spa and the MS Society in relation to the Helen Lay

Centre. The Chair asked Wendy Fabbro to provide a briefing note for the Committee once everything had been resolved.

(4) Chair's Announcements

Members were reminded that after the meeting, there would be lunch, followed by a workshop on commissioning (led by Wendy Fabbro and Claire Saul, Head of Strategic Commissioning).

Members were reminded about the special meeting of the Committee on Friday 16 December at 2:00 pm (Rugby Town Hall, Evereux Way, Rugby), together with the Rugby Borough Council, to consider the closure of Birch Ward by the UHCW.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

1. Councillor John Haynes asked what steps were being taken to close the health inequalities gaps that existed between the north and the south of the county. Councillor Bob Stevens stated that the Cabinet was looking into the wider issue of geographical inequalities, but that in relation to health the biggest inequality remained the difference in life expectancy. Councillor Izzi Seccombe noted that the Health and Wellbeing Board, which was a partner body, would be targeting areas such as obesity and smoking, which contributed to this gap, as well as other factors such as good housing, economic regeneration and paid employment.

2. Councillor John Haynes stated that with community health being based in the south, that there would be treatments that people in the north would have to travel long distances to access. Heather Norgrove, Commercial Director at George Eliot Hospital responded that there was no difference between the treatments offered at George Eliot and South Warwickshire Foundation Trust.

3. Councillor Dave Shilton raised concerns about flu vaccinations not being available for all members of the public at GP surgeries and in some cases patients being advised to purchase these vaccinations from supermarkets. Councillor Bob Stevens agreed to raise this concern with Public Health colleagues. Councillor Angela Warner

added that the system was backed by national guidelines, which would be shared with members of the Committee for information.

4. Councillor Dave Shilton raised the ongoing issue of congestion and parking problems at University Hospital Coventry and Warwickshire. It was agreed that a letter would be sent from the Chair and the Portfolio Holder to the Director at University Hospital recording the Committee's concerns.

5. Councillor Jerry Roodhouse raised concerns about the future of specialist nursing services in the country such as Parkinsons and Admirals Nurses. Councillor Bob Stevens responded that he had had a meeting with South Warwickshire Foundation Trust about community nurses and would be meeting with the other trusts in due course. Councillor Stevens undertook to provide a Briefing Note for the Committee on the outcomes of these discussions.

Councillor Izzi Seccombe

1. Councillor Michael Kinson OBE asked for an update in relation to the disposal of care homes, particularly in the Warwick District Council area, in light of the cut-off date of August 2012 and the general public concern. Wendy Fabbro reported that there had been no change in the situation and that a report or briefing note would be brought to the Committee with the response from the market as soon as the information was available.

2. Councillor Michael Kinson reported that the Public Accounts Committee of the House of Commons had today discussed Oversight of User Choice and Provider Competition in Care Markets and concern had been raised about the financial viability of care homes. Wendy Fabbro noted that there were several layers of regulation, and monitoring was carried out by the Care Quality Commission and the County Council. Councillor Jerry Roodhouse, Chair of Warwickshire LINks added that LINks had a statutory right to enter and inspect care homes and that this right would be increased for Local Healthwatch.

3. Councillor Sid Tooth asked for a response to the press coverage about the private sector struggling to cope on payments made by the Local Authority. Wendy Fabbro noted that this tension was not new and the challenge to the Local Authority was to adopt a more flexible approach with variable fee levels.

4. Councillor Penny Bould asked what could be done to stop care homes collapsing. It was noted that care providers were constantly

monitored through formal, full business assessments on an annual basis and members of staff visiting on a regular basis.

4. Performance Management

Phil Evans, Head of Service Improvement and Change Management introduced the item on performance management and the role of overview and scrutiny in effectively challenging portfolio holders and officers and asking Members to identify in what form they wanted to receive performance data.

During the discussion that ensued the following points were noted:

1. Reporting to O&S and Cabinet needed to be timetabled to allow O&S to make comments for Cabinet to consider.
2. Information needed to be brief and reported in plain English. Members requested that jargon and acronyms be avoided.
3. There needed to be an emphasis on areas needing improvement.
4. Benchmarking information needed to be included.
5. Data needed to be timely in order for effective scrutiny to take place.
6. It was agreed that consideration needed to be given to how performance in relation to public health would be reported.

Phil Evans stated that he would analyse the messages from all the Overview and Scrutiny Committees to achieve something that met the needs of scrutiny. This would then be reported to the Performance Member Reference Group and the Overview and Scrutiny Board.

5. Shaping Local Healthwatch in Warwickshire – Progress Report

Nick Gower-Johnson and Monika Rozanski introduced the report setting out the background information to the development of a local Healthwatch in Warwickshire as required in the Health and Social Care Bill, the work that had been done to date and the next steps in the process.

During the ensuing discussion the following was noted:

1. A further update would be brought to the 15 February 2012 meeting on developments, in preparation for the implementation date of October 2012. This would include funding and membership, and where within the County Council Healthwatch would be located.
2. Funding of Healthwatch was still to be confirmed, but it was expected to be funded from the current Government grant used to fund LINks as well as a transfer of funding from the PCT.
3. Healthwatch and scrutiny would have to work closely together, ensuring that their work programmes complemented each other.

There would also be a role for scrutiny to ensure that Healthwatch were performing well.

4. Members agreed that Healthwatch faced a monumental challenge and it was important that the organisation developed a trusted reputation with stakeholders and the public and was seen as a partner and not a criticiser. It was acknowledged that Healthwatch could not achieve its targets on its own, but there was a great level of good will for the organisation to succeed.
5. It was felt that Healthwatch should have voting members on Clinical Commissioning Groups (CCQs) as well as the Health and Wellbeing Board. Work was being carried out to establish relationships with these groups, as well as neighbouring Healthwatch organisations and groups. Nick Gower-Johnson confirmed that while the County Council had the responsibility of ensuring that an effective local Healthwatch was in place, the relationships between Healthwatch and CCQs was still unclear and would remain so until the Health and Social Care Bill became an Act.
6. Warwickshire LINks were developing their work programme and setting in place a legacy for Healthwatch to carry forward.
7. It was important that the work around childcare and social care users was included in the procurement process for Healthwatch. Councillor Izzi Seccombe added that Warwickshire County Council needed to be clear about what exactly it was procuring, ensuring the desire to have something different was LINks was considered and that Healthwatch was able to make a difference to the people of Warwickshire.
8. There was scope for Member involvement in Healthwatch, provided the independence of the organisation was retained.
9. There was some discussion about reports received in the past on Complaints/Compliments. The Committee have asked for a report to be brought to a future meeting, particularly in relation to how this will tie in with the new Local Healthwatch function.
10. The Department of Health was gathering information on the integration of health and social care, which had not been included to date. This would be provided to support discussions in the House of Lords.

Councillor Jerry Roodhouse thanked Monika Rozanski for the extraordinary amount of work she had put into developing local Healthwatch.

The Chair thanked officers for their report and the Committee agreed that a second Health Transition seminar should be organised for spring 2012.

6. Protocol between Adult Social Care and Health Overview and Scrutiny Committee and Warwickshire LINks

The Committee considered the protocol proposed between the Adult Social Care and Health O&S and Warwickshire LINks until LINks is replaced by Local Healthwatch.

Councillor Jerry Roodhouse undertook to have the latest LINk work programme circulated to the Committee.

The Committee agreed the protocol.

7. Quarter Two (July-September) 2011-12 Performance Report for Adult, Health and Community Services

Councillor Izzi Seccombe, Wendy Fabbro and Andy Sharp introduced the report on performance against the key performance indicators as set out in the Directorate Report Card.

During the ensuring discussion the following points were noted:

1. An early draft of the Local Account was expected before the end of the year, setting out what services were available, how these were delivered and the direction of travel for the future. This would be forwarded to Members as soon as it was available.
2. The Council had in excess of 250 service providers covering Older People, Learning Disabilities, Mental Health and Physical Disabilities, including private care homes.
3. Heads of services were challenged to set stretching targets that would achieve the most value for the service for the least amount of money.
4. Benchmarking was collected where available, but some targets would only be measured in Warwickshire.
5. Capacity continued to be a problem for the Directorate. There was a winter plan in place, and the expansion of the reablement service and extra capacity around hospital discharge would be able to cope with any winter pressures.

The Committee thanked the Portfolio Holder and officers for the report and requested a report on how winter pressures had been dealt with at an appropriate time.

8. Progress in Adult Safeguarding Report

Wendy Fabbro introduced the report providing an update for Members on Adult Safeguarding.

During the discussion that followed it was noted:

1. It was thought that the increase in the number of referrals (in both adults and children safeguarding referrals) was due to the increased public awareness and the increased levels of deprivation. There was also greater awareness in the national culture, possibly because of the publicity of the Baby P case.
2. The role of the Safeguarding Board was that of guardian of the system, including strengthening strategy, policy and process. The new People Group would enable best practice developed by the Safeguarding Children Board to be followed, first locally and then regionally. Councillor Izzi Seccombe added that it was not yet a statutory requirement to have a Safeguarding Adults Board, but this was expected to become a requirement in the Adult Social Care White Paper expected early in 2012.
3. Work would have to be done with individual GP practices to get the safeguarding message across.
4. The attendance of police at both meetings and in practice was improving and useful when they did attend.
5. Members noted their concern that there were resources in place to deal with the increase in the numbers of safeguarding referrals, which were expected to continue to rise year-on-year.
6. Members agreed that it was incumbent on everyone to address any safeguarding risks and requested a briefing note on the numbers of referrals received from care homes, both in-house and private. Wendy Fabbro undertook to provide this, reminding Members that this information was exempt and would need to be treated as such. Jenny Woods added that the challenge to address the increase in safeguarding referrals would have to be met through prevention, with Social Care workers and the wider community taking responsibility.

Councillor Jerry Roodhouse, Chair of Warwickshire LINks noted that vulnerable people were more likely to be abused in their own homes than in care homes, and dignity in care policies needed to start in people's own homes. He noted that LINks had a statutory duty to enter care homes and there needed to be a protocol put in place to determine how this would be done based on the information available. This type of report was a valuable resource to LINks and from a County Council perspective LINks, or Local Healthwatch in the future, would add additional capacity to safeguarding.

The Chair welcomed the report and the Committee agreed to receive annual reports, the next to be brought to O&S setting out the implications for Warwickshire arising from the White Paper and the strategy for the People Group in moving this forward.

9. Adult Safeguarding – Serious Case Review

The Committee considered the report providing an update on the recent case review into the death of Gemma Hayter, published on 14 November, and the lessons learnt.

During the ensuing discussion the following points were raised:

1. There had been a number of referrals made over a period of time, all on minor issues. Individuals needed to be able to take risks and make their own decisions, but the challenge was in how to collate contacts made with different agencies.
2. Members welcomed the removal of the requirement for a formal diagnosis from the assessment procedure.
3. Chris Lewington drew Members' attention to the "Keeping Safe Places" introduced for vulnerable people with learning difficulties to have a safe place within their communities to go to. There was also a need to education communities, and early onset dementia could be linked into this training. It was also important that GPs knew where to signpost vulnerable people to.

The Committee requested a further report in 12 months reporting on lessons learnt and progress in setting up a multi-agency management plan.

10. Work Programme

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

11. Any Urgent Items

None.

12. Reports Containing Confidential or Exempt Information

It was Resolved that members of the public be excluded from the meeting for the items mentioned below on the grounds that their presence would involve the disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Councillor Sally Bragg left the meeting.

13. Effectiveness of the Learning Disability Strategy – *A Good Life for Everyone 2011-2014*

Chris Lewington introduced the report considering the effectiveness of the Learning Disability Strategy – *A Good Life for Everyone 2011-2014*.

During the ensuing discussion the following was noted:

1. It was agreed that the Red/Amber/Green and Progress status used in the report needed to be reviewed.
2. There had been no negative responses received to the Strategy, but it was acknowledged that the value of people with learning difficulties had to be promoted in communities to ensure greater visibility and greater belonging within communities.
3. There would still be day facilities for people with very complex and challenging needs.
4. It was important for assessment and frontline teams to be fully aware of all the available choices. As new services were developed, existing services would continue to operate for a period of time to ensure transitions were as easy as possible for users.
5. The need for respite care was recognised, and this market was being developed to meet needs.

The Chair welcomed the report and the Committee requested quarterly updates with a full update in 12 months.

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Chair of Committee

The Committee rose at 1:05 p.m.

Minutes of the Special Meeting of the Warwickshire County Council Adult Social Care and Health Overview and Scrutiny and the Rugby Borough Council Customer and Partnerships Committee held on 16 December 2011 at the Town Hall, Rugby

Present:

Members of the Warwickshire County Council Overview and Scrutiny Committee	Councillor Les Caborn (Chair) " Martyn Ashford " Penny Bould " Richard Dodd " Claire Watson for this meeting)
District/Borough Councillors	Sally Bragg (Rugby Borough Council) Derek Pickard (North Warwickshire Borough Council)
Other County Councillors	Councillor Jerry Roodhouse (Chair of Warwickshire LINk) Councillor Bob Stevens (Portfolio Holder for Health)
Members of the Rugby Borough Council Customer and Partnerships Committee	Councillor Claire Edwards (Chair) " Graham Francis " Robin Hazelton " Kathryn Lawrence " Tom Mahoney " Noreen New
Other Borough Councillors	Councillor Bill Lewis " Maggie O'Rourke " Sue Roodhouse " Neil Sandison " Jim Shera " Ramesh Srivastava " Brian Whistance
Officers	Paul Ansell, Scrutiny Officer, RBC Andrew Gabbitas, Executive Director, RBC Di King, Service Manager, Locality North, WCC Ann Mawdsley, Principal Committee Administrator, WCC

Janet Purcell, Democratic Services Manager, WCC
Jenny Wood, Head of Social Care and Support, WCC

Also Present: Andy Hardy, Chief Executive, University Hospital Coventry and Warwickshire
Mark Pawsey, MP for Rugby

There were 23 members of the public in attendance.

1. General

The Chair welcomed everyone to the special meeting to consider the closure of Birch Ward at the Hospital of St Cross, Rugby, and thanked Members and officers of Rugby Borough Council for hosting the meeting in Rugby.

(1) Apologies for absence

Apologies for absence were received on behalf of Cllr Jose Compton, Cllr John Haynes (Nuneaton and Bedworth BC), Cllr Kate Rolfe, Cllr Dave Shilton and Cllr Angela Warner. Apologies were also received from Cllr Leigh Hunt (Portfolio Folio Holder for Sustainable Inclusive Communities at RBC), Cllr Ray Kirby (RBC), Nigel Barton (Coventry and Warwickshire Partnership Trust), and Ham Patel (West Midlands Ambulance Service)

(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 Noreen New declared a personal interest as an employee of Warwickshire County Council.

2. Closure of Birch Ward at the Hospital of St Cross, Rugby

2(1) Andy Hardy, Chief Executive at University Hospital Coventry and Warwickshire gave an oral presentation on the decision behind the closure of Birch Ward at the Hospital of St Cross, Rugby. He made the following points:

a. Birch Ward had only been opened in September 2010 as part of a plan to close Ward 1 at UHCW and move a number of beds from Coventry to Warwickshire. Due to emergency pressures at UHCW Ward 1 had not been closed, so having two wards open had resulted in more beds being funded for on a recurrent basis.

b. The decision to close Birch Ward was made in September 2011, and was not expected to have a negative impact on Rugby patients, as St Cross still had sufficient bed capacity to meet demand and the range of services and specialisms at St Cross had not decreased.

c. Birch Ward had been selected as on most days there were not enough Rugby patients to fill the ward and beds were used by Coventry patients or patients from further afield.

d. The reasons given for not consulting were:
   - the closure was temporary and the ward could be reopened to accommodate an increase in demand.
   - demand for beds on Birch Ward had significantly decreased over the previous six months.
   - the direction of travel to a more efficient health system with reduced lengths of stay in acute settings and increased capacity in community heath settings meant a decrease in demand for hospital beds.
   - there had been a reduction in referrals from GPs in Warwickshire.

e. There had also been bed closures at UHCW and the plan for the future to retain a flexible capacity so that bed numbers would match demand.

f. The main emergency flows into UHCW were from Coventry and Warwickshire, and services across Warwickshire needed to be properly aligned. In line with this, £3m had been reinvested into new services and buildings at St Cross.

g. The closure of Birch Ward had not resulted in any staff redundancies. In the event of a major event and a ward having to be reopened, banking and agency staff would be brought in to cover any staffing gaps.

2(2) Jenny Wood, Head of Social Care and Support at Warwickshire County Council made a statement from a social care perspective. She stated that the partnership arrangements between Adult Social Care and UHCW were good, as were the ongoing good relations with other hospitals in Warwickshire and community care providers. The Adult Social Care Directorate welcomed the approach taken by UHCW, which was the County Council approach towards ensuring people were supported in their own homes, stays in hospital were shortened with more timely discharges and delayed discharges minimised. To enable this to happen there had been an increase in social care support services across Warwickshire and the expansion of reablement this year that would continue into the new year was resulting in timely discharges and independence being maximised following hospital stays. She added that from an adult social care perspective the closure of the ward had been manageable.

2(3) Public Questions

1. Mr John Rattenbury

"Will the closure of this ward mean that some Rugby patients would be treated at Walsgrave? If so what arrangements will be made for disabled relatives to visit them?"

Andy Hardy responded that there was no change to existing arrangements at St Cross. Specialist acute care continued to only be offered at UHCW, but there were transport links in place.

2. Mr Lane

"Re the closure of Birch Ward and other cutbacks made at Rugby St Cross, to what extent has the PFI (Private Finance Initiative) had on these decisions?"

Andy Hardy noted that the PFI had not played into the decision to close Birch Ward. He added that the Government had commissioned an external review from McKinsey and Co to look at the financial sustainability of the 22 PFI Trusts, and UHCW had been identified as one of 16 that did not represent any financial sustainability challenge to the NHS.

3. Tony and Carla Conway

i. How much will be saved by the closure of Birch Ward and what percentage of the UHCW budget does this represent?

Andy Hardy noted that the initial saving that would be achieved from the closure was £375,000, which would mean a saving of £1.1m over a full year. This represented less than 0.25% of the UHCW annual expenditure of £453m.

ii. What other options have been considered to save that amount of money, and why are those options not being pursued?

Andy Hardy responded that UHCW had a cost improvement plan target of £28m, which was part of the NHS plan to save £20b. This plan was made up of approximately 400 schemes valued between £10,000 and £4m.

iii. What provisions will be put in place to cater for the patients who would have been cared for in that ward?

Andy Hardy responded that the due to the work being done to reduce the length of stay in hospital for patients and the reduction in GP referral numbers, that there was sufficient bed capacity for the current demand at St Cross now.

4. Mr Charles Johnson

i. "Does the Trust management recognise the need to care for the mental as well as the physical welfare of patients: If so how, can they justify making decisions that will inevitably lead to patients' distress and their isolation from (older or non driver) friends. These friends could provide the support necessary for an early release from hospital? If the Trust management recognise this need, why don't they provide necessary local health services over which they have control? i.e. Birch Ward?"

Andy Hardy stated that management were aware of how import it was to the wellbeing and recovery of patients, having family members visit. In relation to dementia care he noted that all wards had specialist input for dementia care, and the Trust had been recognised for their work following the opening of a dementia lounge for designed for patients with dementia, their relatives and carers.

ii. "Why do UHCW Managers receive up to 25 times more pay than the lowest paid full time worker?"If the Trust claims it has to pay big salaries to attract the 'best', why have the "best" landed us with an annual £30 million bill and £80 million debt? Why cannot the money for Birch Ward be made available by UHCW following the rule that no one working in UHCW receives any more that 7 times the pay of the lowest paid worker?"

Andy Hardy responded that the figures given were incorrect and that differences in salaries paid at UHCW fell within the recommendations made by Lord Hutton. He also confirmed that there was no income expenditure deficit at UHCW, and therefore no debt.

5. Mrs Jean Gibson

"Mrs Arthur James was the founder member of, and opened Rugby Hospital. The people of Rugby have kept Rugby St Cross Hospital going over the years and it is now being drained and taken over by University Hospital Coventry and Warwickshire. What is to happen to the people in Rugby who don't have the same amenities as those in Coventry and may not have a car to travel to Coventry?"

Andy Hardy responded that he was conscious of how dearly St Cross was held in the hearts of the people of Rugby. He gave his assurances that there were no further ward closures planned for St Cross and that Birch Ward had only been opened in September 2010 as part of a development that had not materialised. In response to a query about the Rugby Rag carnival, he added that the Friends of St Cross continued to raise money for the hospital and to provide vital voluntary services. Any money raised locally was used for St Cross only.

6. Mark Pawsey, MP

i. "What is the process that UHCW went through before making the announcement about the closure of Birch Ward?"

Andy Hardy noted that there were a number of stages to the process involving in decision making, including looking at where savings were possible and where savings were required within the changing care environment. He acknowledged that in this case UHCW did not get the engagement and communication right.

ii "Is St Cross bearing the brunt to protect the UHCW PFI?"

Andy Hardy referred to his earlier comments that the savings made from the closure of Birch Ward had nothing to do with PFI and represented £375,000 (£1m over a year) of the planned savings of £25m, mostly to be made on the Coventry site.

Iii "Is the closure of Birch Ward temporary?"

Birch Ward was not a permanent closure as the ward would still be available to address significant increase in demand.

2(4) Questions from Rugby Borough Councillors

Councillor Claire Edwards, Chair of the Rugby Borough Council Customer and Partnerships Committee thanked the speakers for their contributions, noting that St Cross was precious to Rugby residents and had been for a very long time. She accepted that UHCW did not consider the closure of Birch Ward a major change, but wanted to record that the people of Rugby did consider it a major change. She asked Andy Hardy to make a commitment that in future UHCW would engage properly with patients and the public.

Questions were invited from Rugby Borough Councillors and the following points were noted:

1. GP referrals had reduced by an average of 21%.
2. The normal engagement process and communication plan with local stakeholders had not been possible with the closure of Birch Ward due to information being leaked at an early stage. Every effort would be made to engage with local stakeholders as much as possible in the future.
3. The changing demographics in Warwickshire would mean an increase in older people and it was stressful for older people to travel to Coventry. Andy Hardy acknowledged that there were a number of patients currently in UHCW that did not need to be in an acute setting and more needed to be done to see what care could be provided in communities. The Arden Cluster were looking at how to better provide care for the frail and elderly and this needed to be done with partners in Social Care.
4. There were a number of plans in place to deal with all major events, including winter pressures, including the cancellation of elected operations and day cases. The unused beds on Birch Ward could be made available to deal with these events.
5. Members requested sight of the contingency plans to assess whether they were appropriate to meet demand.
6. On 31 October 2011 UHCW had been designated a major trauma centre. Future plans for St Cross included developing the Rugby site for rehabilitation for serious trauma patients to be moved on to.
7. In response to a query about the lack of capacity at UHCW, Andy Hardy noted that a lot of work had been done at the Coventry site to ensure patients were treated in the most appropriate setting.
8. The savings identified in the Cost Improvement Programme were efficiencies identified which would be reinvested elsewhere by the Commissioners. The Health budget had been protected by the Government in real terms.
9. Andy Hardy noted that the Macular Eye Unit, which had cost £2.5m to build, was an example of where money had been saved to reinvest. He added his determination in ensuring this facility was made available to Rugby residents.
10. Andy Hardy undertook to provide information on the availability of back services and physiotherapy services at Rugby St Cross.
11. Andy Hardy undertook to attend the next meeting of the Rugby Borough Council Customer and Partnerships Committee in February 2012.

Councillor Jerry Roodhouse, Chair of Warwickshire LINk noted that the health economy across Warwickshire was changing and would continue to become increasingly challenging. There were questions about all Warwickshire hospitals and where they sat within the changing health economy, and stated that George Eliot Hospital was facing pressure about

its future, and in general the system as it stands would be unsustainable in the future. He asked the following questions:

a. *There had been slippage within the UHCW Cost Improvement Programme of approximately £4-5m. Councillor Roodhouse asked if the closure of Birch Ward had been included in the initial programme.*

Andy Hardy responded that the decision to close Birch Ward was made at the beginning of October 2011.

b. *Section 242 of NHS Act 2006 put a requirement on NHS bodies to not only consult and engage, but to involve patients and public. In light of the reaction of the public and stakeholders to the closure who saw this as a massive change, Councillor Roodhouse sought assurances that public involvement would happen in the future, including greater interaction with the forum at St Cross.*

Andy Hardy accepted the duty to involve and engage. He added that he was spending increasing time with Clinical Commissioning Groups as part of his role. He acknowledged the need to engage with the people in Rugby about their needs and to involve stakeholders as much as possible.

c. *Councillor Roodhouse stated that there were approximately 100 beds at UHCW being occupied unnecessarily, including 30 delayed discharges. He asked whether UHCW had a capacity issue in light of this, and the fact that George Eliot was having to take patients from UHCW.*

Andy Hardy responded that there were a number of people in beds at UHCW that could be treated elsewhere and a reduction of 150-220 beds had been identified. These were not classed as delayed discharges and while the levels of delayed discharge at UHCW were high, but small in relation to other hospitals.

Andy Hardy stated that the shape of services across Coventry and Warwickshire had to be commission-led. Acute service providers had to feed into this process, making clear what services could and couldn't be offered. Providers at both UHCW and St Cross, together with local commissioners, needed to help PCT colleagues (and in the future the local arm of the NHS Commissioning Board) to make plans for the medium and long-term future.

2(5) Questions from the Adult Social Care and Health Overview and Scrutiny Committee

The Chair reminded Members that their role at this meeting was to consider the process followed by UHCW in making their decision and whether that decision represented a substantial variation.

During the ensuing discussion the following points were made:

1. There had been no redundancies as there had been staff vacancies elsewhere in the hospital as well as a number of banking/agency staff. If demand increased the hospital would again adopt a short-term reliance on banking/agency staff.
2. In terms of quality care it was better to close an entire ward at one time rather than to shift small numbers of patients.
3. UHCW was confident that the decision to close Birch Ward took account of clinical safety, quality and effectiveness. All 400 schemes identified to achieve savings had to be signed off by either the Chief Nurse or the Chief Medical Officer to ensure that patient safety and needs were met.
4. The decrease in GP referrals was due to a number of factors including referral agreement systems being put in place.
5. In response to a query about accessibility of the UHCW site, particularly parking, Andy Hardy acknowledged there were difficulties, but noted that work was being undertaken with Coventry planners around a second or third access to the site.
6. In response to concern raised about the accumulative effect of declining services, Andy Hardy noted that services were not about beds but about what services were available locally. He added that demand could be met when needed.
7. A ward that had been closed could be prepared and fully clean to open within 48 hours in needed in an emergency.

Mark Pawsey MP thanked the Adult Social Care and Health Overview and Scrutiny Committee for holding their meeting in Rugby.

2(6) Recommendations from the Adult Social Care and Health Overview and Scrutiny Committee

The Committee, having considered all the points that had been raised, agreed on balance that the closure of Birch Ward did not constitute a substantial variation and it was **Resolved** that:

> The Adult Social Care and Health Overview and Scrutiny Committee recognises the extenuating circumstances around the disclosure of the proposal to close the Birch Ward, and accept the decision.

The Committee record their concern at the lack of involvement with Rugby residents and all stakeholders, and their concern at the possible impact on Rugby patients who may in the future be treated at University Hospital Coventry and Warwickshire.

In light of these concerns, there are key lessons to be learnt and the Committee makes the following recommendations:

1. Where the University Hospital Coventry and Warwickshire NHS Trust plans to vary or develop services locally, the Adult Social Care and Health Overview and Scrutiny Committee and other stakeholder should be included at the earliest possible time in discussions to determine whether the proposal represents a substantial variation. If the outcome of that discussion is that a proposed change does represent a substantial variation, the Trust must consult the full Committee.
2. A decision on whether a formal public consultation is required should be made through involvement with the Adult Social Care and Health Overview and Scrutiny Committee.
3. Any future decisions should take greater account of engaging communities, patients and the public.
4. The "Good Practice Guidelines – NHS Service Variations and Developments" agreed by Warwickshire stakeholders in 2009 should be refreshed.
5. Regular updates on bed occupancy and repatriation at a ward level for University Hospital Coventry and Warwickshire and Hospital of St Cross should be provided to the Adult Social Care and Health Overview and Scrutiny Committee.
6. The Adult Social Care and Health Overview and Scrutiny Committee will monitor the outcomes on the closure of Birch Ward, Hospital of St Cross, Rugby.

…….
Chair of Committee

The Committee rose at 4:30 p.m.

Item 4

Item No 4

Adult Social Care and Health Overview & Scrutiny Committee

15 February 2012

Paediatric and Maternity Services at George Eliot Hospital, Nuneaton
Interim report of the Task & Finish Group

Recommendations:

(1) To endorse the progress of the Task & Finish Group

(2) To endorse the proposed next steps

1.0 Introduction

1.1 In 2011, the Arden Cluster (the merger of NHS Coventry PCT and NHS Warwickshire PCT) gave notice of its intention to consult on changes to the provision of paediatric and maternity services in North Warwickshire. Specifically, this was in relation to the continued provision of services at the George Eliot Hospital (GEH), Nuneaton.

1.2 There has been professional consensus that the current in-patient paediatric service at GEH is unsustainable, and should be relocated to University Hospital Coventry and Warwickshire (UHCW). This is due to a low volume and variety of cases at GEH, which prevents doctors from gaining the experience they need to develop and progress, which in turn has had a negative impact on staff retention and morale. The low case load and diversity has also restricted the training that the hospital can provide to junior doctors. As a result, the West Midlands Deanery concluded that it could no longer support medical paediatric training at the site, and withdrew training from September 2011.

1.3 The transfer of in-patient paediatrics away from GEH would have consequences for other GEH services. Without consultant paediatricians on-site 24x7, GEH would not have the expertise to address problem births at the maternity unit. The Arden Cluster has therefore commissioned a wider review of paediatric and maternity services for North Warwickshire to ensure that services for women and children and safe and sustainable.

1.4 As part of this review, the Arden Cluster is obliged to consult the Adult Social Care and Heath Overview & Scrutiny Committee as it involves a “potential substantial change or variation in the provision of health services”.

1.5 A Task & Finish Group was established to scrutinise the review, with a remit to consider:

- The consultation process undertaken by the Arden Cluster, including pre-consultation engagement, development of the options, awareness of local needs and potential impacts
- The effectiveness of the consultation process, including whether it is reaching the right people in the right areas and the ease with which people can submit their views
- A formal response to the consultation on behalf of the Adult Social Care and Health Overview & Scrutiny Committee

1.6 The current membership of the Task & Finish Group is as follows:

- Cllr Martyn Ashford
- Cllr Peter Balaam (Chair)
- Cllr Jim Foster
- Lesley Hill (LINk representative)
- Cllr Barry Longden
- Cllr Carolyn Robbins
- Cllr Sonja Wilson

1.7 Due to a number of changes and delays in the proposed consultation process (summarised in the table below), the Task & Finish Group agreed that this interim report should be brought to the Committee now to provide an update on progress to date and to seek endorsement on the proposed next steps.

2.0 Progress to date

2.1 Regular meetings have been held to receive information and hold discussions with representatives of the Arden Cluster. Some members have also participated in stakeholder events.

2.2 Many issues have been considered so far – including clinical robustness, operational viability, physical access to facilities (transport etc), continuity of care for users and the views of hard-to-reach groups.

2.3 Alongside the work of the Task & Finish Group, the consultation process is being reviewed by the National Clinical Advisory Team (NCAT) and the Department of Health "Gateway Review" process. The NCAT review focuses on issues of clinical robustness, while the Gateway Review focuses on governance of the service redesign process.

2.4 In order to avoid duplication with these reviews, the Task & Finish Group has agreed to narrow its focus. Members are focusing their scrutiny on the potential impact on users of the options (such as accessibility of services and the practicalities of transport) and the reach of the consultation (to ensure hard-to-reach groups are included and a variety of opinions are submitted). Members will defer opinion on clinical and governance matters to the NCAT and Gateway reviews, and consider any issues within those reports as they arise.

2.5 The following table provides a timeline of the Task & Finish Group's activity to date.

Date	Arden Cluster update / member activity	Outcome
26 July 2011	Members were Informed that alternative service models are being explored, and the public consultation is to begin in October 2011.	Members to await details of proposals
3 Oct 2011	Members were informed of delays to the previous timescales, and the revised next steps: - "Options appraisal" workshop scheduled to analyse 6 service options against standard criteria - "Business Case" to be developed, to validate the financial, clinical and operational sustainability of the options - Gateway Review scheduled for November, to ensure robustness of consultation planning and governance - Public consultation to begin 5 Dec 2011	Cllr Longden and Lesley Hill to participate Cllr Longden to participate
2 Nov 2011	Members were given timelines for reviewing the Business Case and draft Consultation document, and asked to respond within 5 working days.	Meeting scheduled for 17 Nov 2011
17 Nov 2011	Meeting postponed due to further delays	
18 Nov 2011	Delayed receipt of Business Case and draft Consultation (in which the 6 original options had been reduced to 3 options). Members were required to respond within 2 working days.	Emergency meeting scheduled for 21 Nov 2011
21 Nov 2011	Members met to review the above documents and discuss concerns.	Formal response letter drafted overnight
22 Nov 2011	Formal response letter of the T&F Group submitted, signed by Cllr Balaam and Cllr Caborn	
24 Nov 2011	Press release issued by Arden Cluster stating that public consultation is delayed until new year to allow further work on Business Case.	Members to await details of proposals
11 Jan 2012	Members were informed of the latest status, explained below (2.6 and 2.7).	Members to await details of next steps Members are still awaiting a written reply to the 22 Nov letter

2.6 The main reason for the delay in consultation centred on Option C of the shortlisted options, which proposes that all services remain at GEH apart from in-patient paediatrics.

2.7 Although Option C ranked first in the non-financial options appraisal and is the preferred option for GEH, the Arden Cluster is seeking assurances over the sustainability of the workforce plan, based on the following concerns:

- The paediatric case mix at GEH will remain low, making it difficult to recruit and retain doctors

- The option is not supported or deemed safe by current paediatricians and neonatologists because GEH has so far been unable to find a viable model that ensures the long-term retention of suitably qualified doctors

2.8 On 23rd January 2012, a press release was issued stating that GEH is proposing a partnership with South Warwickshire NHS Foundation Trust in order to support Option C. This would provide a resident rota of consultant paediatricians working on the GEH site, employed by South Warwickshire NHS Foundation Trust. It is intended by GEH that this new partnership will provide a viable model and therefore meet professional concerns about Option C.

2.9 This proposal will be independently reviewed by a consultant from the Royal College of Paediatricians and by NCAT. The outcome of these reviews will inform the Arden Cluster's judgement of whether Option C is sustainable over the long term and can therefore be included as an option for public consultation.

3.0 Proposed next steps

3.1 The Task & Finish Group seeks endorsement from the Committee to:

- Continue in its current form, with its main focus of scrutiny being the potential impact on users and the reach of the consultation (deferring clinical and governance issues to the NCAT and Gateway Review teams)
- Continue to scrutinise and provide its views to the Arden Cluster during the pre-consultation phase – i.e., the development and finalisation of the Business Case and Consultation document
- Instruct the Arden Cluster that it requires at least 5 working days to consider and respond to these documents, preventing a repeat of the scenario that occurred on 21 November
- Scrutinise the consultation response rate at 30 days and 60 days from the date of commencement, with a view to making recommendations that improve participation (if necessary)
- Bring a draft formal consultation response to the Committee for approval when appropriate*

*As the consultation dates have not yet been announced, it is not known if this response can be bought to a scheduled Committee meeting date. Therefore, members may wish to consider if a special meeting would need to be convened or if approval of the response could be sought outside the formal Committee setting (i.e., via email).

Position	Name	Contact Information
Task & Finish Group Chair	Cllr Peter Balaam	cllrbalaam@warwickshire.gov.uk
Report Author	Richard Maybey	richardmaybey@warwickshire.go.uk

West Midlands Ambulance Service NHS
NHS Trust

WARWICKSHIRE HOSC MAKE READY

makereadyproject@wmas.nhs.uk

Warwickshire HOSC – Operational Overview

WMAS Mission Statement

'Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies .'


Warwickshire HOSC – Operational Overview

Warwickshire Overview

Population	**535,000 +310,000**
Ambulance Activity	**52,750 (C&W 91,715)**
Category A8 Performance	**74.1% (C&W 77.5%)**
Category A19 Performance	**96.7% (C&W 97.9%)**
Patients Conveyed to Hospital	**60,141/56.41%**
Operational A&E Vehicles	**30 (C&W 64)**
Operational Staff	**189(C&W 296)**
Operational CFR Schemes	**32 groups (16 Schemes)**

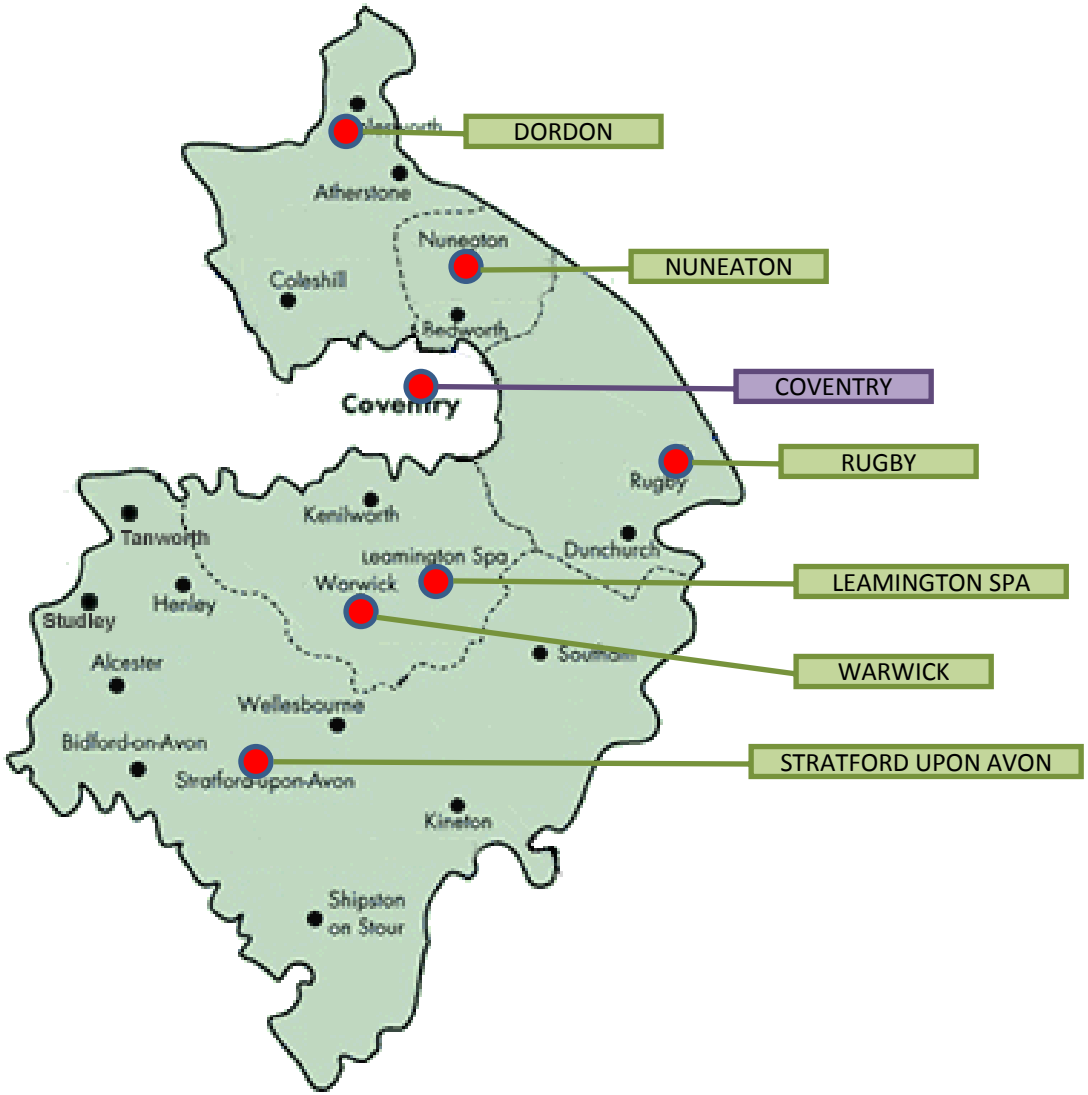
Data: 01/04/2011 – 31/01/2012

Warwickshire HOSC – Operational Overview

Current Ambulance Station Sites
1. Rugby (includes Fleet workshops)
2. Nuneaton
3. Dordon
4. Warwick
5. Leamington Spa
6. Stratford upon Avon

Warwickshire HOSC- Make Ready

Current Ambulance Station Locations



Warwickshire HOSC – Operational Overview

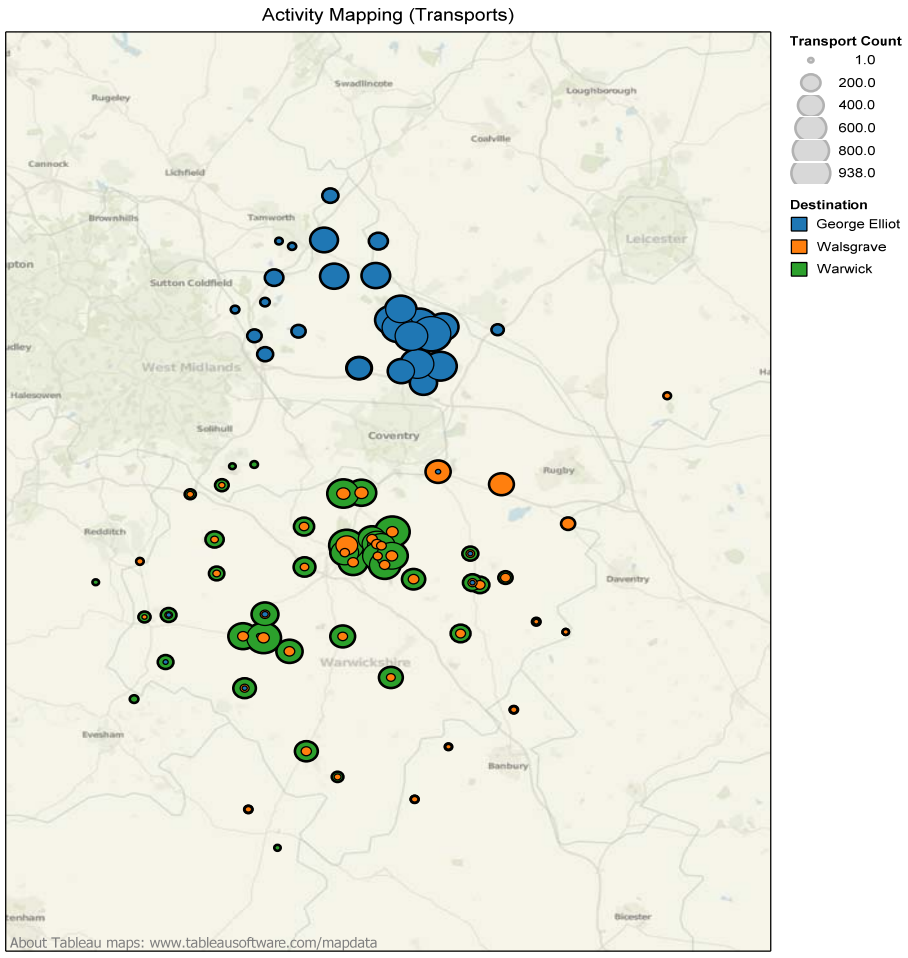
Hospital Activity

	Activity
Warwick	12,989 (14.1%)
George Eliot	10,042 (10.9%)
St Cross	638 (0.7%)
UHCW	36,472 (39.7%)
YTD Conveyance	60,141 (64.00%)

Data: 01/04/2011 – 31/01/2012

Warwickshire HOSC – Operational Overview

Origin of Patients and Destination Hospital



Map based on Longitude (generated) and Latitude (generated). Color shows details about Destination. Size shows Transport Count. Details are shown for Postcode Sector Group. The context is filtered on Call Type, Date and Geography. The Call Type filter keeps 999 CAT A/B/C Emergency. The Date filter keeps 2011/2012. The Geography filter has multiple members selected. The view is filtered on Destination, which has multiple members selected.

Patients from Warwickshire are conveyed out of the county to the University Hospital of Coventry & Warwickshire in Coventry on a regular basis to ensure that the patient is presented at the most appropriate facility for their condition/injury ie cardiac, major trauma.

Warwickshire HOSC- Make Ready

'A quality assurance vehicle and equipment preparation programme designed to improve efficiencies across the whole spectrum of Ambulance Operations.'

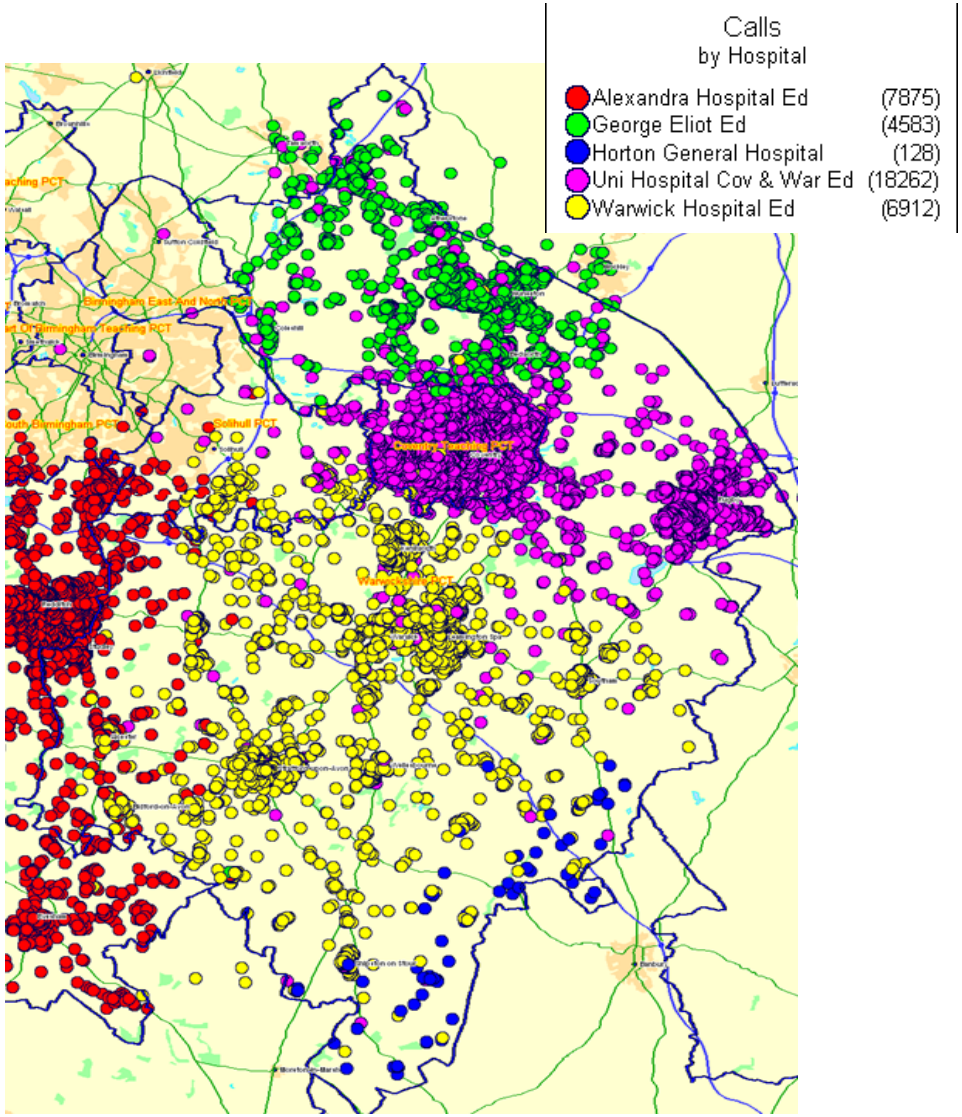

Warwickshire HOSC- Make Ready

Why Do Make Ready?

Support the Trust's key objectives (Right time, right place, right care)
Improving efficiencies within Operations
Reduction of expenditure on stock & wastage of disposable items
Minimise operational 'down time' due to logistical issues
Effective management of medical devices
Improved control of medicines management
Improve CQC compliancy and infection prevention & control issues

Expected Benefits of Introducing Make Ready
Improved Response Times
Maximise Unit Hour Utilisation through effective readiness
Improved vehicle cleanliness (Infection Prevention & Control)
Improvement in medicines management
Assurance of consistency on vehicle stocking, checking, servicing
Improved asset management & control of medical devices
Minimise Critical Vehicle Failure Rate
Savings on drug wastage (10%)
Savings on medical gases (10%)
Savings on medical consumables (20%)
Savings on stationary supplies (50%)

Warwickshire HOSC- Make Ready



Patient Flow

- There are three main acute hospitals within Coventry and Warwickshire and a small unit in Rugby.

- George Elliot – Nuneaton
- UCW – Coventry
- Warwick Hospital - Warwick
- St Cross - Rugby

- This flow is split between five main centres of activity in the key towns within the County, but with the largest volume within Coventry.

- There is a small amount of activity in Rugby moving towards St Cross Hospital.

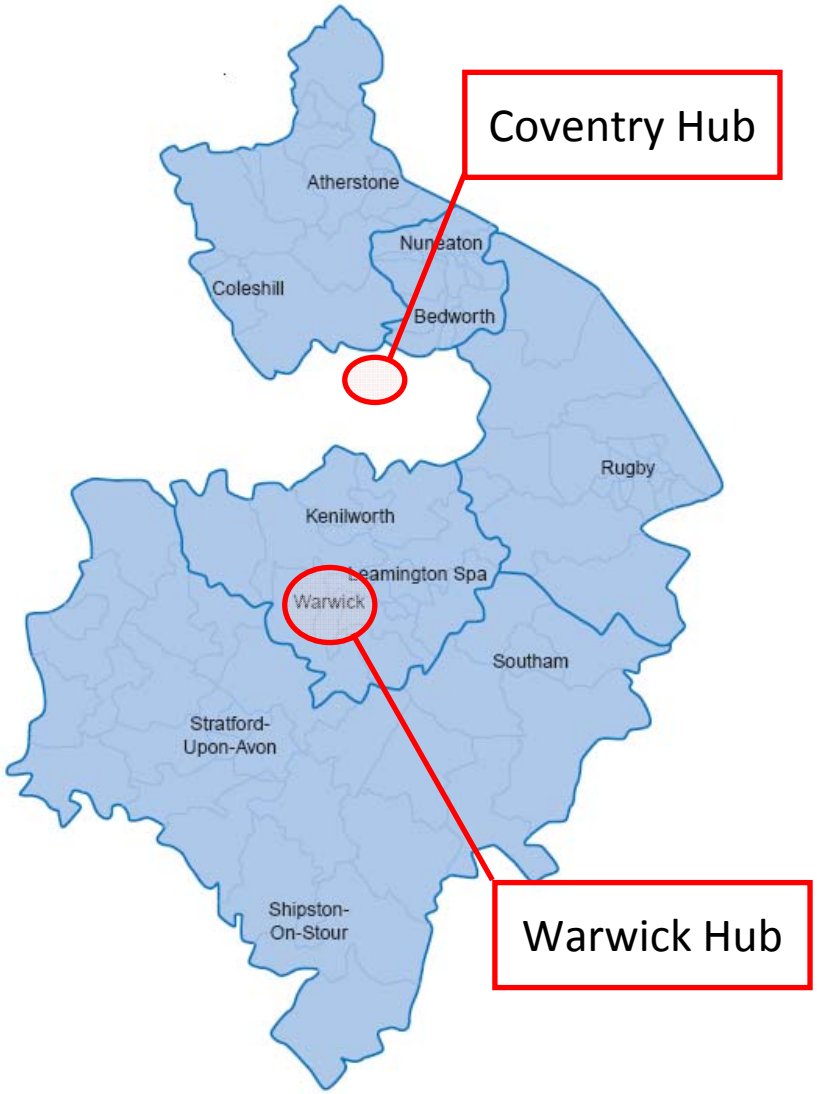
Warwickshire HOSC- Make Ready

Regional Outline Programme

Year 1 (2011/12)	Year 2 (2012/13)
Hereford	Birmingham East
Shrewsbury	Birmingham Central
Donnington (Telford)	Coventry
Dudley	Warwick
Willenhall	Worcester

Warwickshire HOSC- Make Ready

Warwick HUB



A single site based in the Warwick area will offer
good coverage for South Warwickshire. A search is currently underway to identify a suitable site that is fit for purpose taking into account:

- access/egress
- patient flows
- local road infrastructure.

The hub will be the central point where ambulance crews will start and finish their shifts.

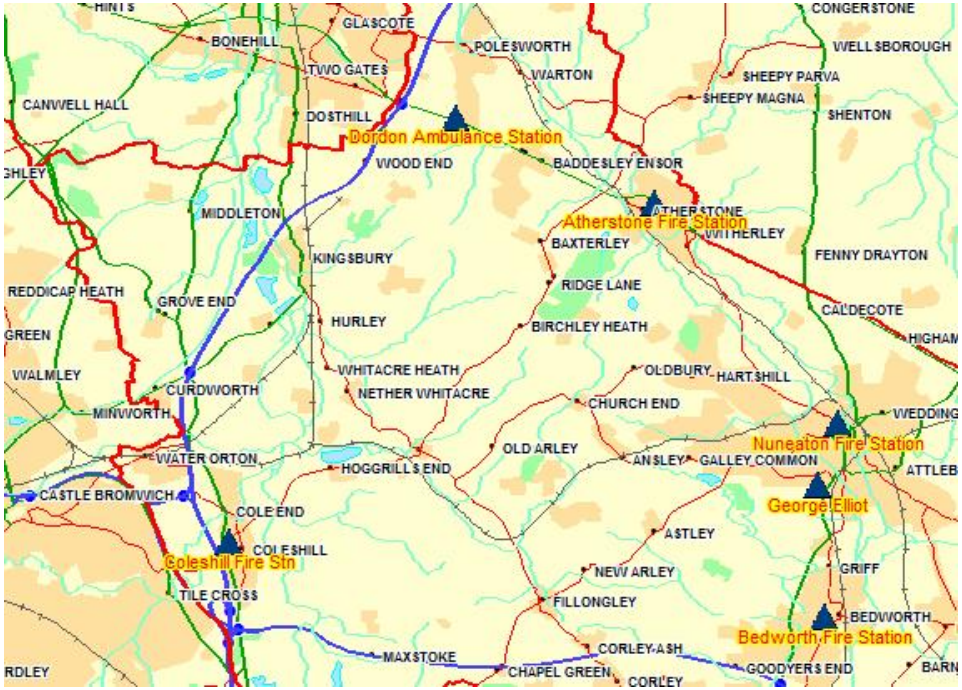
Staff who fulfill the Community Paramedic role will start and finish at their designated site , maximising cover across the county.

Warwickshire HOSC- Make Ready

Post Make Ready - Standby	
Warwick (HUB)	
1. Stratford upon Avon	**4. Bedworth**
2. Leamington Spa	**5. George Eliot Hospital**
3. Alcester	**6. Atherstone**

Post Make Ready *Community Paramedic Schemes*	
North	**South**
1. Coleshill	**5. Kenilworth**
2. Dordon	**6. Wellesbourne**
3. Nuneaton FS	**7. Shipston on Stour (MIU)**
4. Rugby St Cross	**8. Southam**
	9. Henley in Arden

Warwickshire HOSC- Make Ready



Post Make Ready Community Ambulance Station Network North Warwickshire

Post Make Ready Community Ambulance Station Network South Warwickshire

Warwickshire HOSC- Make Ready

A Hub in Staffordshire

Regional Make Ready System

The Ambulance Fleet Assistants

Summary

- Improve response needs & response times
- Meet needs of the Patient (right time, right place, right care)
- Improve patient outcomes
- Reduce waste & increase efficiency
- Reduce downtime of resources
- Reduce hospital admissions through improved staff training – Advanced Paramedics in cars

Warwickshire HOSC- Make Ready

Any Questions

West Midlands Ambulance Service NHS
NHS Trust

NHS PATHWAYS & CMS DOS

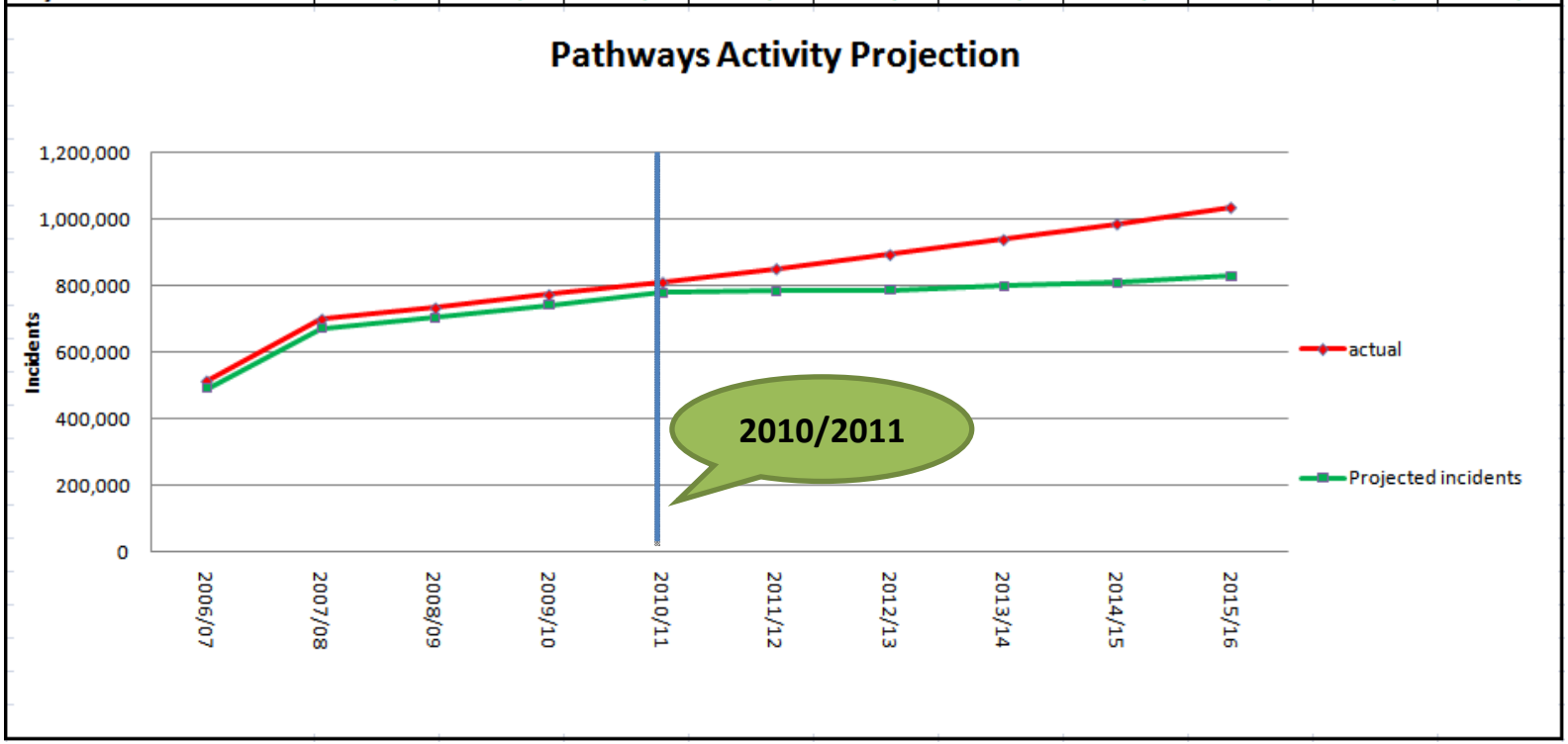
WORKING IN PARTNERSHIP

NHSPathways@wmas.nhs.uk

NHS Pathways & CMS DOS

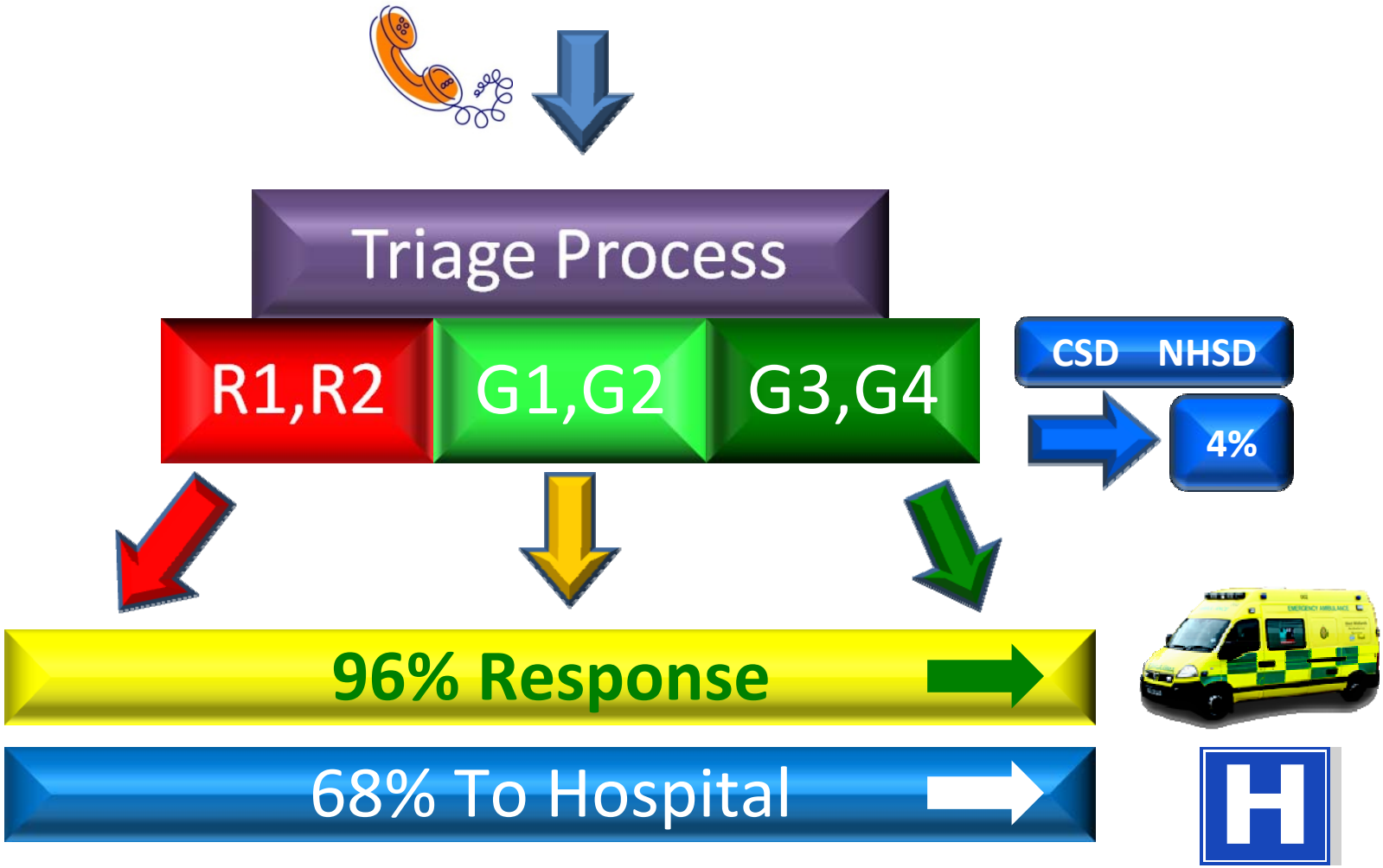
WMAS Ambulance Responses - Projected 5 Year Activity

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
actual	512,688	699,040	733,035	772,830	810,074	850,878	893,737	938,755	986,041	1,035,708
contract (5% growth)		708,329	719,479	747,685	810,894	851,439	894,011	938,711	985,647	1,034,929
% increase			104.86%	105.43%	104.82%	105.04%	105.04%	105.04%	105.04%	105.04%
% Activity stopped at source	4%	4%	4%	4%	4%	8%	12%	15%	18%	20%
Incidents stopped at source	20,508	27,962	29,321	30,913	32,403	68,070	107,248	140,813	177,487	207,142
Projected incidents	492,180	671,078	703,714	741,917	777,671	782,808	786,489	797,942	808,553	828,566



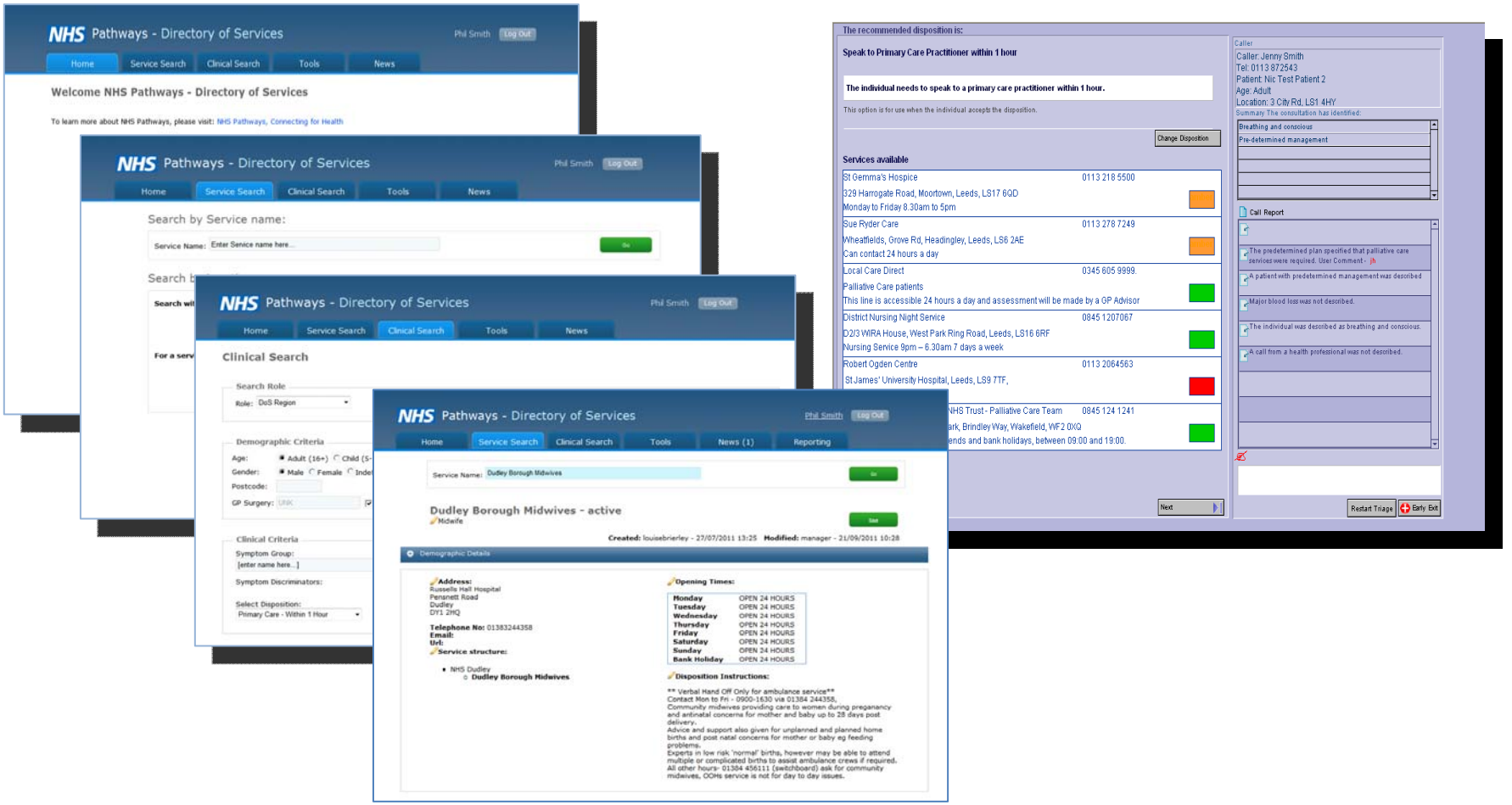
NHS Pathways & CMS DOS

The Previous Position Within WMAS 999



NHS Pathways & CMS DOS

CMS DOS (Multiple Presentations Shown)



https://nww.pathwaysdos.nhs.uk

DOS via NHS Pathways (999)

NHS Pathways & CMS DOS

The Pathways Solution Within WMAS 999

Pathways

Red Flag | Further Assessment | CSD

DOS

CMS

HCRT/REFS | A&E | MIU | DN

GP in hrs | GP OOH | WiC

Midwife | Pharmacy

NHS Direct | Other services

Immediate

72 Hours

NHS Pathways & CMS DOS

CMS Directory of Services (DOS)

Pathways Modules

DOS

CSD

Module collects Clinical markers (Algorithms) based on ‘ruling out’

NHS Pathways & CMS DOS

The Importance of an Integrated NHS Pathways & CMS DOS

Key System Benefits:

- **Patients go to the 'Right Place, First Time, All of the Time'**
- **Improved patient journey and experience**
- **Better use of available services**
- **Cost base for assessment and referral to care much reduced**
- **Inappropriate ambulance journeys avoided**
- **Reduction in 999 conveyances and A&E attendances**
- **Gives commissioners world class data on what services are needed**

NHS Pathways & CMS DOS

Clinical Safety & Clinical Support

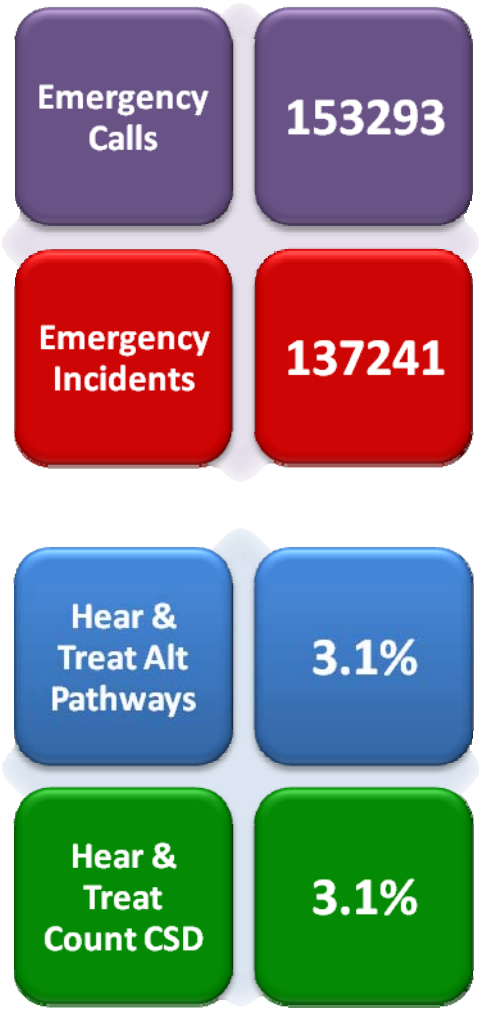
- **Extensive piloting – over 1.3 million patient calls safely assessed across 4 different sites– No adverse incidents**
- **Academic evaluation by 3 universities – 'safe and appropriate'**
- **Ministerial license for use granted February 2009**
- **BMA and Royal Colleges – overt support**
- **National Clinical Governance Group chaired by RCGP**

BMA Royal College of Nursing RCGP Royal College of General Practitioners The University Of Sheffield. Swansea University Prifysgol Abertawe University of Southampton

NHS Pathways & CMS DOS

Tollgate Activity

12/07/2011 – 30/01/2012



Ambulance Response	115288
Community Healthcare Service	74
Dentist	41
Early Exit	642
ED Referral	2553
Health Information service	12
Home Management	716
No Value (attend Inc)	1857
Other Emergency Services	44
PARA Triage	523
Protective Services	5
Referred to GP	4592
Specialist Healthcare Service	29
Vehicle Arrived Before Coding Complete	10865

NHS Pathways & CMS DOS

Warwickshire Activity

12/07/2011 – 30/01/2012

Ambulance Response	28109
Community Healthcare Service	5
Dentist	6
Early Exit	174
ED Referral	596
Health Information service	4
Home Management	163
No Value (attend Inc)	274
Other Emergency Services	10
PARA Triage	117
Protective Services	2
Referred to GP	1036
Specialist Healthcare Service	5
Vehicle Arrived Before Coding Complete	2655

NHS Pathways & CMS DOS

Any Questions

Item 6

Item No 6

Adult Social Care and Health Overview and Scrutiny Committee
15th February 2011

Child and Adolescent Mental Health Services Waiting Times

Recommendations

(1) That the Adult Social Care and Health Overview and Scrutiny Committee (ASC & HOSC) request that Coventry and Warwickshire Partnership Trust (CWPT) produce a report for the Committee to consider at their meeting on the 11th April 2012 outlining the precise nature of the current Child and Adolescent Mental Health Service (CAMHS) waiting lists and an action plan outlining how these will be addressed in the next six months.

(2) That CWPT bring a further report to ASC & HOSC on 5th September 2012 that provides a full account of the current waiting and the actions that have been put in place to address these waits.

(3) That commissioners explore new ways of addressing waiting times including benchmarking Coventry and Warwickshire Partnership Trust (CWPT) against statistical neighbours, the re negotiation of the contract with CWPT and testing the market for potential providers. The outcome and recommendations to move this forward will be brought back to ASC & HOSC on 5th September 2012. Any decision on changes to the current contractual arrangements will require authorisation and support from the Arden Cluster and Clinical Commissioning Groups

1.0 Background

1.1 The Health Overview and Scrutiny Committee received a presentation from CWPT on the 16th October 2009, providing details on waiting times for their Specialist Child and Mental Health Services. In response to the concerns raised at that meeting, a joint scrutiny panel was set up comprising members of the Children, Young People and Families and the Health Overview and Scrutiny Committees. This panel held a select committee on 16th September 2010 established to scrutinise the provision of CAMHS and, in particular, explore why waiting times were regularly exceeding the 18-week target. A formal report was produced collating the evidence gathered and setting out the recommendations of the scrutiny group, which was agreed by the ASC&H OSC Committee on 16 September 2010 and approved by the Cabinet at their meeting on 16 December 2010.

1.2 An Action Plan was produced as a result of the recommendations agreed by Cabinet and this report is the second progress report against these recommendations that has been presented to ASC & HOSC.

1.3 2010/11 NHS Warwickshire applied a Commissioning for quality and innovation (CQUIN) incentive to reduce the referral to treatment waiting time to a maximum of 14 weeks. The outcome at 31 March 2011 was:

- South Warwickshire 77%
- North Warwickshire 24%

Aggregated over the twelve month period just over 50% of patients were seen within the 14 week maximum waiting time target for treatment

2.0 Key Issues from the Action Plan

2.1 That there are specific concerns about particular key actions where progress is limited;

2.2 *Waiting Times remain unsatisfactory*. ASC & HOSC is advised that although waiting times initially fell as a result of the CQUIN and the implementation of CAMHS remodelling through the Choice and Partnership Approach (CAPA) at the end of Q2 2011/12, 68% (206) of children waiting for CAMHS services, were waiting over 14 weeks for treatment. These figures are less favourable than waiting times for Q2 2010/11.

	2010/11				2011/12	
	Q1	Q2	Q3	Q4	Q1	Q2
No of referrals	592	444	582	696	566	490
			From referral to assessment			
0-7 weeks			25	47		
7 + weeks			119	48		
	From referral to treatment		From assessment to treatment		From referral to treatment	
0-14 weeks	131	85	38	70	30	98
14 weeks and above	106	61	176	154	213	206
% waits above 14 weeks	44%	42%	83%	69%	88%	68%

2.3 *The data currently provided does not give a complete picture of waits*. Waiting time data improved during 2010/11 due to the reporting requirement s applied against the CQUIN. CWPT are unwilling to continue to report at this level of detail.

2.4 *Demonstrable outcomes*: Anecdotally and through satisfaction surveys (ESQ) patients and their parents report a good experience of specialist CAMHS treatment services. However the implementation of outcome measures beyond collecting a baseline (point 3.6) is still required, so that CAMHS can demonstrate that their services are having an impact and are making a difference to the mental health of young people who access their services

2.5 *Financial reporting* as proposed The Action Plan states that CWPT Board are not prepared to share this information, therefore the bench marking exercise against statistical neighbours will not be able to fully evidence value for money.

2.6 *Business Case;* CWPT have stated in previous reports to HOSC and ASC & HOSC that a business case is required to demonstrate that additional resources are required to bridge the gap between capacity and demand. This report was due in April 2011 but this has never been received. A clear understanding of the capacity and demand would assist commissioners in working with CWPT to plan for meeting the needs of children and young people in Warwickshire.

3.0 Progress Against The Action Plan

3.1 Progress against the following actions, in particular is noted:

3.2 *CAPA ;* The role out of the remodelling of pathways through CAMHS; the Choice And Partnership Approach (CAPA) across the CAMHS county bases be recognised as a positive step in making services more accessible to children and their parents, initially reducing waits and by simplifying the routes into treatment.

3.3 *Primary Mental Health ;* The commissioning of a new Primary Mental Health Team, made up of five workers, now all in post, one for each district/borough, will build on the successes of the Targeted Mental Health in Schools Project (TAMHS). Schools, Primary Health and Children's Centres now have access to mental health advice, consultation and training and are supported and better equipped to deliver early interventions to young people they identify as having emotional issues. (Appendix A)

3.4 *Website*; CWPT's new website for children, parents and professionals provides a raft of information to children and young people, their parents and professionals so they can have a better understanding of the emotional well-being and mental health problems that may occur and what to do should they experience them. The website also offers information about accessing specialist CAMHS and other local services.

3.5 *Relationships*; CAMHS report enhanced relationships and communication between their services, parents and schools; consent process for CAMHS to share information with schools are in place, better communication about the process and predicted waits will improve further now the PMHW's are in post.

3.6 *Baseline Measures;* The collection of baseline outcome measures. CWPT have completed a large amount of work in identifying a raft of tools that can be used with children, young people and parents to measure the impact their service has on the mental health of the children they see. This work has commenced with regards to ascertaining scores for a samples of children and parents to give a baseline in understanding the complexity of the children presenting across Warwickshire.

4.0 Proposals

4.1 Satisfaction surveys data demonstrates that once families receive a service from CAHMS they are generally very happy with the care and support they receive. Nevertheless the inability of CWPT's CAMHS service inability to evidence the positive impact that their treatment has upon children and young people, the current waiting times, lack of robust data and financial information all add weight to the argument that value for money measures cannot be undertaken and more radical actions are needed to improve services for the children of Warwickshire.

4.2 It is recommended that the commissioner, with support from member of the Emotional Well Being and Mental Health Strategy Group explore what actions could be taken and whether there are sub regional solutions.

5.0 Timescales associated with the decision/Next steps

For commissioners and CWPT to present back with their further work with regards to driving down waits to the ASC and HOSC to be held on 5th September 2012.

Background Papers

1. ASC &H OSC - 13th April 2011, Scrutiny of CAMHS- Progress Report
2. Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 at Shire Hall, Warwick
3. Scrutiny Review Implementation Plan – CAMHS Waiting Times (Joint document produced by Loraine Roberts, General Manager, CAMHS, CWPT and Kate Harker, Joint Commissioning Manager – CAMHS.
4. Report to ASC&H OSC dated 16 September 2010 and to Cabinet dated 16 December 2010 and the associated minutes
5. Report of the Joint Scrutiny Panel of the Children, Young People and Families and the Health Overview and Scrutiny Committees, June 2010

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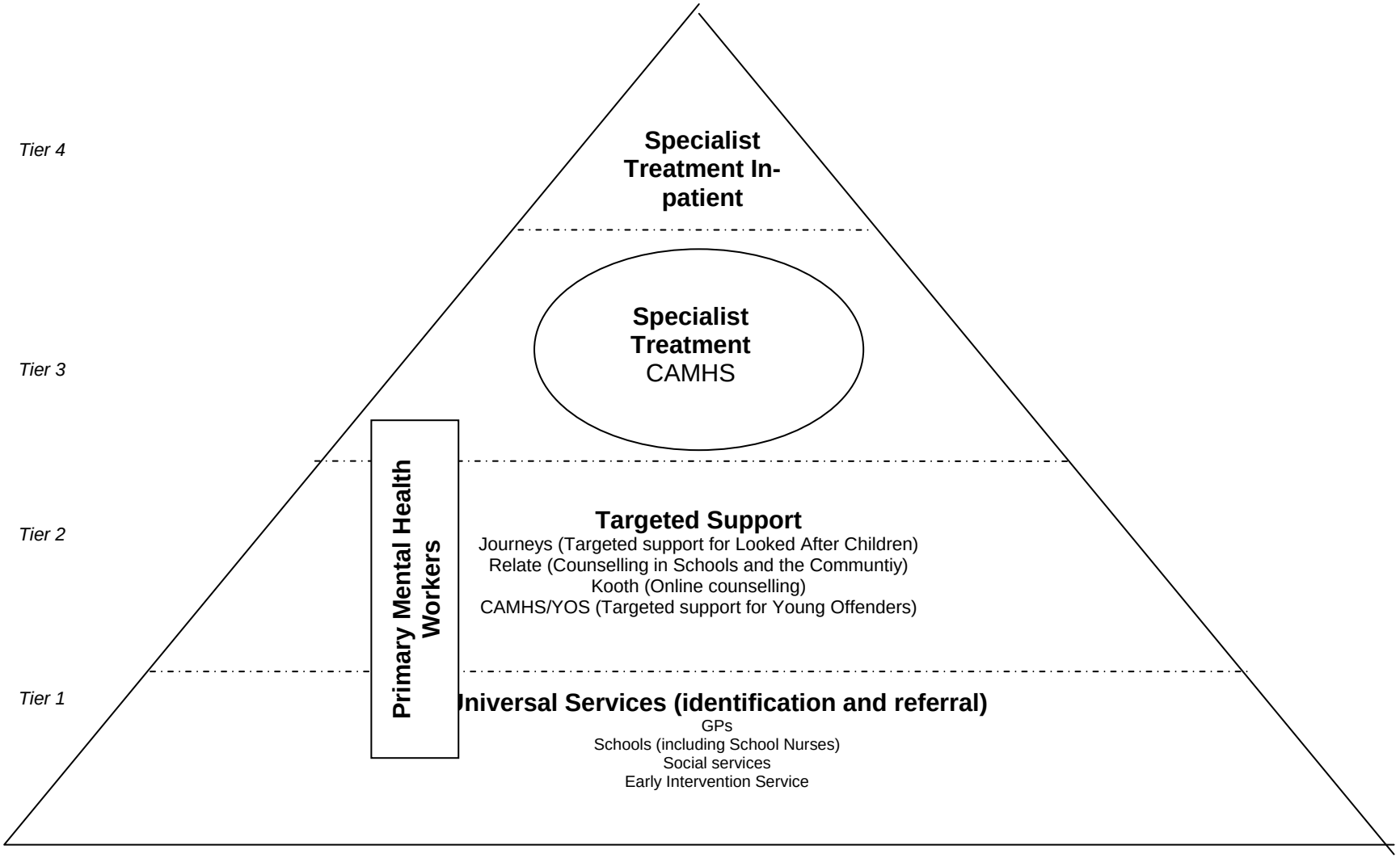
Tiered model of provision for emotional well-being



Scrutiny Review Implementation Plan – CAMHS Scrutiny Review

Key	★	Exceeding target	●	Meeting target	▲	Missing target

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	Choice and Partnership Approach (CAPA)					
A	That the CAMHS Scrutiny Panel endorses the implementation of CAPA as CWPT's model for redesigning Specialist CAMHS in Coventry and Warwickshire and requires updates to be provides to the Adult Social Care and Health OSC when		Implement CAPA in phased plan across the county Establish process to create clear Job plans of all staff to understand team capacity CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during November 2010 to request additional resources to meet the actual demand for our services. Explore thresholds as well as Pathways to facilitate ease of access	**To maintain CAPA without the adequate staffing will be a risk and the waiting lists will start to increase again. 1 medical consultant and 4.9 WTE staff under resourced**.	**March, 2011**-The Partnership Trust has begun the process of service redesign using CAPA and this has highlighted the lack of sufficient capacity as compared to the demand. Whilst we are clear that the initial phase of the 'waiting list blitz' is having very positive results on the waiting times, the potential / ability to maintain this without adequate staffing will be a risk and fear that the waiting lists will start to increase again. CWPT is putting a business case to the Joint Commissioners, NHS Warwickshire and Warwickshire County Council during April, 2011 to request additional resources to meet the demand for our services. **January2012** –Loraine Roberts (CWPT) – A business / plan case is to be completed to take to the commissioners in **March** 2012. The ongoing work being done on agreeing pathways and thresholds for the specialist service will support	▲

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					this process. This work is imperative to understand how much capacity will be released if any. Referral rates have continued to increase in some areas as much as 25% increase in referrals has been noted. As a result of this full figures per GP / referrer are in the process of being pulled for PCT commissioners as requested but a meeting to take this forward is still being arranged. The issue around demand outstripping capacity remains an issue. Kate Harker (Joint Commissioning Manager – CAMHS) - No business plan with regards to the need for increased resources that was mentioned in the last report from the Trust has been received to date. Review of Pathways is well underway. ASD, Enuresis and encopresis, ADHD, eating disorders and bereavement are amongst the first pathways to be reviewed	
Improving the link between specialist CAMHS and Schools						
B	That CWPT ensures communications between Specialist CAMHS and Warwickshire schools be improved by the following:					
	Providing an information pack to all schools by the start of the new school term in January 2011, that gives clear guidance on the latest		Create information pack Share this resource freely	**Cost for website development**	**March 2011** -Information pack was created – now in process of amendment due to cuts in Services	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	procedures, referral processes and other relevant information (such as the right of benefit claimants to claim travel expenses)		Website to be developed for Children, Young People, Parents & Professionals.	**and printing** **£12,000.00** **Jan 2012** – Cost to upkeep the website and printing £2500 Per year	and Changes to Benefits system. **January 2012** – Information pack no longer valid due to large change in voluntary and statutory provision with the Savings needed to be made by Health and Council. Clear links will be made available on the new Camhs website to access support / strategies for all partners as well as parents and young people www.covwarkpt.nhs.uk/camhs	★
	Implementing the necessary arrangements for parents/guardians to give permission for case information to be shared with schools (appointment dates, progress of treatment etc). This would allow schools to assist families in attending appointments and implement strategies (as advised by Specialist CAMHS) to support students during their treatment.				**January 2012** – LR -Consent to share information is now gained as part of the choice appointment within CAPA.	★
	Acknowledging receipt of referrals made by schools within 5 working days and providing an outline of expected waiting times for an appointment		Refer to letter to Councillor Caborn re: implementation of CAPA. With clear Standard Pathways to be developed.		**March 2011**- LR Good progress in South with CAPA which has resulted in clear communication being essential between CAMHS	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					and schools. North Warwickshire to start 1st June, 2011	
				Jan2012 Cost of 3 additional staff Approximately £130 k	**January 2012** –LR – CAPA has now been rolled out across all services – part of this process is clear communication in a timely manner to the Families and referrers. Clear communication will be vastly improved with the commencing of Primary Mental health workers across all 5 boroughs of the council. 1 of these staff has a key remit and link re: schools / education. There is evidence to support that for the population size this should be a team of at least 8 workers.	
	Developing greater communication between Specialist CAMHS and schools regarding appropriate strategies that schools can adopt to support students. Specialist CAMHS should check with schools on the appropriateness of any strategy before informing parents that these will be undertaken		Develop & establish communication with Schools. Use established Forums to discuss issues with Schools.		**March 2011** - Attendance at Behaviour Panels established. Use of Primary Mental Health Workers to link with Schools implemented **January 2012** – LR –The original 2 Primary Mental Health workers are now 5 staff due to a new commissioned service by the Council. This will aid the linking between Schools, Camhs and other key agencies. Ed Psych and Camhs to begin collaborative work in the new term so that work and input isn't duplicated and specialist	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					roles are maintained. K.H - The Targeted Mental Health in Schools evaluation has quite firmly confirmed our belief that Primary Mental Health Workers in Schools are an excellent resource to build confidence and competence amongst such staff in dealing with emotional well –being issues. As such a contract has been put in place between WCC and CWPT to commission a Primary Mental Health Service. All 5 staff are now in place and working both in schools and out in the community	
	Introducing greater flexibility for where and when Specialist CAMHS appointments should be held. CAMHS staff to agree a preferred time and location with parents and service users, which could be school, community or home settings. This would avoid service users and parents having to travel long distances to appointments and therefore increase the likelihood of attendance		Ensuring suitable venues with both ease of access and providing confidentiality are available. Appointments are already offered in a range of settings however Work to be done to establish the impact of outreach work against the unproductive level of travel time for our staff whilst we are operating under the current level of funding shortfall.		**March 2011 –** LR • Liaison with Schools for potential Venues. • Scope travel time and Outreach work has begun January 2011. **January 2012** LR **–** There is still work to be done on this, the partnership trust is in the process of reviewing where and how services are offered as well as work that needs to be done with other agencies to identify suitable venues for sessions. KH - flexibility of delivery venue continues to be an issue raised by children, young people and parents	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					in recent CAMHS needs assessments.	
	Establishing a single named point of contact within both Specialist CAMHS and schools to ensure all parties know who to contact and how		Duty worker rota to be established PMHW role to take up conduit between universal services and CAMHS CWPT also commits to providing schools with the clarity regarding contact number and hours of operation in order to support this recommendation.	PMHW team to be funded	**March 2011** – LR- Duty Rota established and fully functional. Work ongoing with Commissioners re: PMHW Service and an extension to this role. **January 2012** – LR – Duty worker system fully operational as is the after hour on- call process to access a Child Psychiatrist. All Camhs bases are fully manned during their opening hours of 9- 5 and a key link for the boroughs will be the new Primary Mental health Service. Added to this is the information available via the Camhs Website which will give useful tips, advice and contact details. KH - PMHW service provides a worker to each district as a named contact. This will be monitored closely to ensure the processes effectiveness.	
Communication between Specialist CAMHS and parents / guardians						

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
C	That CWPT ensures Specialist CAMHS:					
	Provides parents / guardians with clear estimations of waiting times		Letters for CAPA to give clear guidance on time Parents are encouraged to opt in to service and are given a choice of appointments to suit them Standard operating procedures will ensure that Parents are kept informed of progress regularly		**March 2011** – LR - Standard Operating Procedures complete and deployed. Standardised letters implemented. South has started CAPA North to Start CAPA June 2011. **January 2012** – LR As above with the letters providing clarity re process and contact details. Work underway to ensure parents if waiting are kept informed on a regular basis and know how to contact service in an emergency. Complete	★
	Provides parents / guardians with regular updates on progress of the referral		Correct Information to be gathered at time of referral Clear documentation is vital to this communication element being managed successfully. CWPT commits to reviewing how parents / guardians can be better informed and reminded of appointment Use of ESQ to gain feedback		**March 2011** ESQ has been implemented to gather feedback from Parents and enable CAMHS to feedback performance to Parents & Commissioners. **January 2012** – LR- Full set of outcome measures (Both patient and Clinician rated) is now collected pre-and post assessment and treatment in order that a wide range of views can be obtained form children and families. Part of this is	★

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					to encourage the patient to set goals on entering treatment so that one can measure if this goal has been met. This information is fed back to families, Clinicians and Commissioners on a quarterly basis. The letters on receipt of referral will provide clarity re process and service contact details. Work underway to ensure parents if waiting are kept informed on a regular basis and know how to contact service in an emergency or if circumstances change. Complete	
	Reviews how parents / guardians are informed and reminded of appointments and introduces the use of SMS and email alerts		Explore with Information how to use SMS for appointments Email Alerts to be explored via IT system ensuring Information Governance is maintained		**March 2011** - LR - SMS usage - under review by CWPT IT Department and response expected shortly. **January 2012** – LR – This work is still ongoing as is the exploration of whether we could use Social Media and what this would mean for our patients and families.	
	Pays due attention to individual family circumstances, such as two-household families and non-parental childcare (grandparents, carers etc)				**January 2012** –LR – Due attention is paid as Part of the full history taking of patient process. Complete	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	Referral through CAF					
D	That CWPT and WCC encourage the use of CAF as a referral mechanism, and make arrangements for increased promotion, training and support of CAF within schools		Use the joint working protocol Re: CAF Support referrals being submitted with a CAF and these cases would also be assessed - subject to the standard service thresholds. Regularly review the joint working All CAMHS staff to go on training		**March 2011** LR - CAF Protocol implemented. Service Co-ordinator monitors CAF Referrals. South Staff CAF Trained. North Staff to go on CAF Training June 2011. Joint Working Protocol to be reviewed. **January 2012** - LR – CAF protocol has been reviewed annually since its inception. New starters are now to go on CAF training as part of their Induction but staff not trained still needs to be completed. This is specifically an issue for the staff in the North. Jane Brooks as service co-ordinator has this down as a priority to address. Payment for the training for these staff will now be picked up by our Commissioner. The additional resource identified by Commissioner will be used to support and provide services at the Primary care level not at specialist	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					Camhs level. KH - CAF Protocol reviewed and implemented. Additional resources have been identified from the Schools Forum (2 years) to allocate, through the CAF process, mental health prevention and early intervention support to young people and families requiring mental health input.	
	Early Intervention					
E	That CWPT and the CAMHS Joint Commissioner place greater emphasis on early intervention. In particular, consideration should be given to:					
	Appointing more Primary Mental Health Workers to provide training and advice on emotional health and well-being within schools				**January 2012** – Complete However 5 staff have been appointed _ guidance does advise that the staffing number should be a minimum of 8 staff.	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	Extending the Targeted Mental Health in Schools (TAMHS) pilot project across the County				**March 2011** – LR Awaiting Commissioners **January 2012** -KH - Dedicated resource secured. Model agreed - through CAF process. Framework contract - going out to tender February 2012.	
	Greater promotion of early intervention services, such as the counselling and therapeutic services offered by Relate, so schools and GPs are aware of the different support available and how these can be accessed				**March 2011** –LR - Role of Commissioner supported by CWPT. **January 2012**- KH - Relate are extremely proactive in advertising the availability of their services, increasingly however schools are reluctant to contribute towards this provision with current financial restraints, although it is subsidised by WCC, CAMHS commissioning.	
	Extending the promotion of Kooth.com both to children within schools and to teenage parents via marketing in Children's Centres				**March 2011** – LR This is the Role of Commissioner but supported by CWPT. **January 2012** - KH - Kooth have a rolling programme of promotional visits to schools across the county, they have also provided mail shots to all children's centres and GP's	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
	Collaboration with partners					
F	That communication and collaboration with partners be improved through:					
	Better information-sharing between Specialist CAMHS and EPS on issues such as assessment and intervention outcomes				**March 2011** – LR- Work in progress to ensure closer working relationships. **January 2012** –LR - As Above whilst the relationship is slightly different due to the change in their status to become a trades service	
	Possible co-location of CAMHS and EPS workers				**March 2011** -LR -Work on hold due to change in funding for EPS. **January 2012** – LR – Meet with EPS and CAMHS and new Pmhw's to take place in the SPRING term to take this forward	
	The inclusion of Tier 1 and Tier 2 practitioners on strategic and operational boards				**March 2011** – LR Where appropriate this work is being explored. **January 2012** – LR- As above Roles on the Camhs Group, Infant mental health and FNP Now complete KH - Tier 2 managers have now become part of the Emotional Well-Being and Mental Health Strategy	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
					Group.	
	The full involvement of Tier 1 and Tier 2 service providers in the CAPA service redesign				**March 2011** – LR - All Tier 1 & 2 Specialist CAMHS (CWPT) involved in CAPA **January 2012** – LR Complete	
	The greater use of CAF as a mechanism to share information between relevant partners				**March 2011** – LR - Work in progress. Review of Joint Working to include this element. **January 2012** –LR – Complete	
Using modern, technology-based services						
G	That the service redesign of CAMHS incorporates creative, flexible, technology-based solutions, such as Kooth.com online counselling service		Continue to support the creative approach that online counselling services brings to the access for young people. Look to include this element within our service redesign strategy.		**March 2011**- LR - This recommendation is one that the CWPT had already organised a meeting with the Joint Commissioners during November in order to address our potential provision of this type of service – To be rearranged **January 2012** LR- Input into the	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
			Build up a business case to map out the cost for investment Options Appraisal / Reprioritising of the plans for our services in order to deliver this objective. This recommendation is one that the CWPT has already organised a meeting with the Joint Commissioners during November in order to address our potential provision of this type of service.		recent bids for Childrens IAPT as part of the wider Camhs Services This does sit with commissioning of services. KH - Comprehensive CAMHS: We have had several meetings about Computerised Cognitive Behavioural Therapy. This is a relatively new area for children's services, but is well established in early interventions for adults. We plan to run a pilot to establish the effectiveness of these types of interventions and whether they could be routinely offered to young people preferring on line type interventions that suit the specific programmes.	
Understanding User Views						
H	That CWPT undertakes a survey of current CAMHS users to understand their views on the current services, and uses this information to inform the service redesign		Introduction of the Care Programme Approach (CPA) into CAMHS Copies of care plans to be shared with families and young people. Continue work on a web based system for children, young people and professionals to access clear information on the service.		**March 2011** – LR- Web design for website now complete. Anticipate available June 2011. **January 2012** – LR – Work on website ongoing but the website is now live – Lunched in Avon Valley School In September 2011 www.covwarkpt.nhs.uk/camhs Still needs work to be populated on	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
			Provide up to date information, leaflets for families and other users of the service.		Childrens LD and the services we offer. Development of this has taken on board what families and partners have told us they need from us. Participation training is being offered to camhs staff so that meaningful engagement happens with families. We also now collect routine measures and feedback from our patients for this purpose.	
Communication between Commissioners and CWPT						
I	That CWPT provides CAMHS Commissioner with more timely and accurate performance and financial information		CWPT to continue to work hard with the Commissioners. Continuously improve our ability to provide clear and timely performance and financial information. Continue to make significant advances in Information.		**March 2011** – LR - CWPT meet Commissioners Quarterly to share information and performance data. CAMHS have achieved all three CQUIN targets set by the Commissioners to date in 2010/11. **January 2012-** LR- Information collected and given to the Commissioners is what is set out very clearly in the Annual Contracting framework with them –	

	Recommendation	Resp. officer	Delivery objectives/actions	Resource implications	Progress to date	Status
			Commit through our monthly Contracting and Performance Meetings with the Joint Commissioners to address this recommendation. To continuously improve in this area.		this has not had the same level of detail as set out with the CQUIN target which came with additional funding to help with this work. We have strived hard to improve our data and diverted people and resource to gather outcomes data and reports for the Commissioners. Financial data is only shared as part of the overall block contract and as agreed with our Board. KH – over the last year there has been an improvement in the data we receive, including some benchmarking from outcome based tools, what we still do not have is figures around the impact the service is having on individual children and any financial data. Additionally the waiting time data has become less informative since the end of the waiting time CQUIN. Waiting times are difficult to understand from current data sources.	

Item 7

Coventry and Warwickshire NHS Partnership Trust

Join us and make a difference

Why we want to be a Foundation Trust
- with your help

your route to your wellbeing...

Our Trust

Coventry and Warwickshire NHS Partnership Trust

- Formed 1 October 2006
- Budget £200-plus million
- Staff around 4,200
- Serves more than 1 million people – in Coventry and Warwickshire and beyond

your route to your wellbeing...

Our Trust

Coventry and Warwickshire NHS Partnership Trust

- Mental Health
- Learning Disability
- …and now, community services in Coventry and some community services in Solihull

your route to your wellbeing...

Coventry and Warwickshire NHS Partnership Trust

Our Trust

your route to your wellbeing...

Coventry and Warwickshire NHS Partnership Trust

Excellence

your route to your wellbeing...

Coventry and Warwickshire NHS Partnership Trust

So, what is a Foundation Trust?

- Part of the NHS
- Giving power to local NHS organisations
- Greater independence from government
- Governors hold the Trust Board to account

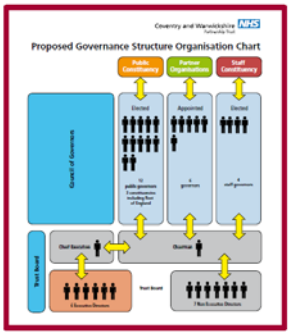
your route to your wellbeing...

Coventry and Warwickshire NHS Partnership Trust

Why do we want to be a Foundation Trust?

- Participation
- Responsiveness
- Excellence
- Sustainability

your route to your wellbeing...



Coventry and Warwickshire NHS Partnership Trust

Do you agree with the proposals for our governing body?

your route to your wellbeing...

Coventry and Warwickshire NHS Partnership Trust

What does a governor do?

- Approves key appointments eg chief executive
- Represents others from their constituency
- Expected to attend four governing body meetings each year
- Keeps members in their constituency informed

your route to your wellbeing...

How do we achieve Foundation status?

- Run a 12 week public consultation
- Evaluated by Monitor, the independent external body
- Approval by Secretary of State to proceed
- And finally…approval by Monitor

Timescales

Mar 08 - Member recruitment began
Nov 11 - Public consultation begins
Feb 12 - Public consultation ends
Summer 12 – Governor elections
Nov 12 - Foundation Trust status achieved!

Please give us your support

- Join us! Become a member
- Get others interested in being members
- Give us your views: Feedback and comments
- Stay in touch via website and newsletter

Join us and…

We believe, with your support and involvement, we can and will…
make a difference.

your route to your wellbeing…

Item 8

Item No 8

Adult Social Care and Health Overview and Scrutiny Committee
15 February 2012

Older Adults Mental Health Task and Finish Group
Update Report

Recommendation

That the Adult Social Care & Health Overview and Scrutiny Committee agrees one of the following options and makes it's recommendation to the Overview and Scrutiny Board:

1. The Task and Finish Group be put on hold until the 'Refocusing Dementia Services' consultation begins.
2. The Task and Finish Group be kept in place, but the Committee agrees a different remit for the work of the group.
3. The Task and Finish Group be dissolved.

1.0 Key Issues

1.1 At a meeting of the Overview and Scrutiny Board held on the 10th of March 2011, a Task and Finish Group was commissioned to scrutinise a consultation planned by the Coventry and Warwickshire Partnership Trust regarding proposed changes to older adults mental health services in Warwickshire. The group was set up as part of the statutory role of the Adult Social Care & Health Overview and Scrutiny Committee to consider NHS consultations.

1.2 When the Task and Finish Group was orginally commissioned, the consultation was scheduled to begin in April 2011 and last for 12 weeks. Since that time the consultation suffered a number of delays and reconfigurations.

1.3 Councillor Jerry Roodhouse participated in a Department of Health Gateway Review of the proposed changes to older people's mental health services on the 19th of October 2011 at St Michael's Hospital in Warwick. The purpose of the review was to test the process and case for change before the Partnership Trust embarked on the formal public consultation exercise.

1.4 Following the Gateway Review the Task and Finish Group was informed that the consultation had been revised and would be retitled 'Refocusing Dementia Services in Warwickshire'.

1.5 In a meeting with Coventry and Warwickshire Partnership Trust colleagues held on the 15th November 2011 the group was told that the consultation would begin in early January 2012. At the time of writing (1st February 2012), the consultation has yet to begin and no start date has been provided by the Coventry and Warwickshire Partnership Trust.

1.6 Until there is a clear start date for public consultation, the resources of the Task and Finish Group could be better allocated to other areas.

3.0 Background Papers

None.

4.0 Appendices

The original scrutiny review outline is attached as Appendix A.

	Name	Contact details
Report Authors	Councillor Jerry Roodhouse and David Abbott	cllrroodhouse@warwickshire.gov.uk daveabbott@warwickshire.gov.uk
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Portfolio Holder	Councillor David Wright	cllrwright@warwickshire.gov.uk

Proposed Scrutiny Review Outline

Review Topic (Name of review)	**Older Adults Mental Health Services**
Panel/Working Group etc – Members	Cllr Peter Fowler Cllr Jerry Roodhouse (Chair) Cllr Sid Tooth
Key Officer Contact	Dave Abbott, Democratic Services - daveabbott@warwickshire.gov.uk
Relevant Portfolio Holder(s)	Cllr Bob Stevens –Portfolio Holder for Health Cllr Izzi Seccombe – Portfolio Holder for Adult Social Care
Relevant Corporate Ambition, Outcome and Measures	**Ambition** – Care and Independence **Outcome** – Warwickshire's residents have more choice and control - Warwickshire's vulnerable residents are supported at home
Timing Issues	Coventry and Warwickshire Partnership Trust (CWPT) are planning to undertake a consultation regarding older adult mental health services. The consultation will last 12 weeks and is likely to commence during April. The Task and Finish Group will need to conduct the review and report their recommendations within this 12 week period.
Type of Review	Task and Finish Group
Resource Estimate	A provisional estimate of scrutiny officer support is between 50 to 60 hours or 8-10 days depending on the actual methodology used by the review. This assumes 4 meetings with members i.e. to plan the review, 2 evidence sessions and a final meeting to review the evidence and develop the recommendations. Time estimates do not include any site visits or best practice visits but do include arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.
Rationale (Key issues and/or reason for doing the review)	This is part of the statutory role of Health Scrutiny to consider NHS consultations. There are currently four day services in Warwickshire, they are Mira and Kingsbury in North Warwickshire and Loxley and Woodloes in South Warwickshire. There is an Acute Day Service in Rugby, called the Community Assessment Intensive Treatment Service. This replaced the traditional Day Service delivered out of the Rugby St Cross site, The CAITT model is the model that Coventry and Warwickshire Partnership Trust and NHS Warwickshire wish to see delivered across all of Warwickshire. The consultation will propose to close the traditional days services in Warwickshire and re-provide the CAITT model provision across Warwickshire. Additionally, CWPT will assess the need for its current inpatient provision. It will consider closing Loxley Inpatient service in Stratford (14 beds) and Woodloes Inpatient service in Warwick (25 beds). Inpatient provision will then be centred at St Michaels Hospital in Warwick (20 beds). This will be a 1-3 year graduated plan, releasing beds as the CAITT provision develops.

Objectives of Review (Specify exactly what the review should achieve)	The objective of this review will to be consider:- • the consultation process undertaken by NHS Warwickshire, • the options proposed and how they will meet the needs of local community, • the risk assessments undertaken on the proposals being considered • whether the proposals will meet equality & diversity needs of the population • the outcome of the consultation and how consultation process has informed the decision of NHS Warwickshire
Scope of the Topic (What is specifically to be included/excluded)	Include The following is included in the scope of the review: • CWPT consultation process regarding older adult mental health services Excluded The following falls outside the scope of the review: • Decisions surrounding Hawthorne Ward
Indicators of Success – Outputs (What factors would tell you what a good review should look like?)	• Recommendations accepted and implemented to deliver improvements
Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	• Appropriate and sustainable older adults mental health services that meet the current and future needs of Warwickshire's residents • Demonstrable improvements in patient access and experience • Increased numbers of individuals supported at home
Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	

Item 9

Item No 9

Adult Social Care and Health Overview and Scrutiny Committee

15th February 2012

Dementia Strategy Progress Report

Recommendations

(1) The Committee are asked to scrutinise and comment on the progress made to date.

1.0 Introduction and Context

1.1 The Living Well with Dementia Strategy 2011-2014, approved by Cabinet March 2011, is a joint strategy across health and social care. The overall aim of the strategy is to deliver high quality integrated services across the health and social care economy.

1.2 Dementia is a long term condition with a high impact on a person's health, personal circumstances and family life. Alzheimer's disease is the most common form of Dementia and is generally diagnosed in people over 70 years of age but it is also important to consider the needs of those who acquire early on set dementia. As well as having a profound and devastating impact on the individual, Dementia also impacts on the lives of family members and friends.

1.3 "Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills, and those skills needed to carry out daily activities. Along side this decline, individuals may develop behavioural and psychological symptoms such as depression psychosis, aggression and wandering, which complicate care." (National Dementia Strategy 2010).

1.4 Some key research findings are summarised below:

- 1.4.1 Providing people with a diagnosis decreases their level of anxiety and depression. (carpenter et al 2008) Only around 30% of people with dementia have a formal diagnosis made (National Audit Office 2007)
- 1.4.2 Early diagnosis and intervention have a positive effect on the quality of life of people with dementia (Mittelman et al 2007).
- 1.4.3 People often wait up to three years before reporting symptoms of dementia to their doctor (Alzheimer's Society 2002)
- 1.4.4 Early provision of support at home for people with dementia can reduce institutionalisation by 22% (Gaugler et al 2005). A brief

program of support and counselling diagnosis alone has been demonstrated to reduce care home placement by 28% (Mittelman et al 2007)

1.4.5 People with dementia in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation, but this is not widely appreciated by clinicians, managers, or commissioners. (Royal College of Psychiatrists 2005)

2.0 Demographic and Policy Context

2.1 The JSNA suggests that in Warwickshire:

- The number of people aged 65 and over is expected to rise by 58% by 2030
- The number of people aged 85 and over is projected to rise by 134% between 2010 and 2030
- The number of people with Dementia based on national prevalence statistics is expected to increase from approximately 7,000 at present to 9,500 by 2021.
- The expected rise in the number of people under the age of 65 who will be diagnosed with Dementia will rise by 17% between 2010 and 2025.

2.2 The NHS Operating Framework for 2012/13 provides the management framework for health. For PCT's and the emerging Clinical Commissioning Groups it provides the focus for the coming year as the reforms across health are implemented. In the forward, David Nicolson, Chief Executive of the NHS, sets out four key priorities for the NHS; Getting the Basis Right Every Time, Maintaining a Grip on Performance, Meeting the Quality and Productivity Challenge and Building the New Delivery System. Incorporated into the Framework is a clear emphasis on services to people with dementia and their carers.

2.3 For Adult Social Care, the Quality Outcomes Framework for Dementia and the Vision for Adult Social Care continue to provide the performance framework for delivering excellent services and includes; Good Quality Early Intervention and Diagnosis, Living Well with Dementia, Better Care in a Care Home or Hospital Setting and reducing the use of Anti-psychotics.

3.0 Governance

3.1 The governance structure of Warwickshire's Living Well with Dementia Strategy is a result of a piece of focussed work with the Institute of Public Care (IPC) who critically reviewed Warwickshire's Dementia Strategy and provided solutions to the development of a robust joint governance structure to drive the delivery plan forward.

3.2 Significant time investment in establishing the governance structure has resulted in strong representation and membership from across the health

and social care economy including the lead GP for Dementia from the Clinical Commissioning Group. Attached as Appendix (A) is the governance structure which sets out the relationship and structures between the Health and Wellbeing Board and relevant health and social care bodies, including the voluntary and independent sector. Importantly the governance structure links to the Transformation Assembly, through its Dementia Ambassador, a carer, who sits on the dementia delivery board to ensure that service redesign has customers and carers at its heart.

3.3 Chaired by Councillor Compton, champion and lead councillor for dementia, the Board has recently invited and secured representation from Coventry to become a standing member of the Board. This accords with the Arden Cluster geographical responsibilities and provides opportunities for joint commissioning.

3.4 Two foundation project groups have been formed as well as one workstream. Each group has terms of reference and clear actions and products to deliver. Each project lead has overall responsibility for the delivery of the action plan and progress is reported to the Board on a 2 monthly basis.

4.0 Key Highlights

4.1.Attached as Appendix (B) is the Delivery Plan Progress Report outlining progress to date against key outcomes/targets. The following is a synopsis of some of the key highlights since the first Board meeting held in September 2011;

4.2 DH Funding – has ensured that progress is being made in developing a campaign to raise the profile of; the causal effects of dementia, the impact of being diagnosed with dementia and the support available. Seeking to build on the recent national dementia campaign, jointly, a media campaign is being developed which includes a countywide marketing strategy, the development of a dementia portal where people, including professionals, can go for information, advice and support.

Plans are also being scoped to introduce the TUG scheme across the health and social care workforce so that the concept of Every Contact Counts is used to assess people's vulnerability to falls and acted upon through the 'Exercise on Referral' scheme. Falls is one of the top reasons why someone with dementia can be admitted to hospital. If successful, there are plans to extend the TUG training to all commissioned home support services over the next 3 years. The action plan is attached as Appendix (c).

4.3. Support in the Community – the recently implemented home care framework has strengthened and widened access to services for people with dementia and their carers. Incorporated into the framework is the rapid response service and breaks for carers, which enables frontline teams t respond much more flexibility to the needs of families affected by dementia. Crucially, these new arrangements enable health and social

care staff to access timely support to avoid carer breakdown and reduce admissions to acute care.

A series of best value reviews have been completed on community support services. The outcome confirms that significant service redesign is required to reflect the demographic pressures and develop more equitable services across the County. Historical contracts are currently in place that need updating to reflect the profile of the current and projected future landscape of people living with Dementia in the County. In addition, customers and carers, through service reviews and focus groups have defined the priorities for effective dementia services. The outcomes of these will inform a series of workshops in March to redesign community support services. Part of the evidence base for service change will include the need to reduce spend on residential EMI care to invest in more community support to reduce/delay/stop a proportion of people from entering residential care. This also aligns to the need to reduce the numbers of people with dementia from entering acute care because of carer breakdown.

A key component of community support services will be the extended use of telecare and assistive technology which has real cost benefits in its application.

4.4.Care homes – the primary pressure on funding for older people mental health services is for Residential EMI care. Given the poor levels of diagnosis, coupled with recording that includes people with functional mental health issues, it is difficult to determine the proportion of spend in residential EMI care that is attributed to dementia care. However, we can conclude, given national evidence that this will increase as the population ages. This is the single most important area for service redesign which needs to have 2 primary objectives; firstly to reduce the number of people admitted to residential care and secondly to drive up quality of care using a person centred approach. Work is progressing in partnership with Professor Dawn Brooker of the Institute of Dementia Care at University Worcester to embed person centred practise within care homes using her theory of the VIPS model of care.

The table below illustrates the number of res EMI beds required over the next five and ten years respectively. This, coupled with emerging evidence that supporting people in the community reduces the need for res care beds and improves outcomes requires future investment in community support services. This combined with the push pull factors described in the strategy requires robust financial modelling to be applied to a)remain within budget and b) meet the increasing number of people projected to acquire dementia (As at 2010 projections suggest a dementia population of 7,200 growing to 9,000 in the next ten years illustrates the imperative to commission services effectively across the health and social care economy).

District	Client Group	Current demand for Social Care per district @ 2010	Projected demand (based on historical trends and projected population changes) for Social Care per district @ 2015	Projected demand (based on historical trends and projected population changes) for Social Care per district @ 2020
North Warwickshire	Residential EMI	58	83	108
Nuneaton and Bedworth	Residential EMI	121	174	225
Rugby	Residential EMI	63	91	117
Stratford	Residential EMI	75	108	139
Warwick	Residential EMI	77	111	143
TOTAL		**394**	**567**	**732**

4.5.MAS Pathway

Coventry & Warwickshire Partnership Trust have established a Task & Finish Group to review and improve the Memory Assessment Services pathway. Working in partnership with the clinical commissioning leads for dementia and adult social care commissioning, the group will focus on improvements to referral processes, throughput and post diagnosis support linking into the DH action plan as described in Appendix (C).

4.6Early on set dementia and the use of technology (Ipads) There is evidence to suggest that touch screen devices such as Ipads provide a useful tool in the care and support of people with dementia, in particular aiding restorative memory, supporting reminiscence and life story work, aid recall and person centred care planning, increasing interpersonal interactions, improve staff-resident relationships and improve quality of life. Our intention is to pilot the use of Ipad technology within a care home setting and with someone who lives at home to understand the benefits and outcomes of using this technology for this group. The hypothese tested will be that this will reduce challenging behaviours in people in a care homes setting and therefore reduce the levels of deterioration and expediency to acute care. For people living in their own homes to test the delay in needing ongoing long term care and support and delay in institutional care.

5.0 Key Risks and Issues

5.1**Risks**

Demographic Pressures – Over the next 10 years, and according to national projections, Warwickshire will see a growth of people with dementia by as much as 2,000 people.

Economic – the demographic pressures combined with an historical under investment in dementia services poses significant risks. This is coupled with the fact any available resources are focussed on residential care. To meet the economic and demographic pressures there needs to be a re-directing of

resources from secondary to primary and community care. This needs to be achieved by, well informed, joint commissioning.

National strategy / policy –increasing the amount of people diagnosed early with dementia whilst supporting people to live well with dementia are positive outcomes set both nationally and locally. However the challenge is that the programme of service re-design will require investment in services and specific investment in community support services to ensure that these outcomes are achievable.

Changes in Health provision – Coventry & Warwickshire Partnership Trust have developed a model of treatment and support in a home setting. Proposals are being developed to consult on replicating this model across the County. A recent Gateway Review highlighted the lack of consultation with people with dementia, their carers and with adult social care. Adult social care needs to ensure that the model does not result in a shift towards community based support without appropriate and relevant discussions and partnership arrangements secured.

5.2I**ssues**

Workforce – Quality of services remains a priority for both health and social care. The primary issue is to create a competent, confident workforce that delivers high quality services for this vulnerable group. Through CQUINN acute care is improving. For the care homes sector, focused work will begin in 2012 with University Worcester to introduce person centred care as the preferred model for Warwickshire care homes.

Quality of Care Provision – dignity and respect continues to be a challenge for all sectors of the health and social care economy in order to ensure that each individuals own needs are met. Individual initiatives, such as the Butterfly Scheme , help to raise the profile of quality but these are often isolation initiatives. To mitigate this plans are being scoped to introduce this scheme, using the Butterfly Kitemark, across the wider health and social care economy to increase and profile quality in care provision.

6.0 Conclusions and Next Steps

Steady progress has been made since the approval of the Dementia Strategy for Warwickshire. The time invested in partnerships has been well spent with good engagement across the health and social care economy, including the active participation of people with dementia and their carers.

There are pockets of excellent practice but these are not consistent across the County. The Dementia Board will drive forward and profile excellent practice and work to develop good practice across the County.

Quality of care remains a top priority for the Dementia Board across all services. Working with partners, including providers from the independent and voluntary sector, the workforce strategy will profile a training model that

embodies the principles of person centred care and will work to create a competent and cofident workforce.

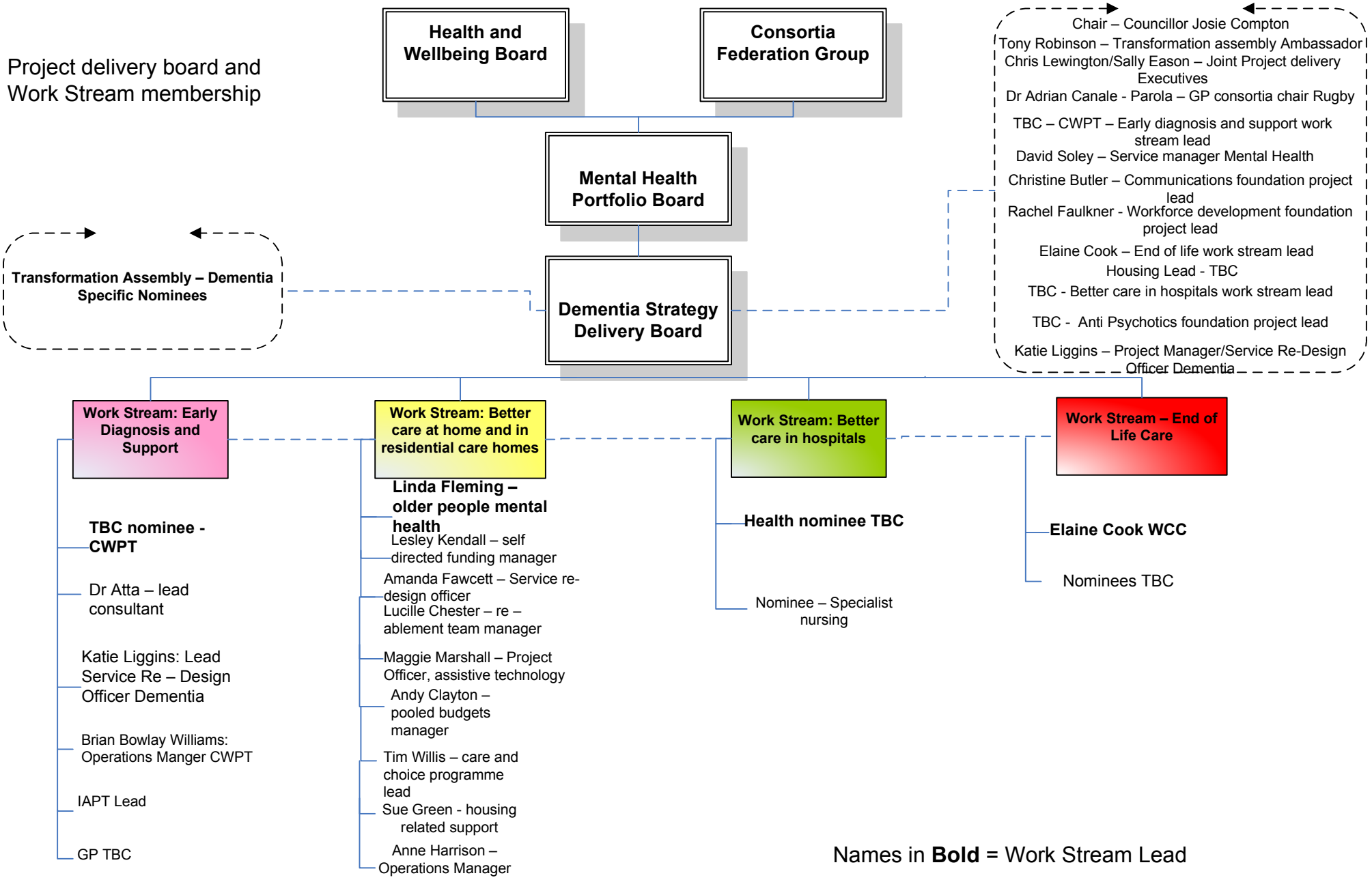
The commissioning intentions for 2012/2013 include; establishing a model of good practice for community support services and re-commissioning these services to ensure equity of access, developing a robust workforce and training strategy for the health and social care economy and embedding the Care for VIPS as a model of person centred care within care homes in Warwickshire.

Background Papers

1. Living Well with Dementia Strategy 2011-2014
2. Dementia Strategy Delivery Plan 2011- 2014

	Name	**Contact Information**
Report Author	Christine Lewington	01926 743259
Head of Service	Claire Saul	01927 745101
Strategic Director	Wendy Fabbro	01926 742967
Portfolio Holder	Cllr Mrs Izzi Seccombe	01295 680668

Project delivery board and Work Stream membership



Names in **Bold** = Work Stream Lead

Foundation project: Awareness and Understanding, Leads John Linnane / Christine butler

Foundation project: Workforce development, Lead Rachel Faulkner

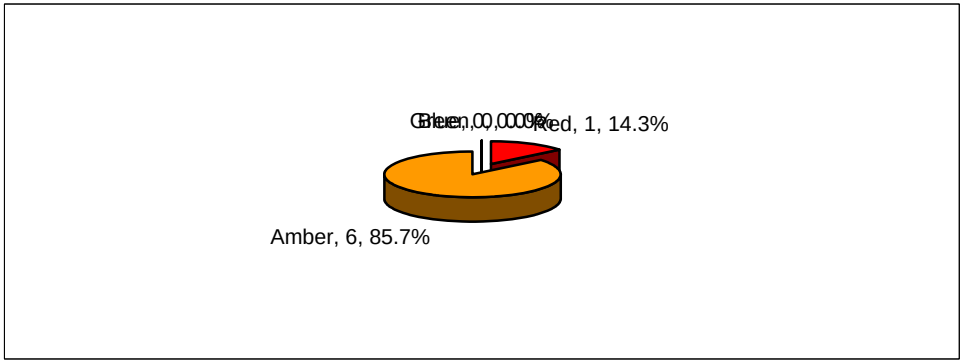
Foundation Project: Use of Anti Psychotic medication, Lead TBC

V.05

Living Well with Dementia Strategy Progress Report
March 2011 - February 2012

Objective Three (a): Better Care in a Residential Setting

Lead:



RAG Status Progress To Date (23rd February 2012)

Key Outcomes/Targets			
1	People with dementia can access good quality dementia care in residential and nursing homes across the County	Amber	
2	Care homes routinely use person centred care planning when working with and supporting people with dementia.	Amber	The Care Fit for VIPs - a toolkit for person centred planning for people with Dementia is a new tool developed by Professor Dawn Brooker. This tool will be introduced across residential and nursing care homes in Warwickshire over the summer 2012. A conference for providers is scheduled for April/May 2012 to demonstrate the tool and to encourage providers to sign up to it. It is our intention to introduce and use this model for all commissioned care homes for people with dementia. It will, over time, feature within our monitoring processes and will form part of an audit programme with our peer auditors (users from the transformation assembly who have been trained as peer auditors)
3	Care homes will be pro-active in their approach to challenging behaviour and avoid/reduce the use of anti-psychotics.	Amber	A pilot scheme to explore the mental health benefits of using technology is being introduced in 3 cohorts; people with challenging behaviour in a care home setting, people newly diagnosed and people with early on set dementia. Business case attached. Also see foundation 2

Living Well with Dementia Strategy Progress Report
March 2011 - February 2012

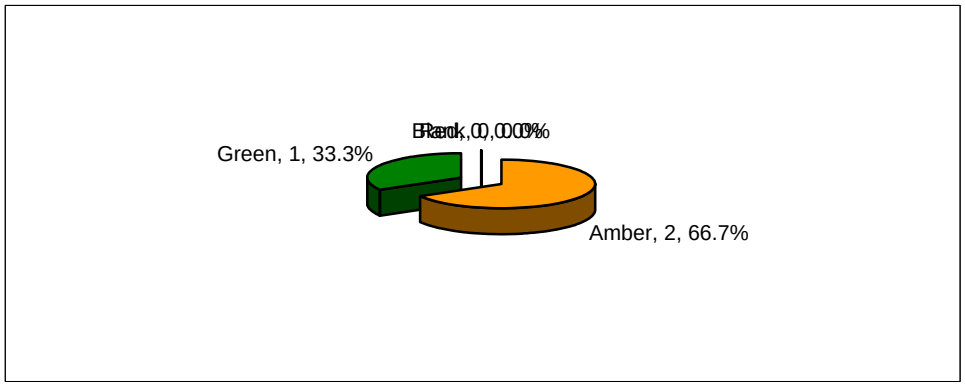
4	People with dementia in an acute setting are seen as people first and clearly communicated with.	Amber	UHCW profiled the Dementia Suite with Alz Society. This concept is being scoped to explore the feasibilty of extending to care homes across the County. NHSW,last year, used the CQUIN scheme in this area to increase the dignitiy and respect of people with dementia in an acute setting. Further work is required in this area.
5	People with dementia will be returned to a familiar environment as soon as possible if admitted to hospital	Red	UHCW have appointed a liasion nurse to work across care homes and acute wards to reduce the number of people admitted from care homes and/or reduce the length of stay in an acute setting. this is available in coventry only and we will be exploring the feasibilty of extending this to Warwickshire. Evidence confirms that people with dementia remain in an acute setting longer than people who do not have dementia. And there is a higher proportion who are dischagred to residential care. An outline business case has been developed to exlore the feasibility of providing additional more focussed support to people post and pre a hospital admission to improve outcomes for people with dementia and reduce carer breakdown.
6	People with dementia will be supported to die at home if this is their choice and will receive dignified and appropriate end of life care.	Amber	NHSW lead the review of the End of Life Strategy. Adult social care have focused on and developed their end of life care approach within the remaining care

Key	
	Not started or Off Track
	In Progress
	Good Progress being Made
	Completed

Living Well with Dementia Strategy Progress Report
March 2011 - February 2012

Foundation: Awareness & Understanding

Lead: John Linnane



Key Outcomes/Targets		RAG Status	Progress To Date (23rd February 2012)
1	People are more knowledgeable and informed about the potential causes of dementia linked to lifestyle choices.	Amber	DH have provided a one off sum of £97k to be spent on post diagnosis and support. The action plan supporting this must be a joint plan between health and social care. The action plan has been developed and incorporates an element of public health promotion on the causal effects of some dementias. The action plan also includes the development of the TUG initiaitve which is a simple method of assessing someone's risk of falling. Plans are to incorporate this into the Every Contact Counts initiative and train people in its application - this will then form part of a patients referral to the 'Exercise on Referral' to improve people's mobility and stability and reduce the risk of falling. The public health healthy living campaign will feature an element of dementia and the lifestyle factors associated with dementia.

Living Well with Dementia Strategy Progress Report
March 2011 - February 2012

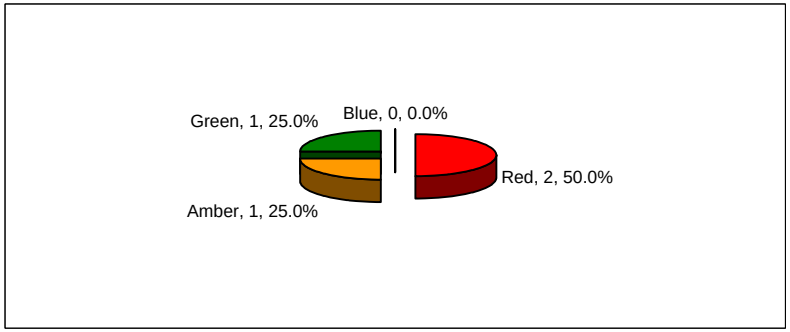
2	People are more informed about dementia and know where to go for support and information	Amber	We are currently scoping an awareness raising campaign about dementia that would be directed at various audiences such as customers, carers, the wider public as well as health and social care staff and partners. The campaign will aim to; Provide greater insight into the possible causal effects of dementia Provide insight into the impact of dementia on people and families once diagnosed Raise awareness of services / support available and where this can be accessed The approach and key messages are currently being scoped and we envisage that this campaign will begin Spring 2012 and will be complete by Autumn 2012. We are linking with partners in health and Coventry and Warwickshire partnership trust as part of this.
3	People are able to make their views and preferences known about their care and support needs and have access to advocacy services, including independent mental capacity advocate (IMCA) and living wills when required.	Green	People with dementia and their carers have been involved in the service reviews for dementia services. (Copy available on request). Focus groups have also been held in some of the Alz Cafes and plans are developing to include people with dementia and carers in the supporting people in the community workshops. Advocacy services are currently being reviewed with the intention to recommission these services over the next year - people with dementia and/or their carers will be involved in scoping and shaping these services. The County Council currently has a commissioned IMCA service that is available to FACs eligible customers.Part of the development of DH Action Plan and one off funding including Info and advice and the development of an information portal on dementia which will be hosted within WCC's web pages – this will be a one stop resource for Gp's, professionals working with people with dementia, customer and carers and will sign post onto other useful resources and provide localised information of support and services available.

	Key
	Not started or Off Track
	In Progress
	Good Progress being Made
	Completed

Living Well with Dementia Strategy Progress Report
March 2011 - February 2012

Foundation: Workforce Development

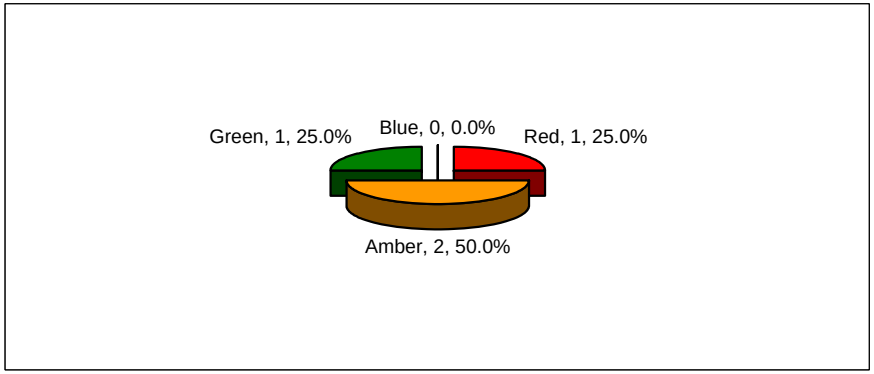
Lead: Rachel Faulkner



Key Outcomes/Targets		RAG Status	Progress To Date (23rd February 2012)
1	Staff across health, social care and providers are 'dementia aware'. They are offered dementia awareness training at the point of induction.	Green	Dementia essentials training – due to take place during February and March 2012. This will take the form of half day training sessions delivered to a wide range of front line staff from health, social care and PVI sector. The workshops aim to provide a broad level of understanding and awareness about dementia and how this effects individuals and the wider family. The course content has been designed in line with the common core principles for supporting people with dementia as published by Skills for care. The delivery of the training will incorporate the use of carer co – facilitator's who are carers of people with dementia who will offer their viewpoint and insight into their experiences by presenting at the session which will add a 'real' element to the training.
2	Staff within the health and social care workforce are skilled and confident to effectively support people with dementia.	Red	Care fit for VIPS - Care Fit for VIPS is carefully researched, practical and tool for care home mangers and is based on Professor Dawn Brooker's widely recognised VIPS framework of person-centred care. The toolkit is designed for use by care home managers for them to decide how well they are delivering care at the moment and to help identify priorities. they can also use it to find useful information and resources covering all aspects of person-centered dementia care and can use the tool to plan, test, and record ideas for improvements.
3	Review, improve and deliver the carer education and support programme (CESP) for carers of people with dementia.	Amber	The carer education and support programme has been running for many years with much success. The programme is currently being reviewed to incorporate changes in legisaltion, practice and support. Additionally, the countywide carer support services, Guidepost, have been commissioned to establish peer led training/support groups for carers with the express intention of delivering good training and information that leads to peer led support groups at a local level.
4	Secure Dementia Champions in each frontline teams.	Red	Not yet started.

Key	
	Not started or Off Track
	In Progress
	Good Progress being Made
	Completed

Foundation Project: Anti-Psychotics



RAG Status Progress To Date (23rd February 2012)

Key Outcomes/Targets			
1	Joint work with care homes, clinicial commissioning groups and GPs to reduce the use of anti psychotics	Amber	There is a small consultant led pilot project in the North of the County working in care homes to to reduce the use of anti psychotics. It is in the early stages.
2	Joint work with Acute Trusts and Care Homes to reduce number of admissions to acute care.	Amber	Refer to Better care Item 5.
3	Through evidence based research establish models of good practice using person centred approaches to manage people with challenging behaviours.	Red	Not started yet.
4	Explore the feasibility of using carers as health surveillance to learn early infection signs and to administer antibiotics to reduce admission to acute care.	Green	This pilot study, led by Dr Bart Sheehan, is in the early stages. A project team has been estabished with 2 carers as members of the team. 10 carers have been invited to attend an education session and taught how to; measure and record temperature, pulse, breathing rates and have given feedback about the training and it application within a home setting. Next steps includes research grant application and large scale bio-psycho-social research during 2012.

Key			
	Not started or Off Track		
	In Progress		
	Good Progress being Made		
	Completed		

Action Plan
Post Diagnosis Support

Aim: To devise a joint plan of how dept of health funding for post diagnosis support will be spent. £97k duration and start date to be confirmed.
Objective: PCTs and local authorities need to agree appropriate areas of investment in memory services and the outcomes expected from this investment. Example for this include; *provision of advice and support including information about local care and support services; follow up and review services including peer support, assessment of carers' needs and advice and support on planning for the future*

Suggested Action	Brief Description	Actions	Cost	Lead area
An information Portal for Dementia	A joint health and social care information portal where a range of information is stored and can be accessible by; • People with dementia (early – mid stages) • Carers and wider family • Professionals • General public In particular the portal will contain; • Local information and links to sources of national info • Advice • Signposting • Referral forms for practitioners • E – learning platform • Have a strong link to the pathway and display this as a visual for customers and carers	Full scoping exercise to determine needs, requirements and design of portal Joint workshops with key partners to scope out the 'dementia customer journey' Identify potential barriers at each stage of the journey, and the key points for info and support. Engagement with key partners e.g CWPT redesign of their pathways Carer and customer engagement on pathways – what is the typical customer journey – what should it be like, what information is required at each stage, how should this be delivered. Scope potential of hosting e – learning via portal Newly defined pathway for dementia is developed and agreed upon – which informs the development of the information portal.	**£10,000** Promotional costs Worker time to develop and input the information Design costs Planning costs – holding focus groups with cust and carers	Sign off via main dementia project board- Need to set up project team for this with designated development officer time.

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
An awareness raising campaign about dementia and potential links to lifestyle risk factors	Dissemination of clear messages to partners linking the promotion of healthy lifestyle advice and the prevention / delay to the onset of dementia. awareness raising campaign will be delivered on three separate levels: ▪ Lower Level Awareness-Embed the prevention/delay of the onset/progression of dementia into regular healthy lifestyle messages throughout Public Health. It is recommended that internal guidance be produced informing partners within the health service and more widely, highlighting the importance of reinforcing messages around dementia. E.g. one of the benefits of stopping smoking, exercising more regularly and eating healthier foods is the delay/progression and possible prevention of the onset of dementia, this message would also be incorporated into Making Every Contact Count and brief intervention. ▪ Early Diagnosis Awareness – develop a campaign of support materials/brief advice for people who have had been diagnosed with dementia and may want to know more about what they can do to manage their condition. Information can also be provided at this point for family members and detail ways in which they can support their friend/family member. Links here will be made to Books on Prescription, Wellbeing Centres, IAPT and Making Every Contact Count. Early intervention – including providing good information, support	Identifying and agreeing levels at which awareness should be targeted Engaging with key stakeholders and audiences in planning approach to campaign and design of associated materials Research and produce guidance Marketing / dissemination Design and branding of materials to be consistent with that of the other materials produced as part of strategy development. Production of materials	**Approx cost: £2,000**	Public health Interface with Awareness and understanding foundation project and overall projects marketing strategy and comms plan.

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
	and care – is designed to help a person with dementia deal with the challenges of their diagnosis and to aspire to a meaningful and positive life. There is a clear and prolonged window of opportunity for health and social care professionals, third sector and other support services to play an important role in making early intervention a reality. ▪ GP Dementia Signposting – guidance will be provided to GP's on where they can signpost patients who want to access services around dementia. Material can be developed that succinctly summarises services available to patients and important links made to Books on Prescription, Wellbeing Centres and IAPT. ▪ Awareness raising particularly designed for carers, information in a clear and digestible format e.g Q&A's etc			
Extension of Books on prescription (BOP) service	The current BOP service does not include texts on dementia. Early research is that most titles are novels/biographies rather than self - help and are aimed at the carer. Their would also need to be suitable text for those with early on-set dementia. How scheme works: • You are given a book prescription by your GP or mental health professional. • You then take this to your local library, where staff will help find the book or audio CD. • BOP collections are located in 17 libraries, and they can be obtained at any library in the county. • If you are not already a member of the library you can join immediately using the book prescription as identification and take the book/s home.	The extension of the BOP service to include dementia would require; • Research • Scopping • Identifying clinically approved literature • Purchasing texts • Updating promotional literature • Preparing reviews on certain texts • Increasing capacity of stands in libraries	**Approx £8,000**	Public health Interface with Awareness and understanding foundation project

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
	• Books are issued for 3 weeks and can be renewed if no-one is waiting for them. • The recommended books are also available for anyone to read.	Also – work around developing the pathways to the texts e.g use of the 'prescription by key H & SC colleagues and raising awareness of this.		

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
Incorporate dementia messages into Making Every Contact Count (MECC)	Public Health's proactive engagement with all stakeholders continues to be at the forefront of its core business commitment. Public Health's intent is to secure and widen the range and reach that positive public health messages can have across Warwickshire. In turn, supported by the right agreements, our active engagement with partners, and resulting shared commitments to common priorities will enable us to achieve much improved Public Health outcomes for the people of Warwickshire. By carrying out planned skills transfer work with our stakeholders we will enable more front line staff to opportunistically raise, challenging health and well-being issues with the public and with confidence. As part of MECC, we will aim to incorporate messages around dementia into a portfolio of tools that can be used by partner organisations to build capacity amongst their staff.	MEEC – in planning phase at the moment, it will shortly be piloted with some stakeholders – then aiming to rollout to re – ablement staff and then onto other key stakeholders. The work would also link to that of the portal e.g signposting people onto this facility	**£NIL** – this can be incorporated into the development of MECC	Public health
Integrating dementia into Exercise on Referral	Referrals are made by registered health professionals to local leisure centres. It offers individuals with specific health conditions a personalised 12 week programme of physical activity, with the support of a qualified exercise referral instructor, normally in a local leisure centre. Aim is for individuals to become, and continue to be active, in order to benefit their health. There is a cost to the patient, normally at reduced prices, determined by the leisure centre. Usually aimed at those at the early stages but also applies to those at later stages with support of their carer. The current course the instructors undertake is delivered by Warwickshire College, currently this does not cover dementia within the curriculum and	Research potential outcomes for people with dementia and carers of this service. Specification of new training programme for instructors incorporating dementia awareness Referral criteria adjusted to include dementia this is communicated with all key stakeholders and publicised Scope potential linkages with	**Approx: £20,000** .	Public health Interface with Awareness and understanding foundation project Coventry & Warwickshire Partnership Trust

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
	therefore, this highlights an opportunity for us to work with the college in shaping the course curriculum in the future. An area Public Health could support the development of is an e-learning course on dementia specifically targeted at the instructors delivering the Exercise on Referral Scheme. Public Health's Reader in E Health & Wellbeing Interventions could work jointly with WCC's Learning and Development team to develop an e-learning course aimed initially at instructors, but also offered to wider frontline workers, such as care support staff and health workers. The benefits of this approach would include, amongst others; a greater understanding of the impact healthier lifestyle choices can have on dementia, an increase in referrals for patients with dementia to Exercise on Referral and an increase in the understanding and tolerance of dementia as a mental health issue. EOR would benefit people with dementia because increased exercise and a good level of physical health helps to protect against many conditions, including dementia. Regular physical exercise helps to keep the heart and vascular system healthy. This helps to reduce a person's risk of developing vascular dementia, which is caused by problems with the circulation of blood to and around the brain. Regular exercise will also delay the onset of dementia, so even if a patient has been given an early diagnosis, there is a lot that can still be done to sustain that person's quality of life. By engaging carers in this process, healthier lifestyle messages can be embedded and sustained into the future care of the person with a dementia diagnosis.	TUG, identify staff to be trained to complete TUG assessments Commission and plan training for these individuals Identify follow on pathway post TUG assessment and linkages to exercise on referral scheme. Commission training for instructor that is dementia specific – potentially e – learning. Also wider training for all front line workers who could complete a TUG and incorporate this into an e – learning package.		

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
	Suggestion – potential linkages to TUG assessment (time up and go) A TUG assessment is a quick assessment undertaken by anyone working with a person to determine the time it takes them to get up out of the chair and move – anything over 14 secs – the person is at risk from falls. An action for those that do not pass the TUG assessment could be strength and balance work delivered by the exercise on referral scheme Reduced falls contribute to reduced admissions to hospital, thus reducing costs and the psychological effects on the person with dementia of being admitted into hospital and lost confidence etc. TUG's currently completed by community mental health teams but this can be widened to other h&sc professionals – whoever goes into the person need to know about the assessment and what to do with this information following this.			
Carers education programme	Carers education and support is used as a source of post diagnosis support for the main carer that can help them to understand the diagnosis and prognosis of the person they care for which helps them to manage at home, supporting the person with dementia for as long as possible. The focus of this training needs to be that it is joint – H&SC e.g specific carers education programme that is themed and focuses on practical help such as understanding diagnosis/prognosis, managing challenging behaviour – can result in a referral for on – going peer support (stroke model of carers peer support) Vol sector would hold sessions with carers on other matters such as benefits etc	Scope need for training Devise preferred model Define training and support offer to carers post diagnosis – e.g peer led support groups, links to existing Guideposts contract, training – health and then social focus.	**£20,000**	Workforce development foundation project

Action Plan
Post Diagnosis Support

Suggested Action	Brief Description	Actions	Cost	Lead area
	Potential good outcomes as not being able to manage behaviours is one of biggest reasons for being admitted to hospital (see carer feedback)			
Awareness raising training for staff	A skilled and competent workforce is essential when facilitating and supporting the person with dementia and their carer to easily access services and to be well supported following a diagnosis. Generic awareness raising training needs to be developed for frontline staff who work across health and social care. This could be in the form of an e – learning course and could be available via the information portal. Linkages to Skill for Care Common core principles for supporting people with dementia.	Define scope of training Training to be joint across health and social care Decide on training method to be used e - learning etc Identify costs for developing / promoting training.	£12,500 – already costed as part of WFD spends for this year **An additional £12,500 to extend this further**	Workforce development foundation project – being picked up as part of 'dementia essentials' project.
Gp's educative exercise	Linking to the development of the web portal, conduct focused work with raising awareness of support and services available to people and importance of early diagnosis either by; Commissioning training sessions or e learning to be utilised during Gp's protected learning time. Or to employ a dedicated development worker post who will liaise with and link to GP's across Warwickshire.	Define preferred methods Identify types of e-learning or training to be commissioned Decide on methods of deployment of training materials or dedicated worker	**£20,000**	Workforce development foundation project Main dementia delivery board
Total			**£92,500**	

Item 11

#

Report to Adult Social Care and Health Overview and Scrutiny Committee

LINk Warwickshire

Deb Saunders

1/12/2012

Report to Adult Social Care and Health Overview and Scrutiny Committee

Jan 2012.

The purpose of this report is to update a report presented to Overview and Scrutiny in October last year.

Since the last report there have been many changes to LINks. The hosting arrangements have been transferred to Warwickshire CAVA and they instigated the updating of the staff team to include a Manager and a full time Community Engagement Officer, these additions have resulted in a change in focus and direction and clear strategic leadership.

It was felt imperative to ensure that LINk was able to deliver high quality services to members, the public and to our partners during the passage of the Health and Social Care Bill through the Houses of Parliament and any uncertainty over how long the organisation would continue and the timescales for Health watch were determined.

To this end we have been working towards becoming ‘Health watch fit’ that is ensuring that Warwickshire LINks delivers the services and outcomes that will enable a planned and seamless handover to the new organisation. We decided to concentrate on the projects and developments that would best serve the Health watch model as we believe it to be and those systems that would be part of the new organisations infrastructure, that is:

Developing the Warwickshire LINk web site

Collecting stories from our membership re their experiences of the face to face reality of the health and social care services, in order to start building a picture of health and social care on the ground in Warwickshire

Developing the membership database

Ensuring robust partnerships are in place

The legacy of previous Link work

Commissioning reports that are relevant and timely not only to our wider membership but also to our partners

Website

In this technological age this is a key tool for communicating with members and new and prospective members, we have worked hard over the last few months to ensure our website delivers clarity of purpose and carries up to date information and news.

News events are updated daily and we check for new members daily, and as a further communication tool we are now signed up to social media.

Stories

It is our aim to collect peoples stories of their encounters with the Health Service both the good and bad practice which we are hoping to develop into ‘voice on the ground’ to act as a forewarning of any trends or difficulties before they become overwhelming.

Engagement and Developing the Membership Database

With the appointment of a Community Engagement Officer it has been possible to re-engage in a meaningful way with our members and to look at the recruitment and retention of new people. The database has been redeveloped and we are in a much better position to talk about our membership and the number of engaged groups and individuals that are part of LINk. The Community Engagement Officer is also in the process of attending all the community forums across Warwickshire to introduce himself and the organisation and to encourage local people to tell their stories and to become members of the organisation.

Robust Partnerships

The LINk Manager has been working, since her appointment in July, to develop relationships with strategic partners. We now work closely with Coventry LINk and are meeting with University Hospital Coventry and Warwickshire and The Partnership Trust to consider their Quality Accounts jointly. We have also met with the Head of Human Rights and Equality for the Arden Cluster together to start the rating process for the Equality Delivery system and will be meeting with her equivalent at the Partnership trust to do the same. We meet regularly with Esther Peapell Head of Public and Patient Engagement for the Arden Cluster and have started to develop a partnership with the secretariat of the Health and Social Care Overview and Scrutiny Committee.

The Chair of the organisation is in consultation with the major Charities involved in Neurological conditions and Links are considering how we can be most helpful to them in taking their interests and concerns further.

We are talking to WCC social care and looking to develop joint working in the coming year.

We are involved in the discussions concerning Maternity and Paediatric services at George Eliot Hospital and hosted an information meeting on the closure of Birch Ward at St Cross Hospital in Rugby.

We are hoping to develop working relationships with the Clinical Commissioning Groups in Warwickshire and have secured a meeting with representatives from the South CCG

With our partners Age UK we are developing joint approaches to complimentary work and are working to keep communication flexible and appropriate.

We have developed a relationship with Warwickshire Observatory which will enable Warwickshire LINk to ensure our reports and findings contain robust and up to date data.

Legacy of Previous LINk Work

In the year 2010 – 2011 LINK was responsible for Four reports and we feel that it is important that all our work has relevance and helps partners improve practise and quality.

The reports covered:

- Out of Hours Services –
  we found that the experience of this service was good and that there were no substantial recommendations to be made.
- Information Provision for those with Visual Impairment –
  although on the whole the services were found to be adequate the main recommendation of the report that information be routinely provided in other forms was found by our partners in Health to be too expensive to implement.
- Dignity in Care Homes
  This was undertaken with our partners in Social Care helping us with some of the training and development of our Enter and View team. We visited [private] Care Homes across the county to encourage them to sign up to the Dignity Pledge, we are again working with our partners to revisit the homes we visited to look at progress and implementation of the pledges and to consider how we can take this work forward together.
- Mental Health
  This was an internal scoping report to help us decide if there were areas that needed further investigation. Several themes were identified and together

with Adult Social Care and the Partnership Trust we are developing the criteria for a joint project which will investigate the most useful and pressing of these.

Commissioning Relevant Reports

This year 2011-2012 so far we have commissioned three reports;

- Access to Health care for Gypsies and Travellers –

This is a scoping report which will seek to inform and direct further work and should be completed by the end of January. Our partners in the Arden Cluster welcome this work and are happy to work with us in developing further work, we have been grateful to our partners in WCC for their help and co-operation with the writing of this report.

- Access to Dentistry for those with Learning Disabilities, Improving the Patient Experience-

This report was commissioned after the Chief Dental Officers report identified this as possible gap in service; it has also been identified nationally as a priority. A majority of Learning Disabled patients undergo a general anaesthetic for dental treatment and we hope this report will help inform good practise to ensure that this ceases to be the norm. There has been considerable interest in this report nationally as it is an area where there has been very little research. This report will be completed at the end of February

- Young People and Health and Social Care

This report was commissioned as in Warwickshire LINk young people are very under represented as a group and we have no real evidence of how they feel about the health and social care they receive.

We have undertaken this work in partnership with our colleagues at WCC who are developing the Joint Strategic Needs Analysis to ensure that the findings from the report are a relevant part of the bigger picture. This report will be completed by the end of February.

Next Steps

As this report is being written we have heard from DH that the timescales for Health watch to start has again been moved to April 2013, given this timescale LINk is now talking to partners to consider a work programme that will be most useful to all concerned.

We are working to develop community focussed ‘hubs’ to allow and encourage members to discuss issues around health and social care that is of concern or interest to them and to enable us to correctly reflect this in our future work.

We will be working in a focussed way to ensure that any projects we commission are also relevant to the work of our partners. We are still developing ideas and canvassing opinion but I am envisaging maybe one fairly substantial project and maybe two or three much smaller pieces of work. We will continue to work with partners to raise our profile and credibility and to develop a secure and robust legacy for Health watch.

Deb Saunders LINk Manager Jan 2012

Summary Work Stream Warwickshire LINk Oct 2011

	Work Stream	Further Details	Timescale
1	Gypsy and Traveller report	Commissioned ARC to deliver scoping report re issues around access to GP services and models of good practise to help inform NHS strategies and policies	Draft November 2011 Completed Dec 2011
2	Quality of Dental Provision: Improving the Experience for People with Learning Disabilities	Commission report with recommendations for models of good practise in dental provision	Commission Oct 2011 Draft Jan 2011 Completion Feb 2011
3	Giving Young People a Voice in Health and Social Care	Commissioned report into young peoples experience of health and social care and recommendations for good practise	Commission Oct 2011 Draft Jan 2011 Completion Feb 2011
4	Joint work with WCC Health and Social Care around mental and physical health and the procedures and practises that could be improved	Scope an aspect of this subject – jointly agreed and look for ways of working in partnership to deliver agreed outcomes.	Initial discussions Sept 2011 Proposal Nov 2011 Joint work commence Dec 2011
5	Barriers for BME communities in accessing cancer services	Joint piece of work with Coventry LINk and Arden Cancer Network funded via a bid to MacMillan Cancer support	On going – in discussion with LINk Coventry
6	Improve partnerships and joint working with a range of organisations	Attend a range of strategic meetings to raise the visibility and understanding of the work of LINk and it's movement to Health watch	ongoing
7	Increase the number of involved members	Develop a range of groups and initiatives across the county to engage and retain volunteers – Community Engagement Officer	Engagement officer in post Nov 2011 Engagement plan in place Dec 2011

Summary Work Stream Warwickshire LINk Oct 2011

Ongoing Existing LINk work

1	Quality Accounts	Follow up/comment on the work each trust has committed to in this years quality accounts – some joint with Coventry LINk	Jan – March 2011
2	NHS Changes	Monitoring developments with NHS Warwickshire and develop relationship with 5 Clinical Commissioning Groups	Ongoing
3	LINk Bulletin	Ensure the bulletin is written and disseminated to all members and partners	Ongoing
4	Marketing and Publicity	Ensure the website is up to date and accessible. Leaflet printed and ready for distribution. Promotional material designed and purchased	Ongoing
5	Database development	Ensure LINk database is current and reflects the membership.	Completed Feb 2011

Item 12

Agenda No 12

Adult & Community Services O&S Committee – 7 September 2011

Staffing Capacity

Recommendation
That the Adult and Community Services O&S Committee notes the progress in tackling the staffing capacity deficits in prescribed areas.

1. Introduction

1.1 During 2010, Adult Social Care and Health directorate accepted the challenge of simultaneously tackling a past trend of overspending budgets, and delivering substantial reductions in base budgets. Clearly, every effort was made to avoid the budget reductions causing loss of services available to those in need, but inevitably there have had to be changes to the way we deliver services, and the nature of the care available. A major element of the savings target was £2million to be secured from staffing reductions, with the potential for a second similar tranche by the end of 2014. The 2010 target has been achieved, but following extensive examination of financial management and performance, and significant strengthening and improvement of the management function, other methods have been able to be used to meet the second savings target.

1.2 In September Scrutiny received a report setting out the extent of reductions and the impact on services. However, the picture remains very complex and is set in a national picture of changing policy as well as local demand and expectation. For instance we still await Government steer on long term funding for older people's care needs, and the impact of the Health and Social Care Bill is still unclear. Locally, GPs working in Clinical Commissioning groups (or consortia) are emerging as the lead commissioners, supported by Commissioning Support Services led by Rachel Pearce from Arden Cluster PCT. We are now fully committed to working in partnership with neighbouring local authorities and with Clinical Commissioning consortia (GP commissioning groups) to achieve economies of scale in commissioning, and with the independent sector to secure efficiencies in contracts.

1.3 Whilst relishing the prospect for changing to a more personalised, local service for people with assessed needs, it is important to keep sight of the imperatives to deliver a safe service of appropriate quality. The details below describe the 'art' of achieving this balance

2. Adult Social Care and Support

2.1 The Social Care and Support Service delivered £1m of staffing savings in

2010/11. These savings came from reductions in management and frontline staff. In addition to this, on-going challenges include the savings plans associated with the austerity measures and the impact of welcome drivers, such as raising the awareness and reporting of adult safeguarding, which has led to significantly increased safeguarding alerts. With multiple and interconnected changes happening across health and social care, it is difficult to identify the impact of the £1 million reduction alone. However, there continue to be particular examples which strongly indicate the impact of the staffing reductions.

These include an on-going, significant case backlog situation, stretched management capacity to deliver the extent of transformational change needed to deliver modernised services and a higher level of complaints.

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

2.2 Mitigation was put in place, subsequent to the last report, which has provided some benefit.

- Additional temporary frontline capacity (including first line management) has eased the backlog situation, although safeguarding work continues to increase and add pressure to the system.

- In particular, the Hospital Social Work Services have continued to be able to respond well through the Winter Period as an essential component of the health and social care system.

- There has been significant Head of Service oversight relating to the complaint situation, resulting in a reduction of active complaints at any time (i.e. an indicator of more timely response per complaint), and a reduction in the number being referred to the Ombudsman.

- Additionally, strategic direction remains focused on redesigning processes and practice to be as efficient as possible and eliminate 'duplicated' activities wherever possible, with both staff and managers putting forward ideas to progress this agenda.

2.3 For ease of reference the following list of challenges face Social care and support:

- The roll-out of Self Directed Support and personalisation, requiring the development of completely different tools (forms) and budget management.
- Adult Social Care Transformation has required hundreds of additional re-assessments of individuals to take place, over and above usual demand.
- The national and local rising workload impact of implementing good adult safeguarding practice, indicated by the government to become a statutory function.

- The drive to reduce hospital inpatient lengths of stay and appropriately avoid admission requires additional social care assessments.
- Introduction of mobile working, with a limited technological solution.
- National recruitment challenges (e.g., AMHP role, where there are significant risks to maintaining staffing levels to deliver the minimum statutory requirement).
- The early retirement scheme, which delivered additional savings over and above the £1million.
- High sickness rates in some teams (10+%).

2.4 As a result of robust management of demand, and the additional resources made available for social care from Health, staff have brought the structural overspend under control and will manage resources in 2011/12

3. Resources

3.1 Effects of Staffing Reductions in Local Provider Services and Resource Teams :

During 2010/11, a total of £650k was saved from the following staffing reductions:

- 1 administrative post was made redundant in Business Support
- 5.5 vacancies were removed in Learning & Development
- Within Community Support Services, the management structure was reduced from 4.6 managers and 13.8 deputies to 2 managers and 6 team leaders
- 4.5 vacant posts were removed within the local provider services management structure; and
- The volunteer development staff (1.5 posts) were made redundant

During 2011/12 as a part of the continuing transformation programme:

- 2 care homes were closed and approximately 80 staff made redundant
- Internal home care services are in the process of being transferred to the external sector. Staff are either being redeployed to the Reablement Service, transferring through TUPE to the private sector or being made redundant.

- Further restructuring has taken place within community support services with community support services officer posts reducing from 34 to 25. Due to the strategy of improving access to mainstream services through personal budgets and the consequent reduction in day centre services, there has also been a higher turnover but temporary appointments have been made to cover the gaps.
- The Local Provider Services management structure has been reduced by a further 3 posts in line with the overall reductions in volume of service.

The changes made during 2010/11 were achieved without any significant impact on services. Those taking place during 2011/12 have to be very

carefully managed. The closures of the two care homes were successfully achieved and residents transferred with minimal effects. The home care externalisation is also being successfully accomplished although there are difficulties in establishing new contract arrangements and establishing fast response. Again, however, there has been no appreciable effect on customers and safe services have been maintained. The changes within community support services form part of the learning disability strategy and are placing a strain on the ability of the day centres to maintain the variety of daily activities during this period as a result of the transition although all customers in need continue to receive a service.

4. Strategic Commissioning

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

4.2 The net loss of full-time equivalent staff was 13, representing 22% of the budget. Since the main restructuring, a further management post has been deleted, bringing the overall total to **14**, which is over **24%** of the original budget.

4.3 The key areas of capacity affected in the team were in the contract management function, where posts had been lost and capability to deliver vital quality assurance in the independent sector impacted. The restructuring of Provider services has enabled some capacity (2 posts) in quality management to be transferred into contract monitoring. In addition, closer working with PCT colleagues has enabled a joint approach to be planned to address a review of the methodology employed. The team will not be able to make routine visits to every contracted service, but will deliver the impact on care by triangulating :

1. Structured analysis of data and reports from providers, carers and family and service users, Peer assessors, and Care managers and staff conducting their reviews of individuals
2. A programme of joint health and social care unannounced visits
3. Joint reactive response teams when a cluster of concerns is noted

4.4 There has been an additional challenge to face in bringing together the strategic commissioning function for Adults and children and young people, but this is now emerging as a strength in common underpinning theory, procedure and intelligence.

4.5 In September it was reported that there had been a slowing of the whole Strategic Commissioning programme, but progress has been maintained:

1. Home care – a delay in the re-commissioning and procurement process has concluded, and is now completing the final transfer of staff previously employed by the council.

2. Learning disabilities – will be reporting progress in April
3. Mental health services – has experienced a delay in development but this has been largely due to difficulties in engaging key partner agencies
4. Supporting People – is now underway.
5. Market shaping –not as widely embedded as anticipated at this stage although underway. As facilitating the development of a market which offers choice and alternatives to traditional social care is key to the success of our transformation agenda this lack of capacity does present a risk to our ability to deliver.
6. Progress on the redesign of other services such as Direct Payments and Advocacy has also been adversely affected due to lack of capacity

5. Conclusion

5.1 All divisions have reduced staffing capacity but have simultaneously had to redesign their service and process to 'do things differently' in order to deliver the target outcomes for service users and carers.

5.2 For care management services, the volume of change has meant that the directorate is now consolidating and strengthening its workforce. This may be a temporary phenomenon, but demographic trends suggest there will be no decline in demand in the near future to support further reductions.

5.3 Changes in the national policy context will inevitably place more burdens on local authorities for quality management, particularly in Care Homes. The focus of the Care Quality Commission is now less about routine monitoring and more about gate keeping entry to the care market and reacting to crises. The public expects that services are continually monitored for quality, but this may take additional investment to manage securely into the future as we withdraw from being a direct provider of care and focus on commissioning from the independent sector.

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Item 13

Agenda No 13

Adult Social Care & Health Overview & Scrutiny Committee

15th February 2012

Warwickshire Local Account 2011

Recommendation

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

- Ratify the decision of Cabinet to support the publication of the Warwickshire Local Account 2011.

1. Background

1.1 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 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.

1.2 The content and style of the local account is derived by each local authority on an independent basis and is not bound by legislative restrictions. However there is a clear expectation that the local account must address the areas of focus highlighted within the transparency in outcomes framework and consider the relative performance of the organisation in delivering against its stated objectives for adult social care alongside recognition of any areas for further improvement. In developing local accounts authorities are asked to express their approach, performance and areas for improvement against four key domains:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

A copy of the Warwickshire Local Account 2011 is attached as appendix A to this report. The document covers the performance year 2010/11 but does contain reference to activity delivered in 2011/12 where this is appropriate to set the context for our direction of travel.

2. Information and Advice

2.1 Cabinet agreed in principle the content of the local account for publication in January 2012 subject to ratification by the adult social care and health overview and scrutiny committee. A copy of the report to Cabinet is attached for at appendix B.

2.2 Within the Warwickshire Local Account a range of Performance Highlights have been identified which relate to the four domains or areas of focus expressed at 1.2. In addition to this we have also sought to identify the areas for continued improvement and development that we will be seeking to address in the current year against each domain. Although the areas for improvement that have been highlighted are broad in nature there are also some key strands of activity that the People Group will be seeking to address in the current and coming year and these are highlighted below for the committee:

- Increase the use of personal budgets so that people can make informed decisions and choices about the range of services they will use to support them and reach new Government targets for 2011/12.

- Develop a revised specification for direct payment support services and undertake a tender process during 2012/13.

- Reduce delays in transfers of care between health and social care by improving working arrangements and referral processes.

- Develop Safe Haven schemes for people with learning difficulties who feel unsafe in their local communities and we have also provided safeguarding training to ten adults with learning disabilities who will act as peer reviewers of services in 2012.

2.3 Following ratification by the Overview & Scrutiny Committee the Warwickshire Local Account 2011 will be published on the WCC website and made available to the public as a reference document to highlight the adult social care services that we deliver and commission whilst identifying our direction of travel from a performance perspective and our continued focus on improvement.

3. Recommendations

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

- Ratify the decision of Cabinet to support the publication of the Warwickshire Local Account 2011.

Report Authors:	Andrew Sharp. Service Manager, Older People, Physical Disability, Intelligence & Market Facilitation
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Strategic Director(s):	Wendy Fabbro, Strategic Director, People Group
Portfolio Holder(s):	Cllr Mrs Izzi Seccombe

A year of change

Adult Social Care Local Account
Warwickshire 2010/11

Warwickshire County Council

Working for Warwickshire


4,692
new customers were assessed
7,346
people were reassessed
6,035
reviews were completed
2.86
million hrs of home care were provided
13,450
pieces of equipment were supplied
11,933
people received an Adult Social Care service
900
people used our reablement service
2,628
people were supported to live in nursing or residential care homes
9,305
people were supported in the community
1,654
people received a direct payment to purchase their care

Introduction

We are pleased to present our first Adult Social Care Local Account to let local communities know how we are performing.

This document replaces the Care Quality Commission's Annual Performance Assessment and last year we were rated as "Performing well".

In Warwickshire we want to support people, especially the most vulnerable and disadvantaged, to access every opportunity to live independently and maintain their wellbeing in their communities.

In 2010/11 we faced many challenges. Like other local authorities we had to make unprecedented spending reductions and Adult Social Care was not immune, however we have worked in a way to put those with the highest needs first and ensure we get better outcomes for our residents.

We also faced increased demographic pressures at a time when Warwickshire's older population is higher than the national and regional average. Some 9,000 people aged over 65 received a funded social care support package last year and there was an increase in the number of young adults with complex needs who needed specialist care.

But while the landscape has been challenging there have been opportunities to do things better and differently and our transformation programme has made significant progress in delivering against our targets. Change is vital - not just to cope with the challenges – but to meet the needs, expectations and choices of people today. By doing things differently we believe we can achieve better results for our customers and improve efficiency.

Our reablement service is a great success story. Reablement is giving up to six weeks of free support following a hospital stay or time of crisis so people can recover their independence at home. We found that more than 58% of those using the service in 2010/11 no longer needed a care package, showing that we can improve people's quality of life while saving money.

The number of people who received self-directed support - choosing how their care budget was spent - was well above the national average, and in the last year, we have seen a significant increase in the number of adults with learning disabilities and mental health needs using personal budgets.

The number of Extra Care Housing places has also increased over the last year, so more older people and adults with a disability have the opportunity to live independently 'at home' rather than 'in a home'.

But none of these achievements would have been effective without input from our customers. Customers' and carers' views have shaped important strategies over the past year for dementia, learning disability and supporting independence for older people. In addition, the Assembly, a fifty-strong group of people who use social care have been involved in reviewing, coproducing and steering our services.

It's the involvement of local people which is also vital to the success of the Local Account and we want that involvement to grow. We don't just want to inform people on how we have delivered, we want local people to help drive the improvements in services to make them as effective as possible for the people who matter.

Although this is an account of the Council's performance the truth is we cannot work alone, and increasingly we need to have effective and efficient partnerships with Health, and Housing agencies, Independent sector providers and the voluntary sector.

Wendy Fabbro
Strategic Director, People Group

Cllr Izzi Seccombe
Portfolio Holder Adult Social Care

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What is a Local Account?

As part of the Government's commitment to reduce the burden of national bureaucracy, a new system of 'local accounts' was introduced to assess local authority adult social care. The Local Account replaces the previous system of assessment operated by the Care Quality Commission.

The idea is that there is a greater focus on local assessment and local accountability with authorities reporting back to the communities they serve, on service quality and improvement.

From 2012 there will be a national requirement for all local authorities to produce a Local Account and we are keen to involve the local community in the development of this document as it evolves each year.

The Local Account is divided under the following performance headings which have been set out by the Department of Health:

- Enhancing quality of life for people with care and support needs;
- Promoting independence, delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support; and
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Understanding local need

The Council and the Primary Care Trust are also required to complete an assessment of needs through the Joint Strategic Needs Assessment (JSNA). The aim of this document is to identify where there are needs in the community so services can be designed accordingly. The full report is available online at Warwickshire Observatory and explores a wide range of health and social care needs for both children and adults.

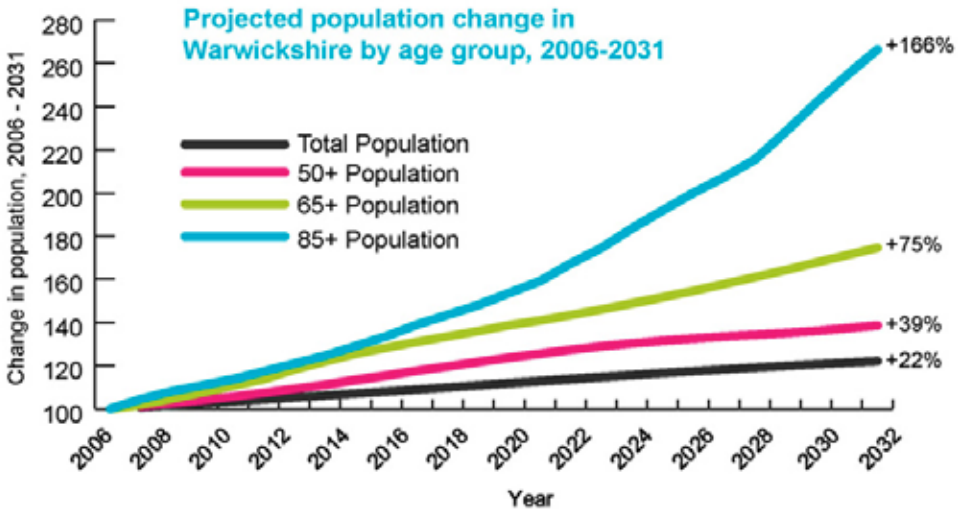
About Warwickshire

Warwickshire lies to the south and east of the West Midlands conurbation, and has established links with Coventry, Birmingham and Solihull in the West Midlands region. Despite the focus of population within the main towns of the County, a significant part of Warwickshire is rural in nature. Warwickshire lies at the heart of Britain's transport network and several key strategic routes pass through the County.

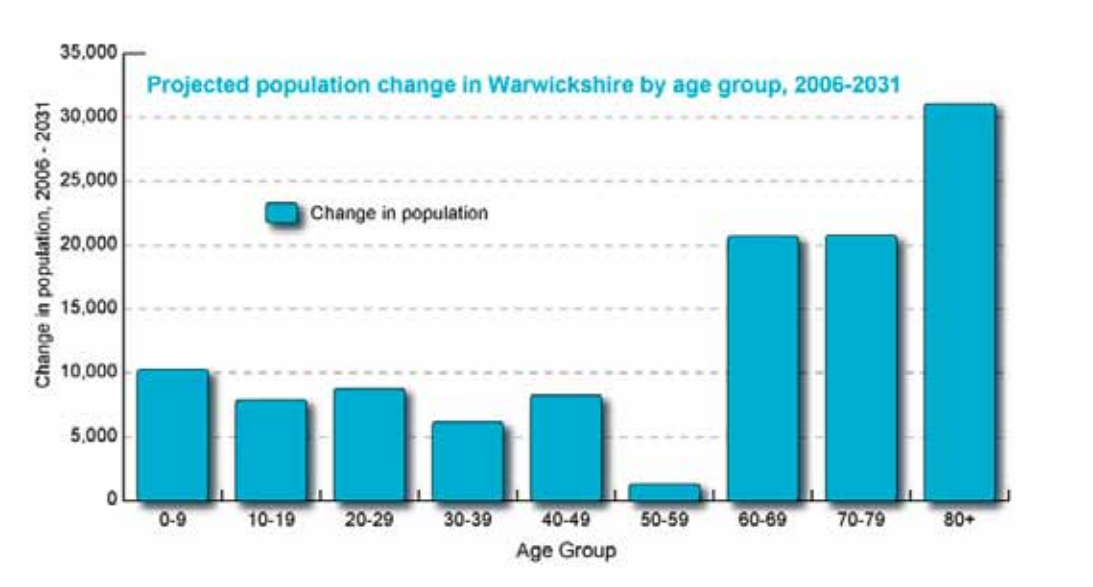
Warwickshire's population has been growing for the past four decades and the latest estimates suggest the County is home to 536,000 people. Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 and over. The rate of growth increases with age, with the oldest age group (those aged 85 and over) projected to almost treble in size (from 12,000 to 35,000) by 2033. As well as the on-going growth in the older population the level of people with dementia is increasing at a very high rate with studies predicting a 37% increase to almost 11,000 people by 2025.

Future Challenges

The population of Warwickshire is projected to reach a total of 634,900 by 2033 – an increase of 98,900 people or 18.4% on the 2010 Office of National Statistics' (ONS) mid-year estimate. This increase over the 25 year period is higher than the projected regional and national population growth rates of 14% and 18% respectively.



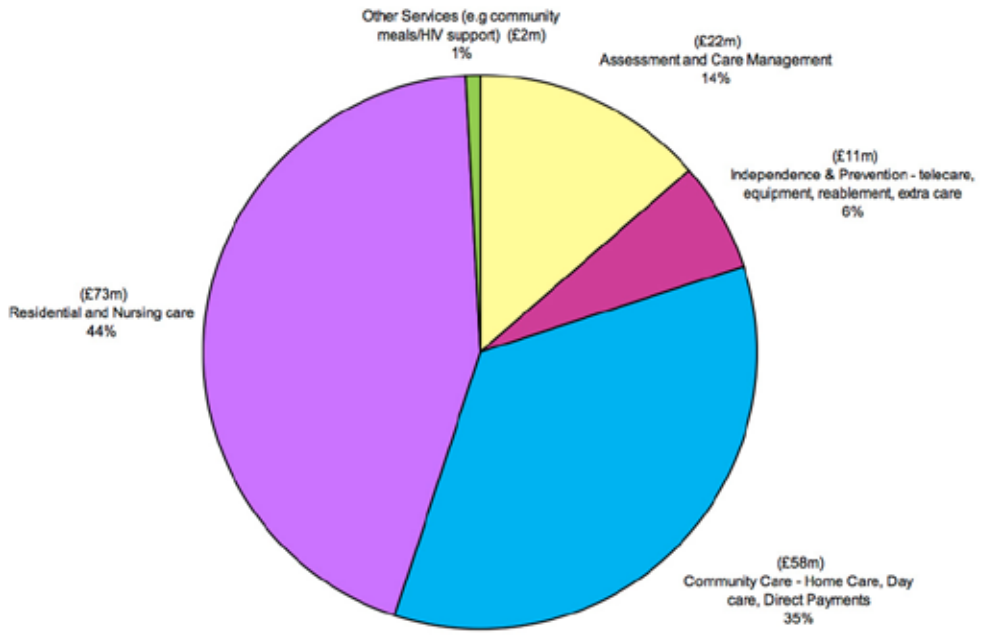
Not only would this place pressure upon traditional public sector services, if every person of 85 and over needed to access social care, but also upon carers whose contribution to supporting individuals with care needs is currently under-recognised nationally. One of the key issues, relating to this, is the increase in the numbers of people over the age of 80 (see chart below) who are likely to be cared for, formally or informally, and the reduction in numbers of people in the 50-59 age range who traditionally have acted as carers.



How much do we spend?

Adult social care accounts for the largest part of the council's net controllable budget but is also funded from contributions from partner organisations, specific government grants, and charging customers for some of the services they receive on a means-tested basis. All of these sources of funding supported £166m of gross spending in 2010/11. The pie chart below shows how this money was spent on different services.

Adult Social Care Expenditure 2010/11



The council is required to publish full audited accounts each year, the overall 2010/11 accounts are available on http://www.warwickshire.gov.uk/accounts

Who do we spend it on?

During 2010/11 nearly 12,000 people, with a variety of needs, received adult social care services. This includes services based in the community, as well as residential care. The table below shows the breakdown of the amount we have spent to support customers from different client groups during 2010/11. The amount we spend is dependent upon both the number of people receiving services and the complexity of the support that they require.

Gross Expenditure 2010/11 by Client Group

Client Group	Gross Expenditure
Older People	£90,036,673
Learning Disabilities	£51,417,154
Physical Disabilities	£16,001,149
Mental Health	£7,751,673
Service Strategy	£368,554
Other Care Services	£319,284
TOTAL	**£165,894,487**

Strategic Commissioning

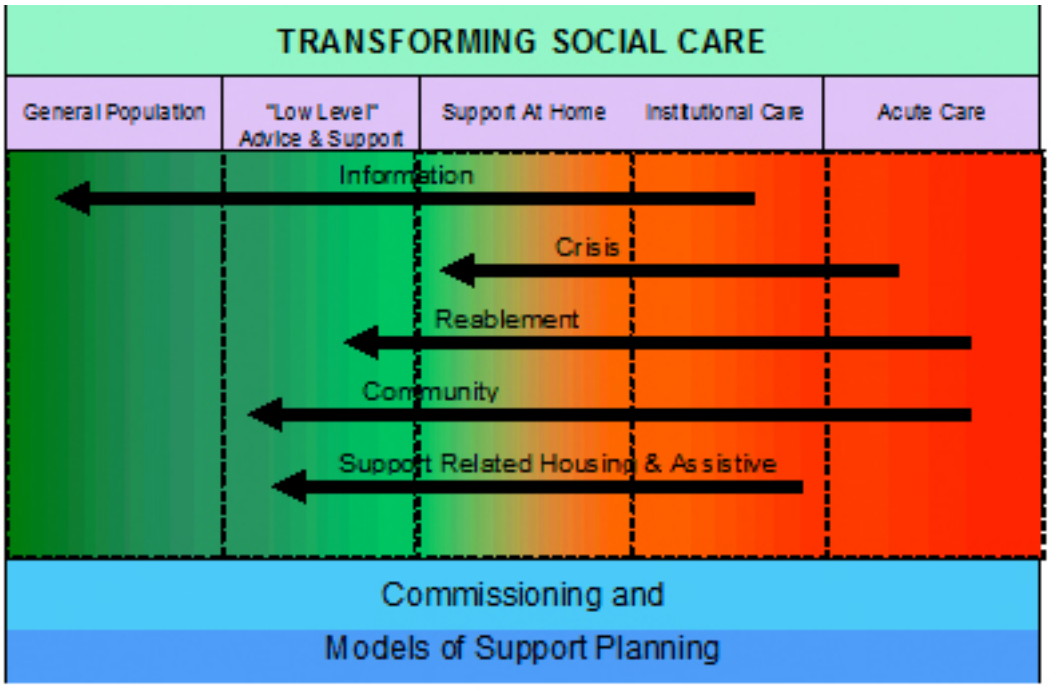
Strategic Commissioning is about analysing and prioritising needs in our communities and designing and delivering services that target our resources in the most effective way. Adult Social Care in Warwickshire is a Strategic Commissioning organisation and our key role is to determine the best fit between diverse initiatives in social care, reablement, early intervention, and prevention, alongside personalisation (which gives the customer choice and control over their care), to ensure a coherent approach to service delivery.

Commissioning Principles

Our key aim is to secure financial stability, create a thriving and sustainable social care market, create a dialogue for providers to identify efficiencies, opportunities and make progress with our commissioning strategies and as such the following principles underpin all commissioning activity:

- Efficiency - enabling commissioners to achieve quality services at value for money;
- Sustainability - embodying a general approach to a proper working relationship which fosters sustainable, long-term provision (where appropriate) in the interests of service users and carers.
- Proportionality - achieving what is necessary or highly desirable in the simplest possible way.
- Suitability - reflecting the service that is required and the actual agreement between parties;
- Simplicity - Plain English wherever possible, with clear explanations of jargon and acronyms;
- Fairness - reflecting a fair and proper balance between commissioner and provider, with risk properly allocated; and
- Equality - contracts should be the same for every service area.

Importantly, commissioning decisions are based on the transformation model detailed below with a real focus on shifting people from acute care to support in the home. Ultimately our aspirations are to enable more people to become managers of their own care with minimal or no requirement for adult social care support.



Enhancing the quality of life for people with care and support needs

We want to enable people to lead fulfilled, independent lives and through adult social care we support people to:

- **live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information;**
- **balance their roles as carers and maintain their desired quality of life;**
- **manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs; and**
- **find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.**

Performance Highlights 2010/11

• We met the national target of 30% of our customers accessing support through personal budgets, allowing individuals to purchase their own support rather than being dependent on the local authority to source their care.

• Warwickshire Employment Support Team, our learning disability employment service submitted a winning bid for £13,000 from the European Social Fund to spend on a programme to engage with more than 100 local employers on the recruitment of learning disabled people.

• We improved the way we support customers to complete their own assessment of their needs by offering them new arrangements for 'my assessment' and 'my support plan'. These were the result of a review which involved both customers and carers to ensure both arrangements are easy to use and place the customer at the heart of our assessment processes.

• The number of people with dementia and a learning disability taking up a direct payment increased during 2010/11. This was a result of both changes in legislation and enhancement to our assessment processes. This means that those who were previously excluded from taking a direct payment due to lack of capacity are now able to do so, and we have trained staff to encourage and support this.

• We developed a new information and advice strategy to make it easier for all customers and carers, regardless of whether they are privately or social care funded, to access the information they need.

• We created the Warwickshire Directory which is a searchable source of online information offering access to services in the community, which are more wide ranging than traditional social care provision.

• The Transformation Assembly of customers and carers reviewed the revised adult social care website and their satisfaction for information provided stood at 77%.

• We enhanced our assessment arrangements to ensure that carers needs are assessed in their own right so that they can be supported to carry out their caring role. This helps to identify the level of replacement care for carers and supports them to focus on achieving a quality of life for themselves through activities such as healthy exercise, education, training, or by maintaining or re-entering employment and social interaction.

• We have restructured and re-commissioned our carer support service to offer improved information and signposting to specialist support. This is in addition to closer working with GP's, hospitals, employers and voluntary agencies to promote better awareness and support for carers.

Case study

Charlotte Smirthwaite from North Warwickshire secured paid employment thanks to Warwickshire Employment Support Team (WEST) and increased her independence working at her local Costa Coffee.

WEST's 'job carving' process made the most of Charlotte's skills and helped boost her confidence in the workplace.

But that wasn't the only success. Despite living in a rural village, Charlotte was determined to make her own way into work and WEST helped her with travel training. By working with Arriva and their drivers, WEST supported Charlotte to plan and practise her route. WEST also liaised with the Borough Council and a local neighbour, who stepped in to improve Charlotte's safety by cutting back an overgrown hedge which was obstructing Charlotte's view up the road.

Charlotte says: "The best thing about my job is meeting new people and I really enjoy it. WEST helped me to find the job at Costa and with travel training at the start. I have to catch two buses and I enjoy going on the bus on my own."

Areas for improvement

• Continue to improve information, advice and further enhance the Warwickshire Directory of Services (http://Directory.warwickshire.gov.uk)

• Continue to develop access to a Personal Assistant (PA) register including exploring access to a PA bank.

• Increase the use of personal budgets so that people can make informed decisions and choices about the range of services they will use to support them and reach new Government targets for 2011/12;

• Support more people with learning disabilities to find employment opportunities;

• Develop a brokerage system to support people to access a wide range of support outside traditional social care;

• Develop a revised specification for direct payment support services and undertake a tender process during 2012/13.

Key performance measures

Definition	2010/11 Result	2011/12 Forecast	2011/12 Target	2010/11 Comparing our Performance	
				Average for similar councils	Average for all English councils
Proportion of adults with a learning disability in settled accommodation (high is good)	**56%**	**58%**	**70%**	**60.2%**	**61%**
Proportion of adults with a learning disability in employment (high is good)	**5.9%**	**6.5%**	**11%**	**5.3%**	**7.2%**
Proportion of adults in contact with secondary mental health services in settled accommodation (high is good)	**76.7%**	**80%**	**80%**	data not available	data not available
Proportion of adults in contact with secondary mental health services in employment (high is good)	**19.4%**	**20%**	**20%**	data not available	data not available
Social care-related quality of life (Social Care Survey)	**18.4**	**18.4**	**18.4**	**18.7**	**18.7**
The proportion of people who use services who have control over their daily life (Social Care Survey)	**68%**	**68%**	**68%**	**76%**	**75%**
Proportion of people using social care who receive self-directed support (high is good)	**29.3%**	**45%**	**45%**	**27.5%**	**30.1%**

Delaying and reducing the need for care and support

Our aim is to support people to lead independent lives and to maintain their health and wellbeing wherever possible.

As part of our transformation programme for adult social care we recognise the need to provide reactive services at a time of crisis while also enabling people to help themselves at an earlier stage. We are therefore shifting our focus to provide better information and signposting to community-based alternatives which promote health and wellbeing, prevent or limit deterioration and support recovery during a period of crisis.

Through adult social care we support people to:

• have the opportunity to have the best health and wellbeing throughout their life, and access support and information to help them manage their care and needs;

• ensure earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services;

• ensure the support they receive takes place in the most appropriate setting, and enable them to regain their independence;

Performance highlights

• Extra Care Housing schemes are being developed across the county to offer older people and adults with disabilities help with daily living without having to give up their privacy and the independence of living in their own home. We are making significant progress in this area, and the 2010/11 year saw the creation of 64 new extra care places. Extra Care Housing is emerging as a preferred choice to residential and nursing care homes, and we are proceeding with our plans to develop more than 500 extra care places by 2013/14.

• March 2010 saw the launch of our new 'Reablement' service which rolled out across the county in November 2010 to help people recover their independence after a hospital stay or a time of crisis. The scheme is not only improving people's quality of life but is also delivering savings. Of the 900 people who have used the service since March 2010, 57% needed no further care or support. And of the remaining customers who required on-going support, 42% required fewer support hours than when they entered the service.

• We have revised our strategic approach to telecare and in 2010/11 our response service expanded to cover all areas of the county. 'Telecare' uses assistive technology that can help people who are frail or with a physical sensory or learning disability or mental illness to continue to live at home safely.

• The Affordable Warmth Working Group, led by Warwickshire County Council and NHS Warwickshire has been established to promote and raise awareness of issues surrounding affordable warmth, fuel poverty and seasonal excess deaths in Warwickshire.

• An event was held by the Affordable Warmth Work Programme to engage and inform frontline colleagues in a strategic approach to addressing fuel poverty and links to winter deaths in Warwickshire. Attendees representing 30 organisations including NHS Warwickshire, Warwickshire County and all District Councils, Act on Energy, voluntary organisations and Warwickshire Fire and Rescue Service have signed a pledge to tackle fuel poverty and demonstrate their commitment to reduce winter deaths through, Housing, Health, Financial support and Awareness.

Case study

*Alan * was referred to the Reablement Service via the Hospital Social Care Team as his independence had deteriorated following a series of mini strokes. The reablement service offers people up to six weeks free support to overcome difficulties and do everyday tasks again, such as washing, dressing, cooking and shopping.*

Prior to his admission to hospital, Alan was used to living an independent life and with the help of a walking stick was able to make his own way to the local shop.

An occupational therapist and a home carer from the service drew up a reablement support plan with Alan to help him regain his confidence around the home so that he could do tasks for himself again such as bathing, dressing and meal preparation. The Reablement Service visited Alan twice a day, for 45 minutes in the morning and 30 minutes in the evening. One of Alan's main goals was to regain his confidence in walking to the local shop. Detailed mobility/transfer assessments were carried out by the Occupational Therapy Assistant to highlight his specific needs and with the assistance of a walking aid and minor adaptations to his home his difficulties were overcome.

Following the reablement service's initial support, Alan's confidence has improved in many different areas of his life. Alan has not only reached his goal of getting to the local shop on his own but he also requires no further care or support now the service has ended.

** The name has been changed.*

Areas for improvement

• Reduce the number of people requiring home care packages through our focus on recovery and re-ablement.

• Reduce the proportion of people using residential care by providing other accommodation options that offer support and independence and increase the pace and expansion of Extra Care provision.

• Expand the use of telecare and telehealth equipment as an alternative to traditional forms of support.

• Finalise, publish and implement a health and wellbeing strategy for Warwickshire to be delivered through the Health and Wellbeing Board.

• Reduce admissions to residential care directly from hospital, through our work to increase access to alternative services and a focus on recovery and reablement.

• Reduce delays in transfers of care between health and social care by improving working arrangements and referral processes.

Key performance measures

Definition	2010/11 Result	2011/12 Forecast	2011/12 Target	2010/11 Comparing our Performance	
				Average for similar councils	Average for all English councils
Admissions to residential care homes per 10,000 population (low is good)	**57.5**	**59**	**59**	**72.5**	**70**
Delayed transfers of care (low is good)	**18.8**	**16**	**17**	**11.7**	**10.5**
Proportion of people whose outcome measures are fully or partially achieved at completion of reablement	**60%**	**70%**	**70%**	data not available	data not available
Proportion of older people (65+) who are still at home after 91 days following discharge from hospital into rehabilitation services (high is good)	**86.3%**	**88%**	**85%**	**81.1%**	**83.1%**
Proportion of customers not receiving a funded service 91 days after leaving reablement	**56.7%**	**63%**	**63%**	data not available	data not available
Number of older people entering residential care direct from hospital as a percentage of all admissions to residential care	**43%**	**37%**	**40%**	data not available	data not available

Ensuring that people have a positive experience of care and support

We continue to place customers and carers at the heart of service design and delivery to ensure we are providing quality services. A comprehensive programme of customer engagement and consultation took place in 2010/11 with regard to service developments and changes, and we regularly monitored customer and carer satisfaction of services. Our approach to customer/carer assessments and reviews also placed an even stronger focus on individuals' outcomes to ensure we were delivering effective, personalised care.

We want the people we support and their carers to have a positive experience of Adult Social Care services in Warwickshire.

We aim to do this by ensuring:

- **people who use social care, and their carers, are satisfied with their experience of care and support services;**
- **carers feel that they are respected as equal partners throughout the care process;**
- **people know what choices are available to them locally, what they are entitled to, and who to contact when they need help; and**
- **people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual**

Performance Highlights

• We are committed to co-production, which is where customers and carers work as equals with social care staff on the design, development, delivery and review of services. In 2010/11 we formed the 'Transformation Assembly', a group of 50 customers and carers who have experience of using services themselves. The Assembly are playing an integral role in reviewing, redesigning, commissioning and monitoring services.

• Twenty three members of the Assembly have been trained as independent peer reviewers of services and have already undertaken work including in partnership with Warwickshire Local Involvement Network (LINk) on a Dignity in Care project. This involved going into nursing/residential care homes across Warwickshire and talking to residents and their families about their experiences of dignity within a care home setting.

• Our Adult Social Care survey on 2011 found that 91% of respondents that they were either extremely, very or fairly satisfied with their care and support service.

• In 2010 we developed our own carer's survey which looked at carer's quality of life relating to different areas. Based on the feedback from this survey and our other engagement activity we have developed the Carers Self Directed Support assessment process.

• We improved the 'RAS' scoring methodology. The 'RAS' is the Resource Allocation System which identifies the level of financial support people will need to achieve outcomes in their lives and calculates an allocated budget. The treatment of carers as equal partners in this process is a key priority, and we rebalanced the scoring to ensure the carer's input is formally recognised within a whole family framework.

• Information continues to be a key priority for carers and as a result, in 2010/11 we redesigned our carers support service. Our revised service focuses on greater collaboration with colleagues in health for example, GPs and Acute Services were identified as one of the most effective mediums for improving access to information.

• A focus group of family carers was formed to discuss the specification for the tendering of Complex Needs services and also advised on appropriate locations for Changing Places toilet facilities.

• Consultation on proposals to close/transfer local authority run residential care homes offered carers the opportunity to join in both one-to-one interview sessions with customers and dedicated open meetings for family, friends and carers. Information arising from the consultation has directly influenced decision-making.

• Carers were involved in several stages of the work which led to the retender of the Carers Support Service. This included participation in focus groups looking at preferred methods of accessing information and a review and redesign of the carer's emergency card service.

Case study

In order to ensure Warwickshire County Council residential care homes are fully meeting the individual needs of residents, care home managers have introduced more personalised plans for residents, further dementia training for staff and improved feedback channels for residents and their family carers.

Homes have fully embedded the 'My Day' documentation which actively engages care home staff to work towards residents' desired outcomes in a way that is sensitive to the individual and their choices. In order to ensure all residents views are captured, homes which provide dementia care have provided additional staff training in a range of techniques to establish better communication with residents so their wishes can be recorded to improve consistency and personalised care throughout shifts.

Residents are able to appoint an independent advocate to chair their monthly meetings and care home managers attend such meetings only by the request of residents. Residents who do not participate in meetings are provided with minutes and the opportunity for feedback. In addition, family carers and residents are able to use care home 'comment boxes' as well as being offered information on comments, compliments and complaints procedures. Residents' surveys are also conducted on an annual basis.

Areas for Improvement

• Build upon feedback from both the local and national carers surveys in 2012/13 to assess carers' ability to obtain the information they need.

• Continue to embed positive practice with the Transformation Assembly and commissioning decisions.

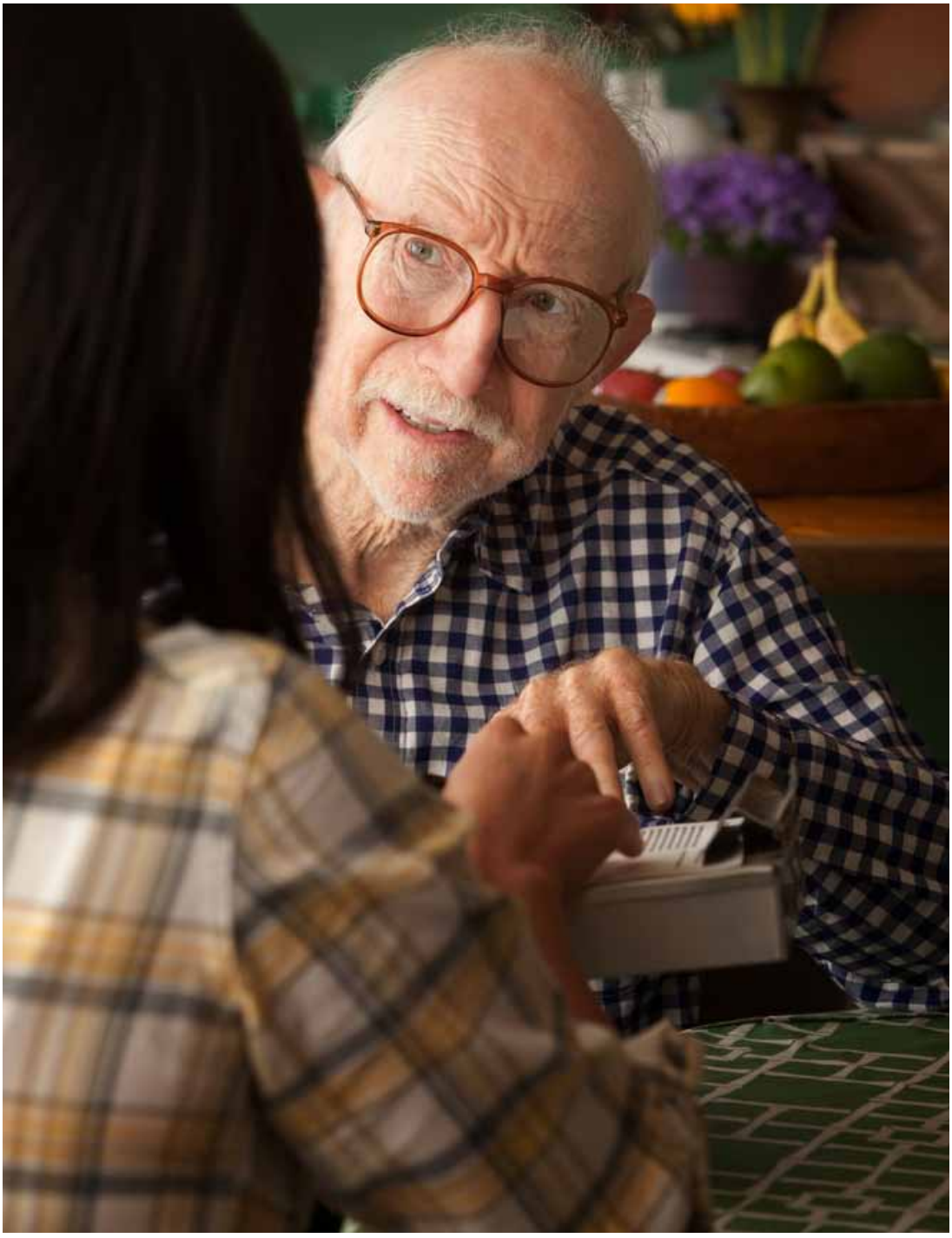
• Achieving transformational change in its approach to strategic commissioning and the provision of adult social care services.

• Outcome-focused approaches to customer/carer assessments and reviews have been developed which will enable us to work with individual carers and customers to identify the most relevant and responsive support.

• Improve our approach to supporting carers, ensuring that carers needs are always taken into account during the assessment of the 'cared for person', and that carers always have opportunity for assessment in their own right if they prefer, and when they need support provided directly to them.

Key performance measures

Definition	2010/11 Result	2011/12 Forecast	2011/12 Target	2010/11 Comparing our Performance	
				Average for similar councils	Average for all English councils
Overall satisfaction of people who use services with their care and support	**91%**	**91%**	**91%**	**91%**	**90%**
The proportion of people who use services and carers who find it easy to find information about support	**50%**	**50%**	**50%**	**54%**	**55%**
Proportion of Carers receiving an assessment in their own right	**15.9%**	**17.5%**	**17.5%**	**34.9%**	**39.8%**



Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

One of our key aims in adult social care in Warwickshire is to protect the most vulnerable people in our communities so they can lead fulfilled lives in safety, without fear of harassment or abuse.

Through effective safeguarding we aim to ensure:

- **everyone enjoys physical safety and feels secure;**
- **people are free from physical and emotional abuse, harassment, neglect and self-harm;**
- **people are protected as far as possible from avoidable harm, disease and injuries;**
- **people are supported to plan ahead and have the freedom to manage risks the way they wish**

Performance Highlights

• By improving our referral system to ensure safeguarding concerns are shared between agencies, we are able to identify vulnerable adults to minimise the risks of harm at an earlier stage. To support this we have a specialist team of safeguarding officers who work closely with partners from other agencies to ensure that abuse is recognised, reported and acted upon.

• The specialist team of safeguarding officers screen all council safeguarding alerts to identify the most appropriate way to manage the referral at the very start of the process. This is supported by jointly funded multi agency training designed to ensure consistent application of the safeguarding framework that is in place.

• In 2010/11 we tested our arrangements for serious case reviews through our role as lead agency for Warwickshire Safeguarding Adults Board.

• To help address the issue of under reporting and fear of reporting in relation to safeguarding issues we have increased publicity, ensured information is widely available in a variety of locations and advertised the Safeguarding Adults single point of contact across the county as part of a communications strategy aimed at maximising referrals.

• We have updated the Inter-Agency Safeguarding Adults Policy to improve procedures and practice across partnership supported by a new training framework to help staff deal more effectively and consistently with the complexities of safeguarding cases.

• We have refreshed and enhanced our recording practices to meet national “Abuse of Vulnerable Adults” (AVA) requirements, to ensure appropriate levels of management oversight at key points in the Safeguarding Adult process.

• Risks to vulnerable people associated with the implementation of personalisation and the vision for adult social care are managed through comprehensive risk registers and management arrangements.

• We have developed preventative strategies to balance and respect the rights of individuals to enjoy independence and choice while minimising their risk of harm. For example, the ‘keeping safe plan’ is used by teams to support people who are managing and purchasing their own care through direct payments.

• A range of local initiatives to raise awareness and guidance for people with learning disabilities on protecting themselves from harm such as our programme on Hate Crime have been launched.

• We have developed programmes which focus on ensuring customers make appropriate decisions about the level of risk they take in accessing services that they choose to meet their needs.

• WCC continues to a limited extent to be a direct provider of social care services and we recognise that staff in these services need to be equipped to recognise and react to possibility of safeguarding concerns. To support this we continue to ensure appropriate levels of access to high quality targeted training around issues of safeguarding or care staff employed by local authority.

• Specific training has been delivered to ensure that staff are aware of the issues around potential abuse, including Deprivation of Liberty safeguards and the Mental Capacity Act Code of Practice.

• Identified as a priority the need to develop partnership arrangements and structures with regard to Warwickshire Safeguarding Adults Board (WSAB) and appointed interim development manager to carry this work forward.

Case study

Warwickshire County Council's Learning Disability Partnership Board teamed up with Mencap, New Ideas Advocacy, WCC's Safeguarding Team & Warwickshire Police to back Mencap's 3 year campaign 'Stand By Me' to raise awareness of crime which is motivated by hate, prejudice and hostility against a person with a disability.

During Learning Disability Week in June 2011 the campaign highlighted the issue of Hate Crime and also focussed on asking the police to commit to ten promises to stand by people with a learning disability to end Hate Crime. A host of information sharing events was held across the county and a petition was used to collect signatures from local people and organisations to offer their support to the campaign.

As part of this work a survey was conducted at council-run day centres to understand what people knew about Hate Crime. More than 70 people with a learning disability took part in the survey and over 50% said they had been a victim of hate crime at some point during their lives. More than 90% of people said that they knew who to report a hate crime to and a third of people said that a reporting card would make it easier for people with a learning disability to report a hate crime.

As a result, Warwickshire County Council worked with Warwickshire Police and the Learning Disability Partnership Board to produce the 'I want to report a hate crime' card to make it easier for people with learning disabilities to report hate crime. The card has been designed to take into account an individual's communications needs, so that just by showing the card, it is visually clear that someone is asking for help. Its small credit card size fits into a wallet and contains telephone numbers of who to contact if they have been subject to a hate crime.

Janine Wheatley, who has a learning disability, is Co-Chair of Warwickshire's Learning Disability Partnership Board and helped launch the card in August. She said: "It's important that all people who are vulnerable, know about hate crime. Lots of people with learning disabilities suffer and that is wrong."

The card has been distributed to 2,000 people including people with a learning disability and their carer's. The council is working with New Ideas Advocacy and together they have been visiting customer groups and holding sessions to raise awareness of disability hate crime as well as delivering training to day centre staff.

Work around this agenda continues and the Hate Crime Card will be incorporated into the tender for the development of new support services for customers with disabilities. We are also working with businesses to act as safe zones and to show the Hate Crime symbol so that people who have experienced Hate or Mate Crime have a place of safety to go to.

Areas for improvement

• Develop Safe Haven schemes for people with learning difficulties who feel unsafe in their local communities and we have also provided safeguarding training to ten adults with learning disabilities who will act as peer reviewers of services in 2012.

• Develop our work to raise awareness of safeguarding for people who may be vulnerable due to their age and in 2011 we promoted World Elder Abuse Day. We are continuing to work on this issue in partnership with Age UK Warwickshire and we are developing an initiative to raise awareness among councillors and the wider public of the increasing, yet hidden issue, of financial abuse of older people.

• Produce a strategic business plan for the Warwickshire Safeguarding Adults Board based upon the six safeguarding principles defined in the 2011 national guidance. The principles are: Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability.

• Revise and implement a new structure for Warwickshire Safeguarding Adults Board to better reflect the future direction of work.

• Widen engagement and participation in the work of Warwickshire Safeguarding Adults Board by customers and carers through development of local safeguarding networks.

• Develop and implement a prevention strategy for adult safguarding.

Key performance measures

Definition	2010/11 Result	2011/12 Forecast	2011/12 Target	2010/11 Comparing our Performance	
				Average for similar councils	Average for all English councils
The proportion of people who use services who feel safe	**95%**	**95%**	**95%**	**94%**	**93%**
The proportion of people who use services who say that those services have made them feel safe and secure	**55%**	**55%**	**55%**	**57%**	**57%**

Contact us

If you have any feedback or questions about the content of this Local Account then please contact:

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Warwickshire County Council

Working for Warwickshire

Appendix B

Cabinet

26th January 2011

Adult Social Care Local Account 2010/11

Summary

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 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.

This report presents the first local account for Warwickshire for consideration and approval before its publication in January 2012 in line with regional guidance developed by the Association of Directors of Adult Social Services (ADASS).

Recommendation

It is recommended that Cabinet approve the "Local Account" attached as appendix A to this report for publication subject to the completion of any amendments requested by Cabinet.

1. Introduction

1.1 The "Transparency in Outcomes Framework" sets an expectation that local authorities will work towards a limited range of national measures of performance but also clearly states the need for a broader based approach to local outcome delivery. One of the key expectations of the framework is that each local authority with adult social care responsibilities will produce local accounts which express the way in which national and local priorities are being met and the standards of delivery within the local area.

In developing local accounts authorities are asked to express their approach, performance and areas for improvement against four key domains:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

The extract from the Department of Health document which expresses the domains and the key performance measures that support them is attached as appendix B for information.

1.2 On a national level the Government remains committed to the development of sector led improvement which involves local authorities taking responsibility for challenging performance and driving improvement through peer review and local accountability. In order to take forward the principles of sector led improvement some synergy in the use of local accounts will be required across the region. To this end ADASS proposed that each Council in the region develops a local account utilising a methodology which:

- Reports performance against the national outcomes framework
- Includes a meaningful range of locally developed measures of performance
- Includes assessments of performance based on customer experience and or feedback
- Benchmarks performance across the region wherever possible

In Warwickshire we have sought to develop our local approach in a way which matches these expectations and as a result we have produced a local account which states our objectives, key performance highlights and measures (benchmarked where possible) alongside an indication of activities required to improve further in the future.

1.3 There is a clear expectation that local accounts will be published and made available to local communities and that they should be used to inform and drive improvement in service quality and delivery. In addition to this the content of local accounts will be used to inform peer assessment and sector led improvement interventions although the mechanisms and approach for this are yet to be defined and agreed. To facilitate this we will be publishing the local account on the Council website and promoting its availability to the public.

2. Information & Advice

2.1 The approach to the production and publication of local accounts is intended to be

defined at a local level and for this reason there is not a prescriptive framework against which a response is required. However there is a regional expectation that the core principles expressed in 1.2 are included within the local account and that publication will take place in the first instance before the end of the current financial year with a second iteration to be developed in 2012/13. Following the publication of the first round of local accounts it is anticipated that ADASS will seek to agree a more consistent approach and style for the content of future local accounts and will in addition identify those local authorities who would benefit from a peer assessment to further assess, challenge and support progress.

2.2 In developing our local approach to the national and regional expectations we have sought to ensure that we are able to express a clear vision of the current position in Warwickshire, the future challenges that we face in relation to demography and our priorities as a strategic commissioning organisation to meet the needs of the local population. This information sets a clear context for the narrative information that we are then able to present under the key headings as expressed at 1.1.

2.3 In producing narrative contextual information to express performance and direction of travel against the domains of assessment we have utilised the national and local performance measures identified in our revised approach to performance management within adult social care to underpin our responses. The national measures expressed within "Transparency in Outcomes" are clearly intended to act as headline areas with a need to supplement these with more detailed local measures and for this reason we have included the broader range of data that we collect to support the management of the business at both a strategic and operational level.

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Item 14

Agenda Item No 14

Adult Social Care and Health Overview and Scrutiny Committee
15 February 2012

Shaping Local HealthWatch in Warwickshire – Further Progress Report *Draft*

Summary

This report sets out the current position and plans around the development of local HealthWatch in Warwickshire.

Recommendations

The Adult Social Care and Health Overview & Scrutiny Committee is requested to:

(1) Note the current position and plans around the development of local HealthWatch in Warwickshire

(2) Comment on the revised timescales for the development of local HealthWatch in Warwickshire

(3) Comment on the draft specification for local HealthWatch in Warwickshire

1.0 Background

1.1 As described in the last progress report presented on 7 December 2011, Warwickshire County Council will have the responsibility to establish an effective local HealthWatch organisation in Warwickshire which will act as a "consumer champion" for all users of health services and adults who access and use social care.

1.2 The role of the new organisation was fully described in the previous report. It will be an important point of entry and source of information for those Warwickshire residents who have concerns or queries in relation to health and social care and a key agency involved in patient and public engagement.

1.3 On 4 January 2012, the Government announced the following changes to the implementation of the Health and Social Care Bill, which affect the establishment of local HealthWatch:

- a new start date for local Healthwatch
- funding made available for the Healthwatch pathfinders

- new funding of £3.2m for start up costs for Local Healthwatch.

1.4 The new date for establishing Local Healthwatch is now April 2013. The change has been implemented following feedback from a number of local authorities and justified by the need to align it closer to the establishment of other new bodies such as the health and well being boards and the abolishment of Primary Care Trusts. The extension will also enable Healthwatch England (which will be established in October 2012) to provide the leadership and guidance to local Healthwatch organisations.

1.5 Additional funding will be made available in Quarter 4 of 2011-12 through a Government formula grant to those local authorities who have been given a pathfinder status. The funds to be made available to Warwickshire are estimated at approximately £3,000 and are planned to be spent on a specific project around engagement with Clinical Commissioning Groups as well as engagement and sharing best practice with other HealthWatch leads/ providers at a regional level.

1.6 New funding of £3.2m will be made available nationally in 2012/13 for start up costs in setting up local Healthwatch. It will include costs such as staff recruitment/ training, office set up costs, and branding; the funding will be allocated as part of the Department of Health learning disabilities and health reform grant in 2012/13. The level of funding to be made available to Warwickshire is yet to be determined.

1.7 It is clear that the County Council's responsibilities for the Local Involvement Network will continue through to April 2013, and its funding will remain unchanged.

1.6 Warwickshire County Council's HealthWatch Transition plans have been revised to incorporate the above changes.

2.0 Current Position and Plans

2.1 A draft service specification of Warwickshire HealthWatch has been developed to reflect key stakeholders' and the public needs and aspirations for the new function. It has been created in such a way as to promote inclusiveness and equality, encourage partnerships and creativity and stimulate innovative and efficient ways of working (see Appendix I).

2.2 The service specification has been developed following a thorough and extensive engagement process which commenced in May 2011 and was closed in November 2011. Detailed information on the engagement activities undertaken by the County Council's Localities and Partnerships Team was provided in the previous progress report.

2.2 The work on determining best legal and procurement HealthWatch models based on the service specification has also commenced. Following professional procurement advice, it is clear that the best approach to be taken will involve a tendering process under local procurement rules in response to

a specific service specification and pre-qualification questionnaire to be finalised upon obtaining further feedback from the Health and Adult Social Care Overview & Scrutiny Committee, HealthWatch Transition Team[1] and final legal advice. The best provider will then be selected which can demonstrably meet all criteria and evolve into fully operational local HealthWatch organisation within the allowable parameters for its legal form and status. This is now likely to commence in summer 2012.

2.3 This approach has been benchmarked with 8 other local authorities in the country through a research work jointly commissioned from the Patient and Public Involvement Solutions Ltd., a well-established and long running company specialising in supporting statutory agencies in developing public engagement strategies and bodies, with strong connections with the Department of Health. Findings from this research depict a clear similarity in the development plans. They have been summarised in a report which will be shared with the Department of Health, the Care Quality Commission and local key stakeholders. Copy of this report is available on request.

2.3 Next steps in establishing local HealthWatch in Warwickshire have been revised and are presented in the table below.

ACTIONS	**TIMESCALES***
Meeting with HealthWatch Transition Team to discuss service specification and next steps	Feb 2012
Appropriate legal and procurement HW models determined	Feb 2012
Funding available from April 2013 identified	Mar 2012
Finalised service and contract specification	Mar 2012
Procurement commencement	Mar 2012
Shadow HW established	Oct 2012
Review of the Shadow HW's work and future work programme developed	Mar 2013
Transition into fully operational HW	Apr 2013

** The above is an indicative timeline; dates are subject to potential delays in democratic and procurement processes as well as confirmation of funding from central Government.*

[1] HealthWatch Transition Team is made of representatives of key stakeholders and was established in May 2011 to provide feedback and drive the engagement work around the development of local HealthWatch in Warwickshire.

3 Key risks and issues for consideration

3.1 Level of funding available for LINk in 2012-13 will remain the same as in previous years, which presents a challenge for funding a shadow form of local HealthWatch. LINk's costs are monitored closely and it is yet to be determined what level of activity the shadow form should perform. To assess this, further engagement with key stakeholders has been planned in February 2012.

3.2 An issue of transfer of funds from the existing Primary Care Trust's Patients Advice and Liaison Service (PALS) to cover for the signposting and advice element of HealthWatch's service still remains. Discussions are underway with the Arden Cluster to identify the level of funding which will be transferred to the County Council in respect of the PALS function currently undertaken by the Cluster.

3.3 Another issue which relates to the actual function and remit of Warwickshire HealthWatch is that current proposals risk ignoring the voice of child social care users. The Health and Social Care Bill sets out plans to establish local and national HealthWatch organisations to gather views of patients and use their feedback to promote better outcomes in health for all and in social care for adults only. Similarly to the above, the Bill does not include provision of advocacy support services to social care users, but requires local HealthWatch organisations to provide advocacy services only to patients of the NHS. This issue has been fed back through the HealthWatch Regional Network to the Department of Health and we are awaiting further guidance.

3.4 It has been made clear throughout the engagement process and a high level Equality Impact Assessment that there is a need to ensure close coherence with advice, information and advocacy arrangements secured through adult social care.

3.5 A further Equality Impact Assessment on the service specification is to be conducted in February 2012 to identify other risks and actions to reduce the risks in relation to the service specification.

2 Conclusions and Next Steps

4.1 Work on the development of local HealthWatch in Warwickshire is progressing well. Our progress and plans have been noted by the Department of Health and the Care Quality Commission, with whom we are building good working relationships.

4.2 In order to continue this progress and ensure best outcomes in health and social care for all in Warwickshire, the Committee is asked to consider the revised plan to establish Warwickshire HealthWatch, as specified above, and to give views on the draft service specification.

4.3 Further progress reports will be presented to the Committee over the next 12 months.

Background Papers

1. Shaping Local HealthWatch in Warwickshire – Progress Report from 7 December 2011.
2. HealthWatch Transition Plan – Department of Health. March 2011: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126325.pdf

Appendices

Appendix I – Warwickshire HealthWatch Service Specification – Draft, version 1.1

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Warwickshire HealthWatch Service Specification

Draft

Version:	1.1
Date:	24 Jan 2012
Author:	Monika Rozanski
Organisation:	Warwickshire County Council

Working for Warwickshire

1.0 Background

1.1 The government's vision for HealthWatch is that it will be the independent consumer champion for the public to promote better outcomes in health for all and in social care for adults – locally and nationally.

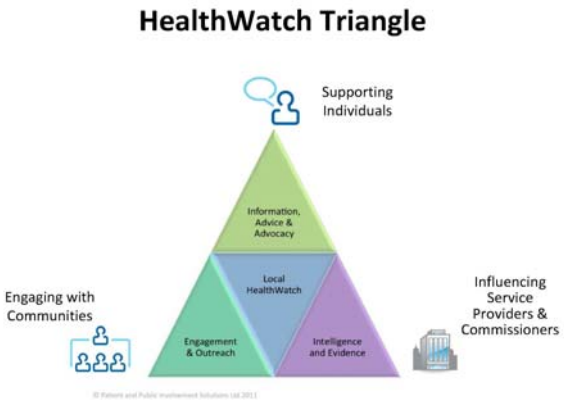
1.2 At the national level, HealthWatch England will be a statutory committee within the Care Quality Commission, which will:

- Be independent of Government through being a committee of CQC
- Provide leadership, guidance and support to local HealthWatch organisations
- Be able to escalate concerns about health and social care services raised by local HealthWatch organisations
- Provide advice and information to the Secretary of State, NHS Commissioning Board, Monitor and the English local authorities
- Present an annual report to Parliament

1.3 Local HealthWatch will act as a point of contact for individuals, community groups and voluntary organisations around their experiences of health and social care. It will influence local commissioning decisions by representing the views of local stakeholders at the Health and Wellbeing Board and influence national policies by informing HealthWatch England about the views and experiences of local people. The specific role of the new service will be to:

- Collect and analyse consumer feedback on local health and social care
- Give consumers a chance to suggest ideas to care professionals that may help improve services
- Investigate specific issues and concerns and make recommendations to care professionals
- Provide quality information and support to individuals to help them make choices
- From April 2013, provide independent advocacy support to people who wish to make an NHS complaint

1.4 There are three main functions of a local HealthWatch, and they can be summarised in the form of a triangle.



2.0 Role of Warwickshire HealthWatch

2.1 More specifically the role of and service provision of Local HealthWatch will include:

2.1.1 Ensuring robust involvement, proactively engaging with people from all communities, in all health and social care issues and decisions. This includes seldom heard and underrepresented communities and groups.

2.1.2 Presenting the views and experiences of local service users to local decision makers, including elected members and overview and scrutiny committees local Clinical Commissioning Groups, HealthWatch England and Care Quality Commission.

2.1.3 Through presentation of robust evidence, being part of the decision making processes on the Health and Wellbeing Board and other commissioning boards, as appropriate.

2.1.4 Through sharing its intelligence around health and care issues and needs, being part of the Joint Strategic Needs Assessment process.

2.1.5 Signposting – providing information to patients and public who need to access health and care services and promote choice in line with health and social care public information and advice guidelines and policies.

2.1.6 Undertaking robust research and obtain and analyse the views of patients and public in relation to specific health or care issues, using appropriate, recognised statistical and qualitative research methods. Presenting findings in a manner appropriate to recipients, including professional reports.

2.1.7 Working in partnership with other agencies and established groups with health and social care interests, to ensure a coordinated approach to engagement and involvement activities and to avoid duplication.

2.1.8 Developing an annual work plan to reflect current local priorities identified through engagement with patients and public as well as collaborative work with voluntary and community groups, local authorities, health agencies and other partners. Working with the commissioner to ensure effective monitoring of the delivery of these priorities.

2.1.9 Identifying good and bad practice in the delivery of care services in Warwickshire, supporting the care providers in promoting good practice and holding them to account by reporting and making robust recommendations.

2.1.10 Facilitating formal consultation activities by statutory organisations with regard to health and adult social care.

3.0 Title of Contract

3.1 Warwickshire HealthWatch Contract

4.0 Contract Duration

4.1 1st October 2012 to 31st March 2013 for shadow form of Warwickshire HealthWatch; 1st April 2013 to 31st March 2014 for full statutory form of Warwickshire HealthWatch – the contract will be renewed upon fulfilment of basic shadow functions, as specified in Section 6.0.

5.0 Definitions

5.1 **Advocacy** is providing the support someone needs to be able to express their views, to communicate their choices and to receive services or to participate in decision making.

5.1.1 Advocacy should help people to:

- Make clear their own views and wishes
- Express and present their views effectively and faithfully
- Access advice and accurate information
- Negotiate and resolve conflict

5.1.2 A **Patient Advocate** acts as a support structure and if legally contracted to do so may act as a patient's representative in their complaint against a health care provider. The Independent Patient Advocate is a vital instrument for both patient and healthcare providers in the optimal resolution of a complaint.

5.2 **Consultation** is the dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action.

5.3 **Engagement** is the actions and processes taken or undertaken to establish effective relationships with individuals or groups so that more specific interactions can then take place.It is also the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well being of those people.

5.4 **Involvement** is about effective interactions between planners, decision makers, individual and representative stakeholders to identify issues and exchange views on a continuous basis.

6.0 Scope of Specification

6.1 The overall aim is to deliver impartial HealthWatch services via a single point of entry, but using multiple channels, also recognising existing mechanisms, to ensure accessibility for anybody within Warwickshire who wishes to obtain information or advice about available care services or share their views about care they received.

6.2 According to the Health and Social Care Bill, which currently is making its way through parliament, Local HealthWatch must a body corporate which will be able to employ its own staff.

6.3 The commissioning organisation – Warwickshire County Council – is inviting a consortium or a single provider which operates to the benefit of the local community and have a distinct local knowledge and identity to tender to deliver this service.

6.4 The following services are currently not within the scope of local HealthWatch specification:

- Representing views of child social care users or their representatives in relation to social care received by the children
- Advocacy services to those who wish to make a social care complaint

6.5 The appointed Provider will adhere to the Service Principles (Section 7.0) and Role of Warwickshire HealthWatch Board (Section 9.0).

6.6 The appointed Provider will ensure during the shadow period that Warwickshire HealthWatch will take necessary steps to become a corporate body.

6.7 The appointed Provider will demonstrate during the shadow period that it is working to deliver all of the specified Warwickshire HealthWatch functions from 1st April 2013 when local HealthWatch organisations will become statutory bodies. Performance indicators and targets are detailed in Section 10.0. An appropriate refund may be required by the commissioning organisation in case of the contract over running.

6.8 The appointed Provider will recruit Warwickshire HealthWatch staff and proactively help and support local volunteers to ensure effective Warwickshire wide community engagement, involvement and participation.

6.9 The appointed Provider will supply necessary tools and mechanisms to ensure effective management of Warwickshire HealthWatch activity and flow of information and intelligence. It will effectively promote the public image and profile of Warwickshire HealthWatch.

6.10 The appointed Provider will ensure that it can provide a comprehensive service to the local people and communities via a number of outlets and channels in each District and Borough of the county.

6.11 The appointed Provider will ensure that the Warwickshire HealthWatch Board is recruited through a robust transparent process as per details in Section 9.0.

7.0 Service Principles

7.1 The principles that have been developed collaboratively with patients, public and partners to provide a framework for the Warwickshire HealthWatch (WHW) provider in effective delivery of its functions are as follows:

7.1.1 WHW should be impartial and trusted in the local community. It will be commissioned and performance managed by the Local Authority in such a way as to preserve its ability to independently carry out its functions, and the County Council as the funder will support its development as an independent organisation which is able to add real value to the decisions that are made about health and social care services on behalf of local residents.

7.1.2 The structure of WHW must be simple and its activities focussed. WHW will be able to demonstrate high quality prioritising and decision-making through the use of clear processes and an evidence base not influenced by the vested interests of other organisations, groups or individuals.

7.1.3 WHW must be a well-managed high quality organisation with knowledge and integrity at its core. It must have a strong, visible and respected leadership. Those involved in its leadership will have clearly defined roles and responsibilities and be held to account for their performance. They will have appropriate skills, knowledge and experience to ensure WHW is able to reflect and meet the needs of all residents across the areas it covers.

7.1.4 WHW must be well-known. It will have a high profile supported by a clear brand and identity that makes it as easy as possible for people to find it and access its services. The name HealthWatch will be recognised as having a national identity, but locally it will be made clear that social care is within its remit.

7.1.5 WHW should be inclusive of all sections of the community, it should be a representative voice of the population it will serve. It will champion and support local patient and user groups and it will avoid structures that make it harder for people to become involved.

7.1.6 WHW must be recognised as an important point of access to information and support to access health and social care services,

the statutory route for the public, patients, service users and carers to express views and/ or seek advice about health and care.

7.1.7 WHW will work effectively with other statutory organisations, supporting and influencing them in their decision making in relation to planning, improving, or commissioning care services. It will have consistent representation on partnerships influencing policy and service change locally. It will be a recognised part of the Health and Wellbeing Board with a significant contribution to the Joint Strategic Needs Assessment (JSNA) and will do this through the presentation of intelligent and robust data and evidence.

7.1.8 WHW will have a good understanding of local voluntary and community groups and organisations, with whom it will cooperate to improve care and health outcomes for Warwickshire residents.

7.1.9 WHW must reach out to those groups and individuals who want to contribute and allow them to express their aspirations and views.

7.1.10 WHW will be a key agency working to ensure a coordinated approach to engagement activities around care services, so that it is able to provide robust, accurate and timely information in relation to their performance, good and bad practices and the needs of the local population.

7.1.11 WHW will have a robust recruitment process in place for its staff and volunteers, it will provide robust training to them and will manage their activities effectively which will enable care users have their voices heard and make appropriate choices in relation to their care needs.

7.1.12 From April 2013, WHW will provide quality advocacy services and will be clear about the level and type of support it will provide to ensure best outcomes for care users.

8.0 Service specification

8.1 The elements of the service specification outlined below have been identified through an extensive engagement process with other agencies and the public as the most important to form an effective local HealthWatch in Warwickshire.

8.2 **Leadership**

8.2.1 WHW will be led by people with appropriate skills and experience, with clear roles and responsibilities.

8.2.2 The Board will be represented by Executive and non-Executive leadership with the Executive bringing specific skills and day to day leadership, and the non-Executive bringing public accountability

and probity to the organisation. The Board as a whole will be responsible collectively for delivering the HealthWatch contract.

8.2.3 Robust terms of reference, including the processes for appointing members to the Board will be required to ensure its effective performance.

8.2.4 Recognition will be made within the Board of both communities of place and interest.

8.2.5 Board members will be selected to meet specific areas of expertise and knowledge and will provide strong leadership. Areas of expertise should include strategic leadership, community engagement, financial, HR, social research and legal.

8.2.6 All members of the Board will be appropriately skilled to fulfil their duties and continuous training and development will be provided to Board members.

8.2.7 The Board will be responsible for supporting the ethos and strategic direction of WHW and will be held to account through the contract with Warwickshire County Council for the effective delivery of it in line with this contract specification.

8.3 **Management and organisation**

8.3.1 The management and operational staff of HealthWatch should be skilled and have a solid overview of the County's health and well-being issues.

8.3.2 With the use of an effective IT system WHW will fulfil a role in gathering and coordinating appropriate information from multiple sources, including through its own activities, to build an evidence based picture of the experiences and views of local people in relation to health and social care.

8.3.3 WHW will develop and deliver a robust programme of activity, with clear interfaces and a timetable of influence. It will have robust decision making processes and protocols in place which will be operated in a transparent way. Its programme will be developed in such a way, so that its outcomes can feed into existing health and care planning and commissioning decision making as well as scrutiny processes.

8.3.4 Success will be measured through a focus on outcomes and impact on service planning and commissioning decisions.

8.3.5 WHW will be regularly monitored and tested through feedback reviews and a robust performance management process will be implemented with outcomes which will be published.

8.3.6 WHW will deliver on its plans and contracts through the appointment of specific officers/ staff who will bring the required level of skill and expertise. Day to day operations of WHW will be measured on their effectiveness and in their ability to provide timely information and evidence to impact and influence service decisions.

8.3.7 A learning and development programme will be implemented to support management and staff to deliver the plan effectively.

8.3.8 Volunteers will play an important role in supporting the delivery of WHW services. Volunteers will be identified and appointed to specific roles. All volunteers will be well trained and be drawn from communities of place and interest and to represent the local demography.

8.4 Brand and communications

8.4.1 WHW will build on a national brand/ image as indicated by HealthWatch England.

8.4.2 WHW will be supported by Warwickshire County Council to become recognised as the “consumer champion” for health and social care and statutory agencies and partners will be encouraged to signpost people to HealthWatch. To support this WHW will develop a reciprocal engagement process with statutory partners through the establishment of an advisory group and/ or reciprocal Board membership.

8.4.3 WHW will communicate its services effectively, in a timely manner and in accessible formats via various media, as appropriate.

8.4.4 WHW will become well known through being available and visible within existing places that the public use to gain advice and information.

8.4.5 Transparent engagement with the population of Warwickshire will be achieved through a well publicised website and regularly published feedback.

8.5 Equality and access

8.5.1 WHW will be representative through its contact with patients and the public, through the delivery of its services and its engagement and outreach with the people of Warwickshire.

8.5.2 WHW will understand the specific requirements of communities in Warwickshire and will describe how they will be met. WHW will be held to account for meeting the needs of the population of Warwickshire through evidencing how commissioning strategies and plans have been influenced as a result of their experiences and views being heard and represented.

8.5.3 All material published by WHW will be accessible and user friendly.

8.5.4 WHW will engage with people and enable people to access it through multiple routes, including:

- Web via an interactive online tools, social media, WHW community
- Email and/ or other mechanisms for engaging directly with large numbers of people
- Face to face through presence within existing places that the public use to gain advice and information
- Phone by providing a single point of contact for people to seek advice and information.

8.5.5 WHW will be connected through existing community groups and organisations who may form a part of WHW and be responsible for delivering some of WHW services and be available through existing "front doors" (physical, telephone and online) in the community.

8.5.6 There will be clears roles for volunteers who will support the effective delivery of a range of WHW services within the community such as community researchers, community information assistants, community interpreters, etc.

8.6 **Influence and independence**

8.6.1 WHW will be open and transparent with all key decisions published in an accessible and easy to understand way.

8.6.2 Influence will be achieved through the analysis and presentation of timely evidence based information. Processes must be developed to ensure decision making and prioritisation is objective. WHW will also be knowledgeable about the statutory sector decision making processes and timetables and will develop effective relationships with the statutory sector and engage with it on a regular basis.

8.6.3 Information presented by WHW must be obtained through an impartial process and objectively represent the views of the local population.

9.0 Service provider's responsibilities

9.1 The Provider will:

9.1.1 Demonstrate high standards of governance both organisationally and professionally. It will be a corporate body which will proactively work to achieve a corporate body status for the local HealthWatch in Warwickshire by the end of March 2013, and provide appropriate support for this to be

realistically achieved. It will ensure that the local HealthWatch Board is recruited transparently with clear roles and responsibilities for its members, that it has an independent chair and representatives from all districts in the county.

9.1.2 Provide a comprehensive service to the community as specified in section via a number of outlets and channels available in each District of the county. These outlets and channels should include discrete children and young people's and "seldom heard" engagement mechanisms and will be proactively supported by community engagement officers or local HealthWatch volunteers.

9.1.3 Promote the values and principles of engagement and have relationships with the voluntary and community sector. It will build good working relationships and partnerships with health and social care providers and commissioners and other statutory bodies through a communication and engagement strategy.

9.1.4 Build the capacity of individuals, groups, organisations to enable them to be fully involved in service improvement, development, planning and review in accordance with the local HealthWatch's principles. This will require a programme of tailored training for local HealthWatch volunteers and staff in relation to their specific roles such as providing information and advice, signposting, advocacy, gathering stories, enter the view work, peer reviews, etc.

9.1.5 Identify structures and processes which local HealthWatch should feed into, benefit from, or work with in order to effectively deliver on its outcomes. This will include working with Social Care and Health Overview & Scrutiny functions, Joint Strategic Needs Assessment group, Clinical Commissioning Groups, NHS Trusts' Quality Accounts and Equality Delivery Systems working groups as well as regionally and nationally other local HealthWatch organisations, HealthWatch England and Care Quality Commission.

9.1.6 Develop and deliver quarterly action plans as part of the annual business plan, to take the patients' and public views forward and identify their needs for care and health.

9.1.7 Develop protocols on how various parts of the health and social care system will work together to ensure best health and care outcomes for the local population.

9.1.8 Work with/ commission local organisations to carry out tasks identified by the local HealthWatch Board as part of the organisation's programme of work.

9.1.9 Work to ensure appropriate processes are developed for action, prioritising and allocating resources and funding. It will make best use of existing resources and capacity across various agencies and organisations and it will encourage volunteering initiatives.

9.1.10 Provide professional financial and administrative infrastructure to support all functions of local HealthWatch and to ensure the organisation carries out its tasks to high quality standards. The Provider will be accountable to Warwickshire County Council for its financial probity.

9.1.11 Be accountable for its performance to Warwickshire County Council and provide information required by the commissioner for performance management and audit purposes. Failure to provide information without reasonable explanation will lead to a notice being served on the Provider for non-compliance with a request from a commissioning organisation for information.

10.0 Commissioner's responsibilities

10.1 The Commissioner (Warwickshire County Council) will:

10.1.1 Monitor the contract and the Provider's work with partners and the local HealthWatch Board to effectively performance manage the Provider. Monitoring will include:

- bimonthly contract monitoring meetings
- quarterly reports from the Provider on the quality of services provided, financial status and performance indicators and targets as well as delivery on actions as per HealthWatch's annual plan
- annual report summarising achievements of local HealthWatch in Warwickshire
- feedback from staff, volunteers, service users and other stakeholders
- inspection of documentation
- site visits

10.1.2 Support the Provider to ensure a robust and effective development of the local HealthWatch and its activity.

10.1.3 Involve local HealthWatch and provide support to it through the Council's existing contact and engagement activities with

communities and encourage other partners and stakeholders to provide similar support and involvement.

10.1.4 Help reduce any barriers to accessing relevant information regarding participation, developing, planning, commissioning and review and support local HealthWatch in their activity within the authority.

10.1.5 Provide a nominated person to manage the relationship with local HealthWatch on behalf of the local authority.

11.0 Performance indicators and targets

11.1 The Provider will meet with the Commissioner at the beginning of each quarter to agree service development and targets for the forthcoming three months. The Provider will be expected to provide details of service users accessing the service, the progress of their support and issues relating to individual groups or service users and overall service provision.

11.2 The Provider will also be expected to report on engagement activities undertaken, and the outcomes from those on individuals, or service delivery and input into strategic processes and likely long term changes in services as well as national policies.

11.3 The Provider will monitor their service delivery and achievements to the following performance indicators[1]:

- Number of people accessing and taking up the services offered by Warwickshire HealthWatch, including the number of people supported to exercise their statutory right to advocacy
- Demand management and response times
- Service user profile, including all strands of 9 protected characteristics[2] to reflect demographics in the local population vs. access to services and community needs
- Diversity of local HealthWatch representation to reflect local communities and their needs
- Increase in people being heard – the extent to which people feel confident to speak up for themselves and to be heard as a result of the local HealthWatch's intervention
- Increase in awareness of services available and people's rights – the extent to which people are able to access services appropriately as a result of support received from local HealthWatch

[1] The indicators may have to be amended to reflect the national guidance which is expected to be published in Spring 2013.

[2] Introduced by the Equality Act 2010 and including: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

- Increase in choice and control – the extent to which people feel they are involved in planning their own care/ support and are in control of their own decisions as a result of support received from local HealthWatch
- Changes in health and care service provision attributable to local HealthWatch activity
- Changes in strategy and policy decisions attributable to the evidence provided by local HealthWatch.

12.0 Measuring success

12.1 Performance management of this contract will focus on three strands:

- Delivery of outcomes for the local community
- Quality of services delivered to the local community
- Number of people served and services delivered

12.2.1 There will be ongoing work involving service users, carers, providers and commissioners to develop/ agree specific tools and mechanisms that will be used to measure outcomes.

13.0 Policies and procedures

13.1 The Provider will adhere to/ have as a minimum written policies and procedures covering the following:

- Communication, engagement and information exchange with partners and public
- Complaints policy
- Criminal Record Bureau checks for employees and volunteers
- Data Protection Act compliant
- Disability Discrimination Act 1995 compliant
- Employment policy
- Equal opportunities
- Equality Act 2010 compliant
- Health and Safety
- Lone working
- User involvement
- Other relevant national policies compliant, as required.

14.0 Interfaces

14.1 The Provider will identify any existing interfaces with its specific activities, policies and plans that may have not been described in this document and will develop protocols and procedures for engaging with these interfaces, as appropriate.

Item 15

Item No 15

Adult Social Care and Health Overview and Scrutiny Committee

15 February 2012

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 should consider how they wish to progress the Quality Accounts 2011-2012. The Department of Health have not yet published their guidance for this year, but the South Warwickshire Foundation Trust have been informed that their Quality Accounts will need to be submitted earlier than those of the NHS Trusts. The options for the Committee would therefore be to:

i. agree to commission a task and finish group which could consider the Quality Accounts over a series of meeting; or
ii. agree to the full committee holding special meetings as required.

Background Papers

None.

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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										
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, giving an update on the transfer of NHS money to Social Care.			✓		✓			
	Public Health – Mike Caley	Update on public health in Warwickshire, within the wider health transition			✓		✓			
	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			✓		✓			
	Physical Disability and Sensory Impairment (PDSI) Strategy – Wendy Fabbro/William Campbell	To consider the PDSI Strategy			✓		✓			
	Effectiveness of The Learning Disability Strategy - *A Good Life for Everyone 2011-2014* – Chris Lewington	To consider the effectiveness of the Learning Disability Strategy in relation to Residential Accommodation.			✓	✓				
	Proposed Changes to Community Meals Service	The Committee requested a further update on developments at their meeting on 07-09-11	✓		✓		✓			

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes
19 June 2012	South Warwickshire Community Response Team	Update report 6 months after implementation. Requested by the Committee at their meeting on 25 October 2011 (Proposal for South Warwickshire Community Emergency Team)			✓		✓			
	Care and Choice Accommodation Programme – Ron Williamson	The Committee requested a further report based on 2.4 of the 7 September 2011 report	✓		✓		✓			
5 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.			✓		✓			
24 Oct 2012	Fairer Charges and Contributions – Impact of Changes – Ron Williamson	Annual monitoring report on charging. Requested by the Committee on 25 October 2011	✓		✓		✓			
5 Dec 2012	Serious Case Review – Lessons Learnt	An update report on lessons learnt and progress in setting up a multi-agency management plan. Requested by the Committee on 7 December 2011	✓		✓		✓			
6 March 2013	Improving Trauma Care in the West Midlands - Sue Roberts, Arden NHS Cluster	Update report on the implementation – requested by the Committee on 25 October 2011			✓		✓			
Dates to be set	Health Transformation Seminar (date to be agreed at the end of April 2012)	A roundtable event involving health stakeholders to consider how they will work together to improve health outcomes – requested by the Committee on 7-12-11	✓		✓		✓			
	Quality Accounts (date to be agreed)	To consider the Quality Accounts 2011/12			✓		✓			
	Complaints – Karen Smith/Ron Williamson	There was some discussion about reports received in the past on Complaints/Compliments. The Committee have asked for a report to be brought to a future meeting, particularly in relation to how this will tie in with the new Local Healthwatch function.	✓		✓		✓			

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
	Winter Pressures – Wendy Fabbro	A report setting out how the winter pressures (2011/2012) had been dealt with – requested by Committee on 7 December 2011	✓		✓		✓			
	Warm and Well in Warwickshire – Bill Campbell	An update on the work being undertaken locally and nationally in relation to the Affordable Warmth Strategy and the DH Emergency Plan and Cold Weather Plan		✓	✓		✓			
	Adult Safeguarding – Wendy Fabbro	An annual report setting out the implications for Warwickshire on the Adult Social Care White Paper and the strategy for the People Group in moving this forward.	✓		✓		✓			

SUBJECT OF BRIEFING NOTE	OBJECTIVE OF BRIEFING NOTE	COMMENT / FURTHER INFORMATION
Access to WCC properties for people with disabilities – Steve Smith	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 sent to Members on 31/01/12*
Coordination between Air Ambulance and Charities – Jerry Penn-Ashman	To brief the Committee on the relationship between Air Ambulances and Charities. Requested by the Committee on 25 October 2011	*Briefing Note requested on 03/11/11 from NHS, redirected to WMAS on 31/01/12*
Closure of Helen Lay – Ron Williamson	To brief the Committee on the support being provided for the remaining 10 residents at Helen Lay following the closure of the centre on 31 January 2011. Requested by the Committee on 25 October 2011	*Briefing Note requested on 03/11/11*

Fairer Charges and Contributions – Ron Williamson	To brief the Committee on take up of respite care and any changes to demand resulting from increased charges. Requested by the Committee on 25 October 2011	*Briefing Note requested on 03/11/11*
Post Event Analysis on Winter Pressures – Jane Ives	Post Event Analysis on Winter Pressures	*Briefing Note to be requested in late spring*
Community Choices Framework for Older People – Andy Sharp	The Directorate has been asked to provide a briefing note setting out Day Opportunity Proposals	*Briefing Note expected in early December 2011*
Charging – Annual Review – Ron Williamson	An annual update on Charging.	*Briefing Note requested on 24/01/12*
Improving Trauma Care in the West Midlands – Sue Roberts, Arden Cluster	Update on the implementation – requested by the Committee at their meeting on 25 October 2011	*Briefing Note requested on 24/01/12 (agreed by Chair and Party Spokes to replace formal report to 15/02/12 meeting)*

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	MEMBERS / COMMENT
Paediatric and Maternity Services Cllrs Peter Balaam (Chair), Carolyn Robbins, Barry Longden, Sonja Wilson, Lesley Hill (LINks)	A public consultation is scheduled to begin on 5 December, seeking views on proposed future model(s) of service delivery. The role of the T&F Group is not only to formulate a response to the consultation, but also to scrutinise the pre-consultation phase - looking at the process by which the Cluster has established its proposals and determining whether appropriate engagement with stakeholders and service users has taken place.	Report to the Committee in February 2012	
Older Adult Dementia Review (formerly the Older Adult Mental Health Services) Cllrs Jerry Roodhouse (Chair), Peter Fowler, Sid Tooth	To review the CWPT consultation process regarding older adult mental health services	Report to the Committee in April 2012	