Adult Social Care and Health Overview and Scrutiny Committee

11 April 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, 11 APRIL 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 meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012

(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. Children and Adolescent Mental Health Services (CAMHS) – Waiting Lists

This report is to outline the precise nature of the current CAMHS waiting lists and an action plan outlining how these will be addressed in the next six months.

4. Virtual Wards

This report will consider the progress made in implementing virtual wards, and the outcomes achieved.

5. 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.

6. Joint Strategic Needs Assessment (JSNA)

This report will present the Joint Strategic Needs Assessment Annual Review 2011 for Warwickshire.

7. Quarter 3 (April to December 2011/12)

This report provides an Q3 update of how the organisation has performed against key performance measures and the financial management of resources.

8. Community Meals Consultation Feedback

In 2011 members were asked to approve the undertaking of consultation with existing and potential customers of the community meals service and to delegate the decision to implement any changes as a result of the consultation to the Director of the people Group in consultation with the portfolio holder. This request was agreed and consultation was undertaken in November 2011.

As per the delegated responsibility, the changes/actions outlined within the committee paper were reported to Group Leadership Team and approved by the Director of the People Group in consultation with the Portfolio Holder.

As requested by the Committee in September 2011, this report provides feedback on the consultation and the outcomes of this event.

9. Personalisation: A progress update

This report considers progress, outcomes and achievements in the delivery of personalised services across Adult Social Care.

10. Section 256 Monies – Winter Pressures

This report will ask Members to consider the allocation of Section 256 monies in relation to winter pressures on health and social care services

11. Work Programme

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

12. Any Urgent Items

Agreed by the Chair.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

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

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

North Warwickshire Borough Council:	Councillor Derek Pickard
Nuneaton and Bedworth Borough Council:	Councillor John Haynes
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	Councillor George Mattheou
Warwick District Council:	Councillor Michael Kinson OBE

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

The reports referred to are available in large print if requested

General Enquiries: Please contact Ann Mawdsley on 01926 418079
E-mail: annmawdsley@warwickshire.gov.uk.

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012 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) George Mattheou (Stratford-on-Avon District Council) Derek Pickard (North Warwickshire Borough Council)
Other County Councillors	Councillor Peter Balaam Councillor Jim Foster Councillor Jerry Roodhouse (Chair of Warwickshire LINk) Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care) Councillor Bob Stevens (Portfolio Holder for Health)
Officers	Dave Abbott, Democratic Services Officer Georgina Atkinson, Team Leader Wendy Fabbro, Strategic Director of Adult Services Kate Harker, Joint Commissioning Manager Chris Lewington, Service Manager - Learning Disability, Mental Health, Carers and Customer Engagement Ann Mawdsley, Senior Democratic Services Officer Monika Rozanski, Senior Projects Manager Mark Ryder, Head of Localities and Community Safety
Also Present:	Ian Andrew, Coventry and Warwickshire Partnership Trust (CWPT) Paul Baker, West Midlands Ambulance Service (WMAS) Nigel Barton, CWPT Jayne Blacklay, South Warwickshire Foundation Trust (SWFT) Craig Cooke, WMAS Roger Copping, Warwickshire LINk

Chris Edgerton, Warwickshire Link
Darren Fradgley, WMAS
Dr John Linnane, Public Health
Kevin McGee, George Eliot Hospital NHS Trust (GEH)
Rachel Newson, CWPT
Heather Norgrove, GEH
Ham Patel, WMAS
Lorraine Roberts, CWPT
Dr Helen Rostill, CWPT
Deb Saunders, Warwickshire LINk
Josie Spencer, CWPT

1. General

(1) Apologies for absence

Apologies have been received on behalf of Cllr Michael Kinson (Warwick District Council) and Chris Kowalik (WMAS).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as:
- a service user of Warwickshire County Council services
- a member of Disabled People Against the Cuts (DPAC)
- a member of GMB
- a member of Unite
- a private practitioner in psychology
- having received training with CWPT

Councillor Richard Dodd declared a personal interest as an employee of the WMAS NHS Trust and a prejudicial interest in Item 5 as above.

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 7 December 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7 December 2011 were agreed as a true record and signed by the Chair.

Matters Arising

Page 3 – 3.2 Questions to the Portfolio Holder

Councillor John Haynes stated that people who were forced to access treatments only available at SWFT, access was difficult due to the distance having to be travelled.

Minutes of the special meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 16 December 2011

The minutes of the special meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 16 December 2011 were agreed as a true record and signed by the Chair.

Matters Arising

Councillor Claire Watson asked for an update regarding recommendation 5. The Chair responded that an update report on bed occupancy and repatriation would be requested for the 11 April 2012 meeting.

(4) Chair's Announcements

Members were informed that scrutiny would be hosting a health roundtable event in April. The event would bring together all commissioning partners to consider connections, communication, overlap of work and culture differences, with the intended outcome of forging good relationships for the future. The two dates being considered were 27 April and 30 April and these would be circulated to committee members for availability.

The Chair asked for volunteers to consider the Quality Accounts for 2011/12, which would be managed differently to past years with as much pre-work being done as possible to ease the pressure of final signing off of the Quality Accounts. Councillors Ashford, Bould, Warner and Watson agreed to participate.

2. Public Question Time

1. Question from David Gee, Warwickshire LINk to OSC

Much is heard about health inequality in the north of Warwickshire, but there is one area where the south of the county is poorly provided for – mental health services.

For example, three patients at the Rehab Hospital in Leamington have been bed-blocking for between 4 and 5 months as they needed mental

health care and there was none available. I therefore ask the Committee to ask when an adequate service will be provided in the south.

Response from Fay Baillie, Director of Nursing, Arden Cluster

"I would like to thank Mr Gee for asking about a small group of patients who are currently in the Royal Rehabilitation Hospital Leamington.

The patients are young brain injury patients who do not have continuing health needs. They are currently having long term rehabilitation as in patients and have almost reached their full potential. Their consultant believes that with specialist cognitive rehabilitation therapy over 6-12 months they may be able to make some progress to allow them to integrate into normal life style.

The patients currently are extremely difficult to manage in community setting because of their extreme behaviour

This therapy is not available locally and would need to be provided in a specialist unit away from the young person's home.

This is not currently a commissioned rehabilitation service. Commissioning is reviewing the evidence that cognitive behavioural therapy improves patient potential. Currently individual patients who may benefit are reviewed in individual funding panels. 3 patients have been supported to date though re-ablement monies. Further re-ablement funding has been set aside this year for this group of patients who are surviving brain injury.

2. Question from David Gee, Warwickshire LINk to PH

Bed blocking is a major problem, costing the NHS a serious amount of money and causing delays for patients.

For example, for the stroke service in the south alone, in the last 6 months there has been the equivalent of 1,000 bed blocking days. At £278 per night that is a considerable amount of money. It is worse, because it causes hold-ups elsewhere in the system, the final cost just could be approaching half a million pounds.

In Worcestershire they have combined health and social care services, which has resulted in a reduction of 75% in bed blocking. The Council state that they are co-operating, but this is not the answer as it still implies two separate bodies. The financial savings can only be achieved by totally merging and I would ask what steps are the Council taking to achieve this?

Councillor Izzi Seccombe responded that the publicity about Warwickshire's performance in relation to bed blocking had been investigated and the numbers that had been quoted did not relate to the data held by the County Council and there was some question about the dissemination of the information. Wendy Fabbro added that this was not unusual nationally and there were several groups meeting across the West Midlands to ensure robust processes to get reliable data, which was crucial for planning purposes.

She acknowledged the importance of health and social care services being streamlined and joined up and reported a project had been developed to share information sources to create a "data warehouse".

Additional project funding had been received from the Department of Health for winter pressures which had enabled spot beds to be made available for re-ablement. Safeguards were being put in place so that older people in acute hospital settings could be transferred to social care beds for re-ablement purposes and returned to their own homes as soon as was possible. Wendy Fabbro recorded her gratitude to colleagues from the Hospital Trusts for their contributions to achieving this, including extra physiotherapists and assessment staff in hospitals. She added that while there would inevitably be peaks in demand, there was a commitment from health and social care to provide the best possible streamlined services.

Councillor John Haynes made reference to the closure of Bramcote Hospital and Jayne Blacklay, Director of Development (Deputy Chief Executive) at SWFT responded that the success of the Community Emergency Response Team in the north who were responsible for facilitating the discharge of an average of five patients a day from GEH was to be rolled out in the south of the county.

Councillor Derek Pickard noted the importance of clearly defined data for planning and operations.

3. George Eliot Hospital – Update

Kevin McGee, Chief Executive of the GEH thanked the Committee for inviting him to speak. He introduced Heather Norgrove, informing the Committee that her role at the Hospital had changed to Commercial Director with a more external focus, working with stakeholders and GPs.

He outlined the four areas he would be speaking on, namely the future of GEH, the Women and Children Services Review, Mortality Rates and recent press coverage. He made the following points:

i. GEH was aiming for Foundation Status by April 2013, but as a small hospital, this would have to be in a partnership arrangement that would give the greatest security and protection to local services.

iii. The sustainability of services provided by small general hospitals was being debated across the country, but for GEH decisions made with partners now had to maintain its role as a centre of the local community.

iv. The debate on services for women and children was longstanding and the hospital was working with partner organisations to produce a strong sustainable model which would retain the majority of paediatric services and the lowest level neo-natal services. He added that there were 2,500 births a year at GEH and any alternative provision would have to be safe and sustainable.

v. Kevin McGee gave credit to SWFT for producing a joint model that would develop a paediatric network across Warwickshire covering a population of more than 500,000 with a strong cohort of paediatric care across the sites. This proposal was currently being considered by the Arden Cluster and the Royal College of Paediatricians.

vi. GEH's high mortality figures (measured by the Dr Foster hospital guide and the Standard Hospital Mortality Index) had been reported in both local and national press. The hospital had instigated an independent external review to look into this which had identified three main causes:
   - the clinical model, specifically areas such as patient flow;
   - coding issues, which had been corrected resulting in a reduction from 117 to 106 in October 2011;
   - environmental factors which were outside of the control of the hospital such as the average number of deaths in any location and a lack of external provision of hospice beds. GEH was keen to work with Social Services and the local community to improve in these areas.

vii. GEH had received negative publicity in relation to pressure sores. Kevin McGee outlined the difficulties around the definition of pressure sores and the reporting of these, but acknowledged that numbers were too high and an active approach had been taken to reducing the numbers of pressure sores.

During the discussion that ensued the following was noted:

1. Members agreed that any pressures sores were unacceptable and proper nursing practices should prevent these. Kevin McGee agreed there should be zero tolerance and noted that an additional £1.5m had been invested in nursing at GEH to try to achieve this aspiration.
2. GEH was a small hospital with limited capacity (approximately 350 beds), which could impact on the flow of patients, particularly with the additional pressures during the winter months. Work was being done to get the capacity right within the organisation to ensure patients received immediate care and treatment.

3. GEH had clinical networks with a number of other hospitals including University Hospital Coventry and Warwickshire (UHCW), SWFT and Birmingham, but was a standalone organisation. It was suggested that there was an overwhelming clinical case for GEH to team with UHCW and Kevin McGee responded that there was a clear distinction to be made between clinical partnerships and organisational link-ups.
4. GEH had not met the target for the amount of time spent in A&E for admitted patients (<4 hours) at any time in 2011. Kevin McGee said that some Acute Trusts had difficultly delivering this target, particularly in light of the growing activity in A&E. He added that four senior A&E Consultants had been appointed, bringing the number to five and work was being done with GP commissioners to try to understand these trends so that partners could tackle this issue together. The Chair noted that this was an issue that needed to be considered during the consideration of all Quality Accounts.
5. Reasons were requested for the level of cancellation of elective operations. Kevin McGee responded that while he agreed that any cancellation was unacceptable, GEH figures were not excessively high. He added that there were times where medical patients had to take precedence over elective surgery, but only as a last resort.
6. While there was some palliative and day care provision in the north, there were no inpatient hospice beds, which resulted in some patients being brought to the hospital to die, which was believed to have a direct correlation to the mortality figures. GEH did not commission hospice services but would support the development of inpatient hospice services in North Warwickshire.
7. Following general discussion around contributing factors towards high mortality rates such as health inequalities and funding, Kevin McGee acknowledged that there were some issues that were within the control of the hospital. He added however that the real task would be to understand the causes behind health inequalities and to develop a strategy for dealing with them.
8. Wendy Fabbro stated that the business case for change would have to be built on sound information with the future of services such as paediatrics, older people services and discharges determined by all partners. Kevin McGee agreed the business case would have to be based on the most accurate data possible and added that GEH were building their business case with commissioners and the Strategic Health Authority.
10. Councillor Jerry Roodhouse asked what was being done at GEH to deliver the Liverpool Pathway Gold Standards. Kevin McGee stated that the aspiration for the hospital was to have all Gold Standard pathways in place. There was a piece of work that needed to be done to link all providers to deliver these standards. The Chair requested a Briefing Note on the Liverpool Pathway and Gold Standards Framework.
11. Kevin McGee emphasised the importance of the Health and Wellbeing Strategy to Warwickshire and recorded his desire to be invited to Health

and Wellbeing Board meetings to participate in developing the Strategy. The Chair asked Councillor Bob Stevens to pick this up.

The Chair thanked Kevin McGee for the frank and honest discussion. He added that the Committee, in their role as critical friend, wanted to work with the hospital to improve services.

The Committee asked for a further update report at a date to be determined and requested that the issues raised above be considered with the GEH Quality Accounts.

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

Councillor Peter Balaam, Chair of the Paediatric and Maternity Services Task and Finish Group introduced the interim report. He informed the Committee that this should have been the final report, but there had been significant delays with the consultation. He added the following points:

i. The future focus would concentrate on:
   - the impact on users, particularly transport and access,
   - the reach of the consultation and the consultation process.

ii. Transport issues had been insufficiently addressed in the Business Case, which had only dealt with possible financial help for travel. A letter to this effect had been sent to the Arden Cluster, but no response had been received to date.

iii. Option C was a popular choice, but was dependent on the proposed partnership with the SWFT. In light of the concerns that had been raised with access and transport, members of the Task and Finish Group were of the opinion that if option C were removed, action would need to be taken to question the Quality v Access balance.

iv The latest date given for the consultation was May 2012 and the next step was to wait for the outcome of the Royal College and the National Clinical Advisory Team reports on the proposed partnership with SWFT.

A discussion ensued and the following points were raised:

1. There were approximately 2,500 births a year at GEH, which would be difficult for another hospital to absorb.
2. At a Joint Review of Antenatal and Postnatal services for Teenage Parents in Warwickshire carried out in the autumn of 2010, the work being done with midwives and in particular the Providing Information and Positive Parenting Support (PIPPS) team at the GEH had been commended. Councillor Claire Watson stated that it would be tragic if this service was lost and the continuity of trust for these vulnerable young girls broken. Kevin McGee added that GEH provided a holistic service and the transferral of any part of that service would break that trust.

3. Members noted their concerns about accessibility and transport, particularly for people from North Warwickshire.

The Chair thanked Councillor Balaam and his Task and Finish Group for the work they had done to date. The Committee agreed to:

(1) Endorse the progress of the Task and Finish Group

(2) Endorse the proposed next steps

(3) Hold a special meeting to consider the response of the Task and Finish Group if required.

Councillor Richard Dodd left the room.

5. West Midlands Ambulance Service

The Committee received presentations from Ham Patel, General Manager for the Coventry and Warwickshire area, Craig Cooke, Resilience & Support Services Director and Darren Fradgley, Head of Performance Improvement giving an operational overview for Warwickshire and updates on the Make Ready and NHS Pathways & the Capacity Management System Directory of Services (CMS DOS).

During the discussion that followed it was noted:

1. Performance had dipped slightly following the relocation of the control room to Staffordshire, but only for a short period of time.
2. Service and resource allocation was equitable across Coventry and Warwickshire, with the process aimed at putting more resources into the rural areas in Warwickshire.
3. The Warwick fire station had not been fit for purpose for some years and alternative locations were being considered.
4. In response to a query regarding wastage with drugs and air it was noted that at present there were 65 locations holding time limited stock. Some locations did not have stock managers, resulting in greater wastage.
5. There was already a strong ambulance fleet base across the region, although there would be rationalisation in some areas. Under the Make Ready Programme the actual stock across the region would grow slightly.
6. Most ambulance transportation passed through Emergency Departments and a lot of work was done with partners to get the flows right, including basing Hospital Liaison Officers (WMAS staff) in hospitals to ensure patient transfer was appropriate.
7. The biggest challenges foreseen by WMAS in moving forward was changing the culture of staff, finding appropriate hub sites and getting communication right. In terms of the model, staff was well geared for training and the process had already begun.

8. Turnaround times at hospitals were reported on a monthly basis and Brierley Hill Centre coordinated across all hospitals in an effort to smooth out peaks across all trusts. Work had been done with UHCW which had resulted in improvements this year, but it was agreed that a second access road was needed.
9. By training paramedics to a higher standard and making greater use of community systems, numbers to hospitals would be reduced.
10. First Response Officers would play an increasing role in the service offer of the service. Craig Cooke undertook to provide a briefing note for the Committee on the offer from the Ambulance Service with First Response Officers and the contact details for the dedicated officer in Coventry and Warwickshire.
11. Clinicians had been embedded into the Capacity Management System (CMS) at both Brierley Hill and Tollgate, to ensure clinical support where needed.
13. The CMS DOS system had not been developed to make wholesale savings, but to bring about working more efficiently to accommodate the increasing demand.
14. The Directory of Services (DOS) would include any services that could help health with the flow of patients, including details for services such as Meals on Wheels, dog walking services and funeral directors. Councillor Izzi Seccombe noted that a resource centre was being developed for social care and there would be obvious benefits to linking the systems.

The Chair thanked Ham Patel, Craig Cooke and Darren Fradgley for their presentations and welcomed the positive approach of the organisation.

Councillor Richard Dodd returned to the meeting.

6. Children and Adolescent Mental Health Services (CAMHS) Update

Kate Harker, Joint Commissioning Manager (CAMHS) introduced the report giving the second update on the Action Plan which was produced following the Scrutiny Review of CAMHS carried out in 2010. She outlined areas that had gone well and areas that continued to cause concern, including:

- waiting times
- outcome data
- financial reporting
- the need for a business case outlining where additional resources were needed and why.

Nigel Barton, Director of Operations, CWPT noted that there had been a lot of progress since the 2010 review and made the following points:

i. A baseline had needed to be set to monitor outcome measurements against, and this had taken time to agree.

ii. The money that had been put in by WCC to support Choice and Partnership Approach (CAPA) initially had improved waiting times.
iii. The CAMHS resource across Warwickshire was insufficient to meet demand so either the threshold and pathways had to be changed or more resources put in. A strategic workshop day had been jointly arranged between CWPT and WCC which would bring together all stakeholders, and would demonstrate the case for more resources.

Wendy Fabbro added that there had been ongoing concerns from a number of sources and an urgent solution was required. She echoed the comments made by Nigel Barton, noting the importance of ensuring that the shape of the service was right for the future to achieve the right outcomes for children in Warwickshire.

Councillor Izzi Seccombe highlighted the open and frank report, adding that this had been a long journey and there was a lot of work to be done to improve the situation, particularly under the current financial circumstances. She noted her disappointment that WCC had not been consulted about the structural changes at CWPT. Nigel Barton responded that the changes were only to the management structure of the Trust and that there had been no changes to the structures beneath.

During the ensuing discussion the following points were raised:

1. Members noted their disappointment that after two years, targets were still not being met, particularly waiting times, and that a business case had still not been produced. Nigel Barton responded that thresholds and pathways had to be sorted so the shape of the service was clear before a business case could be produced.
2. CAMHS and CAPA both had capacity limitations and in Warwickshire there were less clinicians than referrals. Dr Helen Rostill, lead clinical psychologist for CAMHS, added that CAPA was very goal-focussed based on the needs of families and therefore produced better outcomes. She added that the figures for Q3 were encouraging and that benchmarked against other authorities, CAMHS was doing very well.
3. Members asked what initiatives besides CAPA, were available for reducing waiting times, Kate Harker reported that there were a number of services put in place to ensure children were placed in the right service, including primary mental health workers, Relate, Kooth and counselling services. She added that £150,000 had also been allocated from the dedicated school grant to the CAF (Common Assessment Framework).
4. Referral criteria was set and any referrals not meeting the criteria were referred back to be picked up by another service. Every quarter approximately 120 out of 600 referrals to CAMHS were assessed.
5. Dr Helen Rostill said there had been a considerable amount of work done within CAMHS on pathways and there were a number coming through. In response to a query regarding services for eating disorders, she added

that discussions were taking place to ensure the best process to deliver this service, which needed to be NICE compliant.

6. CWPT felt that four whole time therapists with a doctor would be needed to achieve a standstill position.

Lorraine Roberts, General Manager CAMHS, CWPT stated that success could only be measured taking into account the capacity of staff to meet demand. She stated that the time invested to see children on the waiting lists had moved the bottleneck further down the system and there may be a need to develop a hybrid model. She added that the difference between north and south was only due to CAPA being introduced in the south first, but both were now fully operational with CAPA and trying to clear treatment lists.

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

(1) Request that 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&H OSC 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 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.

(4) To record its concern with the direction of travel and progress of CAMHS and ask the Director of Operations to report back on 5th September 2012 as to whether the CAMHS is fit for purpose for Warwickshire.

7. Coventry and Warwickshire Partnership Trust

The Committee received a PowerPoint presentation setting out CWPT's plans to become a Foundation Trust and seeking the support of the Committee.

During the ensuing discussion it was noted:

1. CWPT felt they were big enough to stand alone as a Trust, as the second largest provider of services after UHCW, with three hospital sites across Coventry and Warwickshire and a large number of community teams.

2. Following the issues raised under item 6 above, concern was raised about governance, monitoring and how transparency would be managed with Foundation Status. Nigel Barton responded that while CAMHS was contentious, the Trust worked closely and well with the local authority in other areas.
3. Concern was raised about the difficulty in accessing the budget ratios and therefore the equality between Coventry and Warwickshire. Rachel Newson responded that this information was routinely provided for commissioners and all relevant data and information on CAMHS would be shared at the strategic workshop. Wendy Fabbro pointed out that this information was only provided for PCT commissioners.
4. Foundation Status would bring greater independence and enable the Trust to make financial decisions on which services to invest in and at what level, including reinvestment of savings.
5. As a Foundation Trust, performance would be overseen by Monitor, but at a local level the Trust would be accountable to local people in their roles as members and governors. CWPT was already on target for member applications and Coventry, Warwickshire and Solihull would be invited to nominate a Councillor as a Primary Governor.
6. If a Trust did not achieve Foundation Status, it would be considered to be failing and the Secretary of State would have the power to nominate a special administrator to manage the future of these services. Rachel Newson stated that if this happened, services would be provided from a clearing set of organisations within mental health and could be provided from out-of-county.
7. CWPT acknowledged the need to develop an integrated business plan which focussed clearly on outcomes and how these could be delivered. This was planned as part of the ongoing programme of redesign, and would involve partners and be informed by Joint Strategic Needs Assessments.

The Chair thanked Rachel Newson and Nigel Barton for their presentation. He summed up that while the Adult Social Care and Health Overview and Scrutiny Committee's support had been sought by the CWPT for Foundation Trust status, one of the key criteria for this was 'to be an active partner always ready to improve by working with others'. The Committee had major concerns, as set out above, and therefore agreed that lead Councillors and officers would meet after the meeting to formulate a response.

[Administrative Note: A letter was sent on behalf of the Adult Social Care and Health Overview and Scrutiny Committee to CWPT setting out their concerns and conditions for supporting Foundation Status. A copy of this was shared with members of the Committee. A separate letter was sent from Warwickshire County Council.]

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

Councillor Jerry Roodhouse, Chair of the Task and Finish Group, introduced the report setting out the frustrating setbacks that had been encountered.

Nigel Barton explained that the process had been introduced to change the model of provision from an inpatient focussed model to more community provision, but that ultimately the Arden Cluster had the duty to lead the consultation as commissioners of the service. Rachel Newson added that CWPT shared the Committee's frustration as NHS Warwickshire had chosen not to take the consultation to the Arden Board as planned, but that Steven Jones, Chief Executive of the Arden Cluster, had undertaken to review the situation.

Wendy Fabbro recorded her disappointment that her Group had not been kept informed, and that more integrated working and earlier consultation could have helped to resolve the delay.

Councillor Jerry Roodhouse noted that elected members were keen to progress this work and every effort needed to be made to sort this out.

The Committee agreed that the Task and Finish Group continue this important work and that a letter should be send from Councillors Les Caborn and Jerry Roodhouse to Stephen Jones, Chief Executive of the Arden Cluster.

9. Dementia Strategy Progress Report

Councillor Jose Compton, Chair of the Dementia Delivery Board, and Chris Lewington, Service Manager - Learning Disability, Mental Health, Carers and Customer Engagement, presented the progress report and were thanked by the Chair for the work being done in Warwickshire.

The following points were noted:

1. Dementia was very difficult to diagnose and there was a need to educate GPs on appropriate diagnosis. Concern was raised about the ability of the current system to cope with any large increase in the number of people diagnosed with dementia.
2. Members agreed that the Dementia Strategy should be adopted by District/Borough Councils and throughout primary care.

The Committee welcomed the progress that had been made to date.

10. Questions to the Portfolio Holder

Councillor John Haynes asked Councillor Izzi Seccombe what the cost of carrying out the annual review for social care was. Councillor Seccombe undertook to provide a written response to Councillor Haynes.

11. Warwickshire LINk

Deb Saunders, LINk Manager introduced the report, updating the Committee on progress since the hosting arrangements of Warwickshire LINk had been transferred to Warwickshire CAVA (Community and Voluntary Action) and Age UK. She made the following points:

i. The Health and Social Care Bill was still journeying through Parliament and that the organisation had needed to be flexible to deal with changing timescales. The current timescale for LINk to cease to exist as an organisation was April 2013, at which time there needed to be a legacy in place for HealthWatch to move forward.

ii. The summary of work carried out or commissioned by LINk was published on the LINk website and shared with relevant partners such as Overview and Scrutiny. Work was being done to strengthen and develop this further.

The Chair thanked Councillor Jerry Roodhouse and Deb Saunders for their report.

12. Staffing Capacity

Wendy Fabbro updated the Committee on the staffing capacity, adding:

1. She had reported in September 2011 that there would be a need to rebuild capacity in some areas and this had now been done and would continue to be monitored.
2. The People's Group was facing a lot of challenges including the quality of nursing home care in the county, and the capacity of the Quality Monitoring Team would have to be reviewed.
3. In response to a query about pressure sores in care homes, Wendy Fabbro reported that Tier 3 and 4 pressure sores justified a full safeguarding alert. Pressure sores were often the result of inexperienced staff or the inadequacy of equipment, but incidents were fully monitored and responded to on being reported.

The Chair thanked Wendy Fabbro for her update.

13. Warwickshire Local Account 2012

Wendy Fabbro presented the Warwickshire Local Account for 2012, which had replaced the Annual Performance Assessment. She assured Members that in the future the Local Account would be brought to Overview and Scrutiny before being considered by the Cabinet.

Councillor Jerry Roodhouse asked whether the Local Account would be subject to the Quality Account procedure to be reported to Scrutiny and LINk (and then HealthWatch). Wendy Fabbro undertook to clarify this.

Councillor Izzi Seccombe noted that this was a reflective document looking back at a year of change and providing an opportunity to reflect on performance against targets and the direction of travel for the future.

The Chair commended the style and readability of the report and welcomed the assurance that future Local Account reports would be considered by Overview and Scrutiny first.

14. Shaping Local Healthwatch in Warwickshire – Further Progress Report

Monika Rozanski, Senior Projects Manager, introduced the report which had been requested by Committee at their December meeting. She made the following points:

i. There was a level of intelligence available on the LINk work programme that could be picked up by HealthWatch.
ii. The Warwickshire HealthWatch Service Specification was the first to be developed across the country and had been benchmarked with eight other authorities. The draft had received constructive feedback from the Health Transition Strategic Group and was scheduled to be presented to the next meeting of the Health and Wellbeing Board.

During the discussion that followed the following was raised:

1. In response to a query about who would hold HealthWatch to account, Monika Rozanski acknowledged the role for scrutiny in monitoring the function and outcomes of HealthWatch and agreed that this needed to be incorporated into the specification.
2. Members agreed that 10.1 needed to be strengthened by the additional of the requirement for HealthWatch to present its annual report to Health Scrutiny.
3. Funding of HealthWatch was yet to be determined but indications were that it would be twice the current LINk budget. There was also a sum of £3.2m that was to be divided between all local authorities for start-up costs.
4. It was noted that the Government's vision for HealthWatch did not include disabled children living in residential care. Monika Rozanski said this had been raised with the Department of Health and would be included in the House of Lords debate.
5. The leadership would be determined by a tendering process and potential providers would have to demonstrate they had the right capacity and experience to deliver the functions of HealthWatch. The Local Authority would have the responsibility for putting in place different arrangements should it be decided at any time that HealthWatch was not working.

The Chair thanked Monika Rozanski for her report and good work in developing HealthWatch. The Committee asked that the final Specification be brought to the Overview and Scrutiny Committee before final approval.

15. Work Programme

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

16. Any Urgent Items

None.

…….
Chair of Committee

The Committee rose at 4.50 p.m.

Item No 3

Adult Social Care and Health Overview and Scrutiny Committee, 11th April 2011

Child and Adolescent Mental Health Services (CAMHS) Waiting Times – current position & action plan

1. Purpose of the report

As resolved at the February 2012 meeting of the Adult Social Care & Health Overview & Scrutiny Committee, the purpose of this report is:

a) to detail the scale and nature of CAMHS waiting times; and
b) to set out the action that is proposed to reduce the waits.

2. Recommendations

Members are requested to provide views on the contents of this report, particularly in relation to the updated analysis of waiting times and the proposed action to address the key issues.

3. Background

3.1 There has been a range of discussions and scrutiny activity over a significant period of time, culminating with the February 2012 Adult Social Care & Health Overview and Scrutiny Committee (HOSC) meeting, which focused on the length of time it takes children and young people to access Specialist CAMHS services in Warwickshire.

3.2 Members and Commissioners had expressed concerns about the lengthy waits and, in particular, the high proportion of waits exceeding the 18-week referral to treatment (RTT) target or 14-week CAPA (Choice & Partnership Approach) target. Data available to Commissioners highlighted that during both the second and third quarters of 2011/12 about two-thirds of children & young people were waiting longer than 14 weeks for treatment.

3.3 It should be noted that waiting times were significantly lower during 2010/11 whilst CAMHS capacity was bolstered through the CQUIN (Commissioning for Quality & Innovation) initiative. However, this was in essence a short term fix which did not lead to a sustained approach to delivering lower waiting times.

3.4 Associated issues that Members and Commissioners noted included the following:

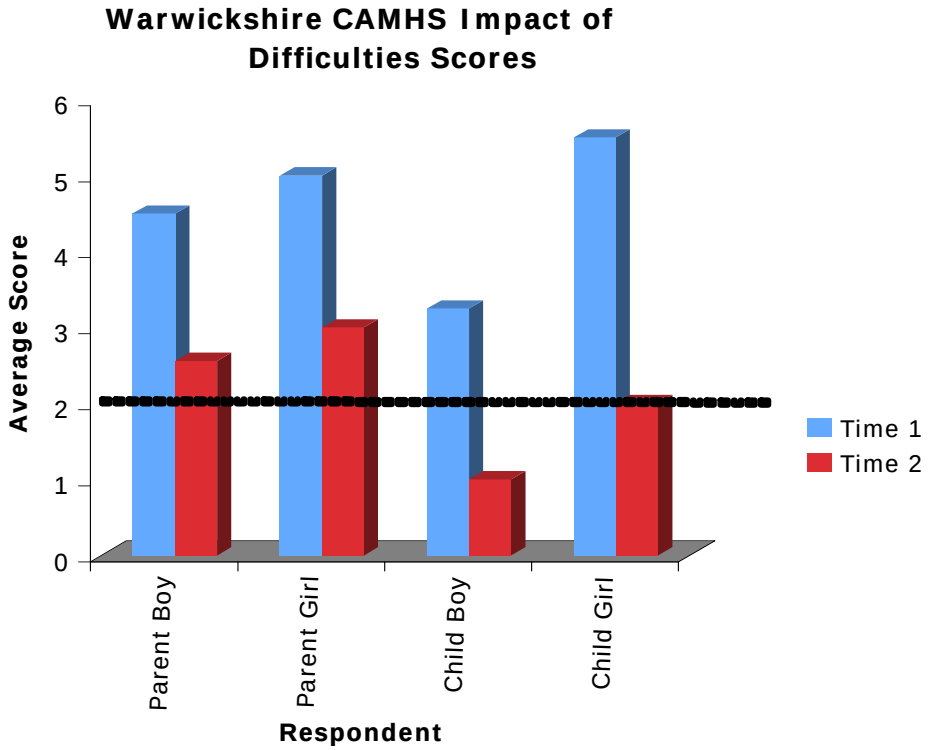
a) Available data did not provide a comprehensive and robust picture of waits; also it needed to be made available in a more timely manner;

b) Perceived inequity of service arrangements and waits across Warwickshire; perceived inequitable service compared to Coventry;
c) Outcomes information needed to be further articulated to evidence 'patient' experience;
d) Lack of availability of financial information to enable benchmarking;
e) Delayed development of a business case setting out resourcing proposals to address perceived capacity shortfalls.
f) The need for improved communication with parents / carers and other stakeholders (particularly those making referrals). This would include improved communication in relation to waiting times, referral criteria; the progress with referrals; and the use of appropriate media, such as texts; information sharing improvements were also requested;
g) The need to improve relationships with partner agencies and other stakeholders;

5. Outcomes delivered by the service

5.1 Work has been ongoing to track clinical outcomes within CAMHS. This has provided a better understanding of the overall impact of the service and has provided a useful indication of patient satisfaction. The quality and effectiveness of our healthcare interventions are routinely measured by asking young people, parents/carers, and clinicians to rate the nature and severity of symptoms at specific intervals within each episode of care.

5.2 Children and young people entering Warwickshire CAMHS have particularly high levels of complex emotional and behavioural needs, which can exceed levels experienced within other similar CAMHS services in other parts of the country (source = CAMHS Outcome Research Consortium). Nevertheless, the Warwickshire service delivers meaningful change that patients and parents are satisfied with. The graph below highlights the improvements in wellbeing experienced by children and young people accessing Warwickshire CAMHS. According to parents and the youngsters themselves, there is a significant reduction in the impact of mental health problems on daily activities and relationships over the course of treatment. Six months into an episode of care or at discharge the degree to which emotional and behavioural problems interfere with daily life more closely resembles that experienced by children in the general population who are not using CAMHS. This change indicates that treatment is leading to improved wellbeing by helping children develop greater resilience, which enables them to live more fulfilling lives.



Key

Time 1 = First Appointment

Time 2 = 6 months into treatment or discharge

= Average level of functioning for children in the general population

6. Updated details of waiting times

6.1 Work is ongoing to develop a definitive picture of the numbers of children and young people who are waiting for Specialist CAMHS services, the type of condition that they have (i.e. the care pathway that they are on) and the length of waits.

6.2 Further work is required, but the emerging picture indicates the following:

- No children and young people have been currently identified as waiting for an initial assessment;
-
- However, there are 473 Warwickshire children and young people waiting to access treatment;

- For nearly two-thirds (311 out of 473) of these children & young people, further work is ongoing to provide a clear picture of the nature of their wait.
- There are a significant number of children and young people accessing the service with neurodevelopment disorders. These disorders include attention deficit hyperactivity disorder (ADHD), autistic spectrum disorders (ASD). 28% (134 out 473) of the young people are identified as having a neurological developmental condition. However, it should be noted that this is over 80% (134 of 162) of children and young people for whom conditions have been identified. Children presenting with an ASD have difficulties with (1) social understanding and developing relationships, (2) social communication and language, and (3) social imagination (i.e. difficulties with flexibility of thought and behaviour). It is generally accepted that ASD is a lifelong condition and that education is the most effective intervention. ASD does not in itself constitute a mental health condition, albeit that between 40-70% of children with autism present with problematic emotional and behavioural reactions.

Locality profile (at 29.02.12):

	Warwickshire (Numbers waiting & average waiting time)				**Coventry**
	L' Spa	**Stratford**	**Nuneaton / Rugby**	**Warks Total**	**Coventry Total**
Initial assessment	0	0	0	**0 (ave: 12 wks)**	101
Complex behaviours & wellbeing conditions	0	2	18	**20 (ave: 66 wks)**	12
Emotional distress & wellbeing conditions	0	0	7	**7 (ave: 26 wks)**	14
Neurodevelopmental conditions	4	57	73	**134 (ave: 32 wks)**	185
Self harm	0	0	1	**1 (ave: 31 wks)**	0
Psychiatric assessments	0	0	0	**0**	0
Medicine Review	0	0	0	**0**	0
Pathway to be confirmed	63	41	207	**311**	49
Total	**67**	**100**	**306**	**473**	361

(Updated data will be available at the HOSC meeting).

- Nearly all (over 98%) of the children and young people who are waiting for the service are 5 years old or over;
- Further work is required to provide a robust picture of average waits. However, the emerging picture indicates that the average waiting time for initial assessments are about 12 weeks. The overall average wait for accessing services is about 33 weeks. Current analysis indicates that the average waiting time for accessing treatment for 'complex behaviours and wellbeing conditions' is the longest at about 66 weeks.

7. Action – underway and planned

7.1 Data analysis

a) A significant amount of work is ongoing to provide a definitive picture of the number of Warwickshire children and young people waiting for treatment, and the length of waits.

b) This work is linked to the ongoing work to understand what conditions the young people have – the demand – and how this relates to the capacity within the service.

7.2 Waiting list management

a) Arrangements have been put in place to develop and implement a more systematic approach to the management of the waiting list. A waiting list manager and associated administrations staff are being trained in order that the responsibility for managing the waits and the case load is transferred from clinicians. This will help to ensure that clinical capacity is used effectively.

7.3 Progressing the development of integrated care pathways

An integrated care pathway (or ICP) is a person-centred and evidence-based framework that tells care providers, people using services, and their carers what should be expected at each point along the journey of care. It encompasses how care is organised, co-ordinated and governed in relation to a specific set of difficulties or diagnoses. Development of ICPs within CAMHS offers opportunities for sustained quality improvements and will promote closer collaborative working between stakeholders.

<u>Autistic Spectrum Disorder (ASD)</u>

Particular attention is being given to the development an integrated care pathway for ASD which, as highlighted above, forms the basis of a significant proportion of the children and young people accessing the service.

To date CAMHS has worked alongside commissioners and other providers to map existing services and to collect intelligence about patient flow. This data is currently under review. However, previous work by CAMHS in 2011 has identified a range of problems in the delivery of ASD services in Warwickshire. It is clear that multi-agency provision for ASD within the county has historically relied on good-will arrangements between agencies and service models differ considerably across the north and south. It is to be expected that

geographical variance and the lack of formalised inter-agency agreements has affected the care journey for some families. This was highlighted in a brief survey conducted by CAMHS in 2011 where parents told us that care can feel disjointed and they can wait up to 18 months between first contact with a healthcare professional and their child finally receiving a diagnosis. This is particularly significant as the diagnosis often unlocks access to scarce educational support and resources for children and families.

Within Integrated Children's Services, CAMHS professionals (i.e. Psychiatry, Clinical Psychology, and Nursing) and those from other disciplines (i.e. Paediatrics, Speech and Language Therapy, and Occupational Therapy) have developed an ASD care pathway proposal. The proposal is based on a formalised collaboration between partner agencies and operates according to the need of the child. Although this model requires further testing against the intelligence gathered by our commissioning partners, it has the potential to deliver a more joined up, equitable and streamlined service for children and families across Warwickshire and Coventry. The next steps involve further consultation with commissioners and other providers and piloting the proposed model.

Other integrated care pathways

Work is also underway to update integrated care pathways for the following:

- Continence services (which includes enuresis (wetting) and encopresis (soiling and constipation) difficulties);
- Eating disorders (which includes anorexia nervosa, bulimia nervosa, binge eating disorder and related conditions);
- Trauma (which includes Post Traumatic Stress Disorder (PTSD) arising from exposure to extremely stressful life events (e.g. bereavement, accident, childhood abuse).

7.4 Initial stakeholder workshop (26.03.12)

A stakeholder workshop was held on 26th March to develop a better shared understanding of the issues and to agree courses of action to drive change. As well as CAMHS / Partnership Trust representation, there was also representation from Commissioners, Warwickshire County Council and South Warwick Foundation Trust. There was a detailed discussion of the waiting times and also discussions over the work that is underway and planned in relation to the development of integrated care pathways.

Amongst other things, there was support for the instigation of a formalised project to drive improvement and there was support for strengthened cross-agency mechanisms for communication.

7.5 Initiation of a formal improvement project

A formal project is going to be initiated to introduce a focused and systematic approach to improving waiting times and to drive associated service improvements. An initial workshop is planned for 16th April which will involve representation from a range of stakeholders.

In general terms, the workshop will aim to address the following:

a) Establish the project aims, objectives and goals;

b) Establish the key workstreams, which are likely to include demand & capacity work; further work on integrated care pathways; workforce development; referrals management & clinic scheduling; data collection & reporting systems and arrangements; commissioner and stakeholder engagement arrangements;

c) Establish the project governance arrangements – project ownership, project management, multi-agency project board / steering group arrangements, the project team; stakeholder engagement arrangements.

It is anticipated that Warwickshire County Council will be represented within the project governance arrangements as will other key stakeholders such as Head teachers and General Practitioners. .

A likely output of the project is a clearer analysis of capacity & demand which will inform a future business case, as appropriate.

Progress on the project will be reported to the September meeting of the ASC & HOSC.

8. Background Papers

8.1 ASC & HOSC - February 2012, Scrutiny report on CAMHS

Contacts:
Josie Spencer, Director of Operations (Community Services), CWPT
josie.spencer@covwarkpt.nhs.uk

Jed Francique, General Manager for Integrated Children's Services, CWPT
jed.francique@covwarkpt.nhs.uk

Dr Helen Rostill, Head of Psychological Therapies, CAMHS, CWPT
helen.rostill@covwarkpt.nhs.uk

Dr Ann Aylard, Lead Consultant, CAMHS, CWPT
ann.aylard@covwarkpt.nhs.uk

Item No. 4

Adult Social Care and Health Overview and Scrutiny
13 April 2012

Report on Virtual Wards

Recommendation

The Adults Social Care and Health Overview and Scrutiny Committee is asked to scrutinise and comment on the progress made in implementing virtual wards.

1.0 Background

1.1 Members will wish to consider the attached presentation slides appended to this note detailing progress made in implementing virtual wards at George Eliot Hospital.

1.2 Officers from South Warwickshire Foundation Trust will be in attendance at the meeting to answer any questions the Committee may have.

	Name	**Contact details**
Report Author	Bie Grobet	bie.grobet@swft.nhs.uk 01788 513030
Portfolio Holder	Bob Stevens	

South Warwickshire NHS
NHS Foundation Trust

Nuneaton/ Bedworth/ Rural North Warwickshire Update

Virtual Ward Patient Feedback

Bie Grobet
General Manager
Integrated Adult Services
South Warwickshire Foundation Trust

South Warwickshire NHS
NHS Foundation Trust

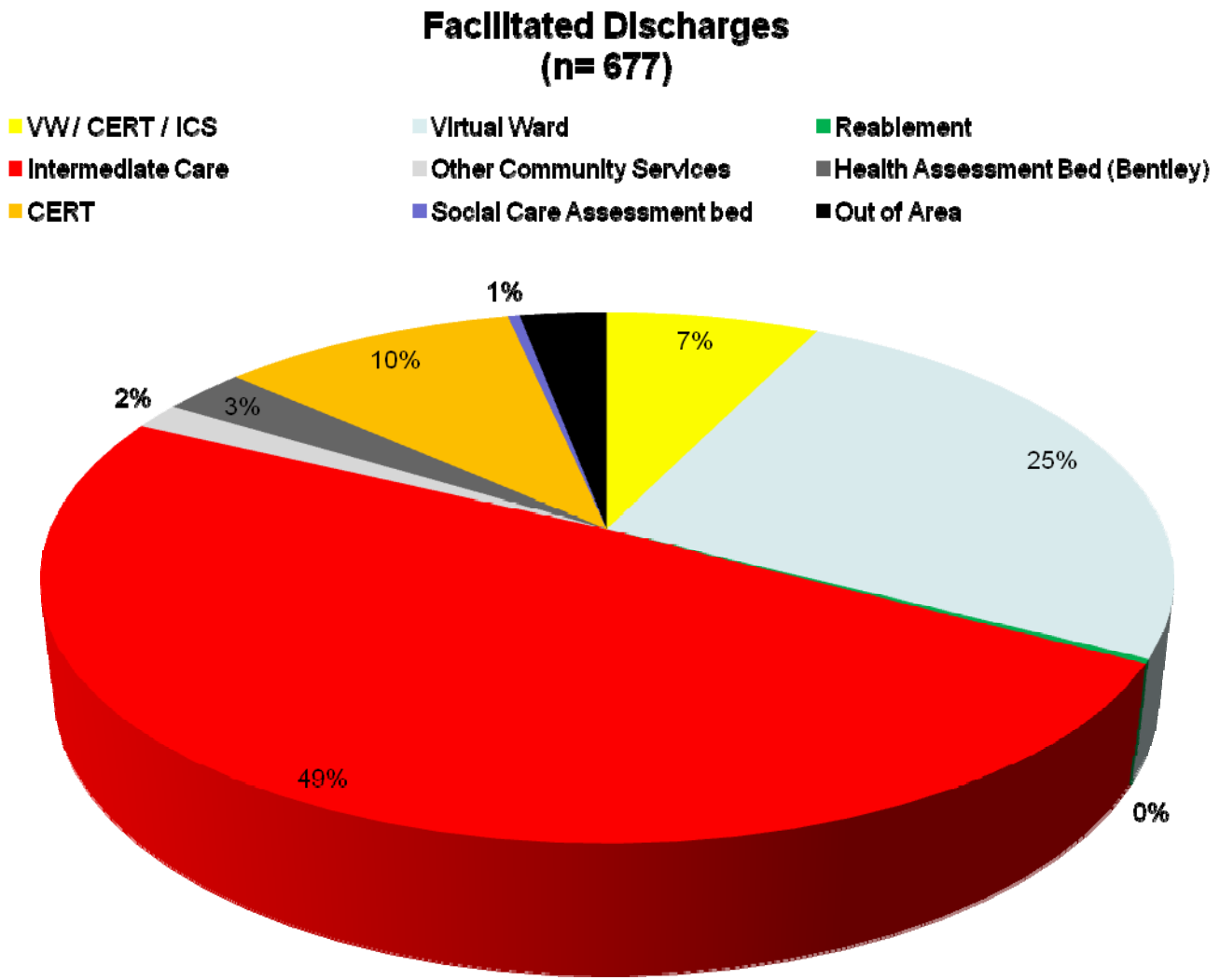
Bramcote Hospital Update

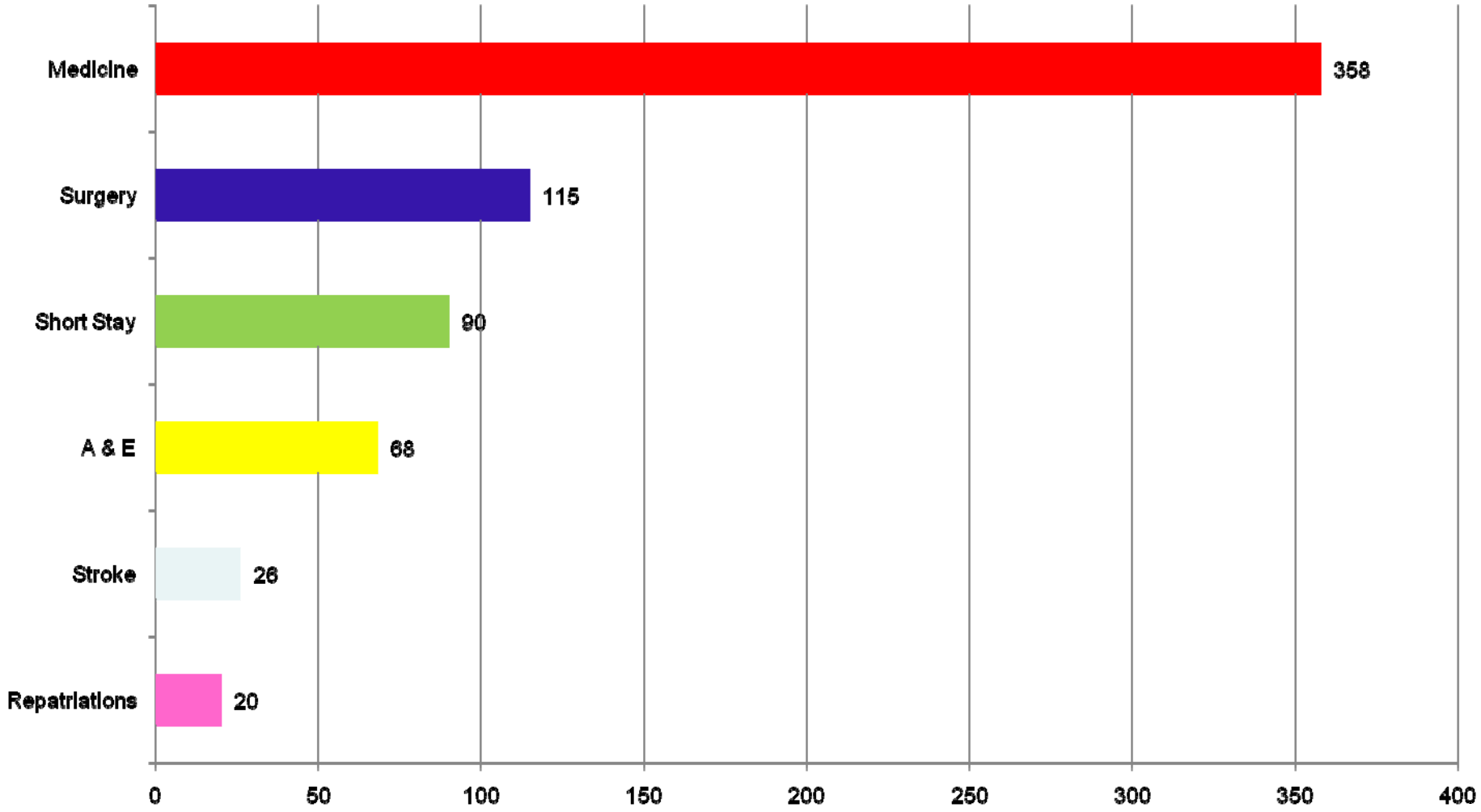
- NHS Warwickshire commissioned expansion of Virtual Ward and Intermediate Care
- Bramcote Hospital closed (31st March 2011)
- Bramcote Hospital staff re-deployed (April-May 2011)
- ‘Navigating the system’ project started at George Eliot Hospital (20th June 2011)

South Warwickshire NHS
NHS Foundation Trust

‘Navigating the system’ project

Working closely with George Eliot Hospital to identify 5 people daily who can be supported by Community Services to be cared for at home following a hospital stay or when a hospital spell is not required


Facilitated Discharges
(n= 677)
VW / CERT / ICS
Virtual Ward
Reablement
Intermediate Care
Other Community Services
Health Assessment Bed (Bentley)
CERT
Social Care Assessment bed
Out of Area
1%
7%
10%
2%
3%
25%
49%
0%


Medicine
358
Surgery
115
Short Stay
90
A & E
68
Stroke
26
Repatriations
20
0
50
100
150
200
250
300
350
400

South Warwickshire NHS
NHS Foundation Trust

Outcomes

- 677 patients supported in their discharge over 6 month period
- Doubled capacity of both Virtual Ward and Intermediate Care
- Less transfers of patients between hospitals
- 5 patients discharged from GEH a day
  compared to 4 patients a week to Bramcote
- Very few patients are re-admitted to GEH (0.6%)
- Only 16% of the cohort of patients required ongoing Social Care support
- Around 70% of patients did not require any ongoing support following discharge

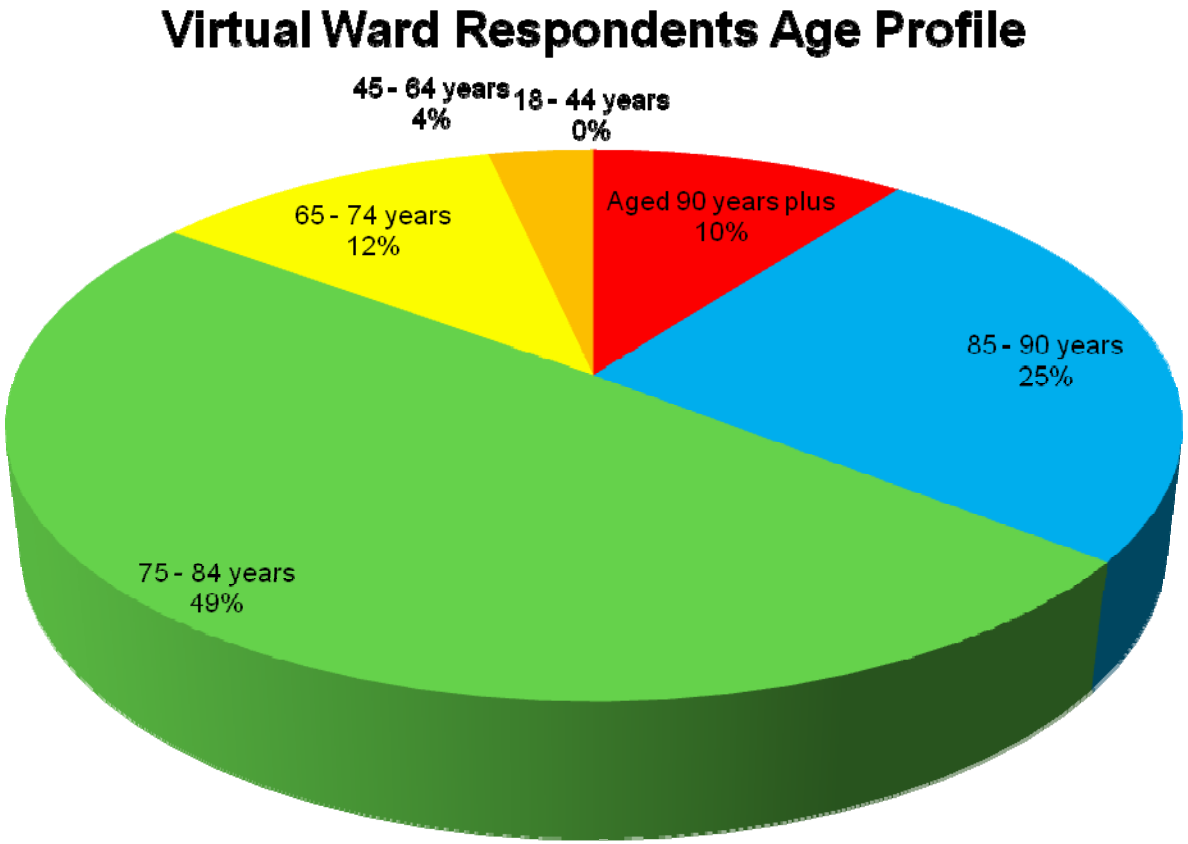
South Warwickshire NHS
NHS Foundation Trust

George Eliot Hospital update

- Active participation in the ‘Navigating the system’ project at all clinical levels
- ‘Right patient- Right bed’
- Increased Nursing staff levels on the wards
- Ward Matron leadership across the Hospital
- Ahead of schedule for deep cleaning of ward areas and excellent infection control rates
- Experienced Consultants at all levels working extended hours

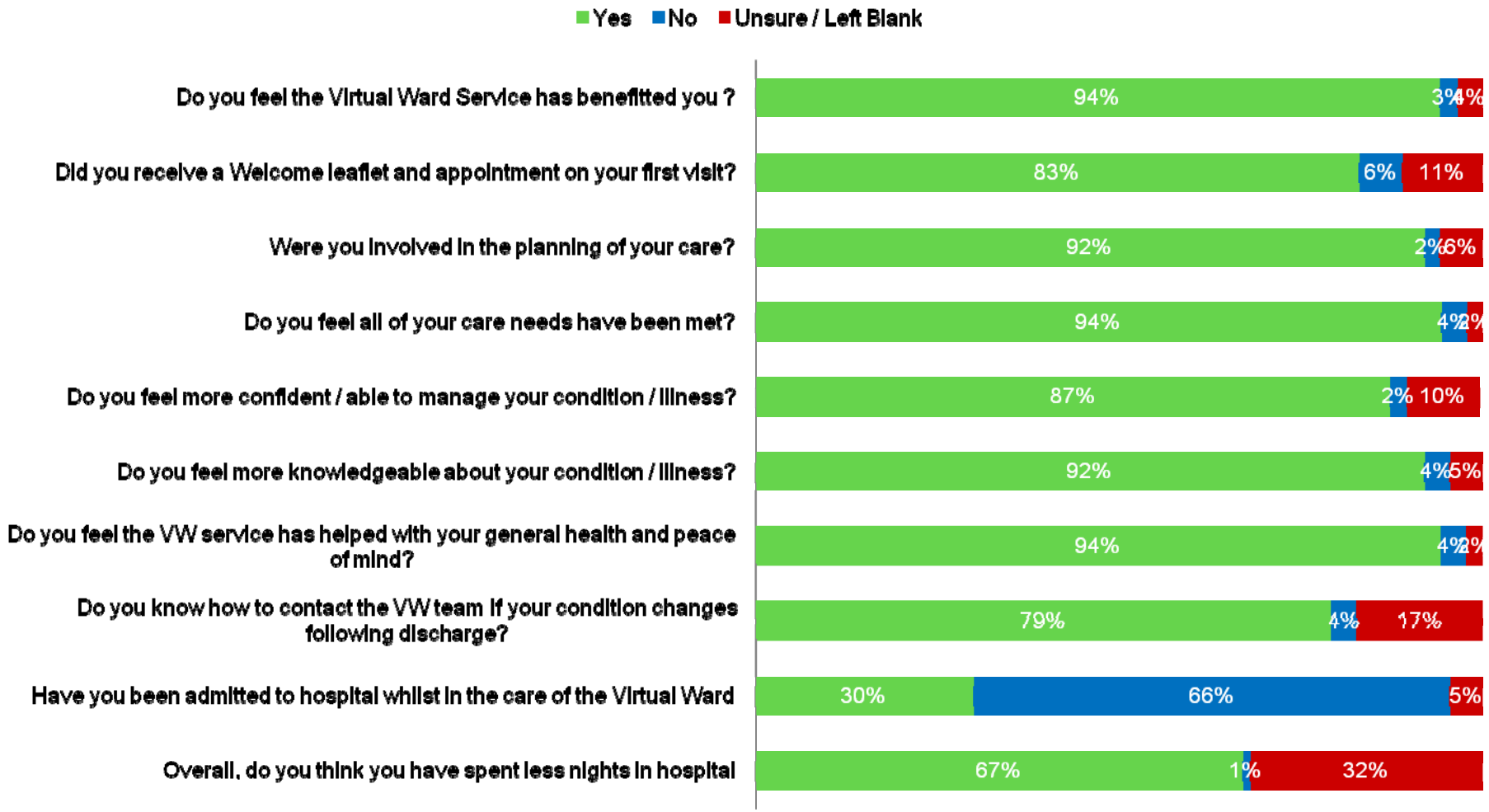
South Warwickshire NHS
NHS Foundation Trust

Virtual Ward Patient Satisfaction (87 patients out of 600 surveyed)



South Warwickshire NHS
NHS Foundation Trust

Virtual Ward Patient Experience 2011 - Summary of 87 questionnaires



Item No 6

Adult Social Care and Health Overview and Scrutiny 13 April 2012

Warwickshire Joint Strategic Needs Assessment Annual Review (2011)

Recommendation

Overview and Scrutiny Committee is asked to receive and accept the Warwickshire Joint Strategic Needs Assessment Annual Review (2011).

1.0 Background

1.1 In 2007, the Local Government and Public Involvement Act placed a duty on upper tier local authorities and PCTs to undertake a JSNA. Warwickshire's first JSNA was published in 2009. It is recommended that the JSNA is refreshed at least every three years.

1.2 The purpose of the JSNA is to identify current and future health and wellbeing needs; to establish a shared, evidence based consensus on key local priorities; and to form a key element of the commissioning cycle.

1.3 The JSNA informs development of the Health and Wellbeing Strategy and is central to commissioning decision making, challenging delivery and service redesign.

2.0 The current JSNA

2.1 The 2009 JSNA was well regarded and provided a helpful and comprehensive snapshot of data and statistics, however it consisted of a static written report and was not at the level of detail required by commissioners. The approach to developing the current JSNA is different. The aim is to have a dynamic, interactive, ever changing JSNA. This is being achieved through:

- The establishment of a JSNA website. This is a rich source of data and information and will be regularly updated. It will include forums where questions can be asked and online discussions can take place. The website is now live and can be located at www.warwickshire.gov.uk/jsna

- Undertaking an annual review and producing topic summaries from that review. This will ensure that there is clarity and a shared consensus on the issues that require particular focus in the upcoming year.

2.2 The JSNA Annual Review (2011) is attached for your information and was initially launched at a stakeholder event on 7th March 2012. It contains ten key

themes and these are presented in a 'life course' style spanning from childhood to old age.

2.3 The ten themes identified from the 2011 annual review are:

- Educational Attainment
- Looked after children
- Lifestyle factors affecting health and wellbeing
- Long-term conditions
- Mental wellbeing
- Reducing health and wellbeing inequalities
- Disability
- Safeguarding
- Dementia
- Ageing and frailty

2.4 In identifying these ten themes the following criteria were used:

- Magnitude of the issue
- Poor outcomes currently being achieved
- Worsening situation
- Significant inequalities (by geography or population group)

3.0 Timescales/Next steps

3.1 The JSNA has now been launched and Warwickshire's Health and Wellbeing Board sees the JSNA as an essential tool to inform commissioning decision making to improve outcomes.

3.2 An editorial board is being established to ensure ongoing engagement of stakeholders and a coordinated approach to regularly updating the JSNA.

3.3 Commissioners are committed to utilising the JSNA and to making progress in the ten key areas

Background Papers (Please list below, with electronic links where applicable)

JSNA website: www.warwickshire.gov.uk/jsna **Warwickshire Joint Strategic Needs Assessment Annual review 2011 (attached)**

	Name	Contact details
Report Author	Claire Saul	clairesaul@warwickshire.gov.uk 01926 745101
Head of Service	Claire Saul	clairesaul@warwickshire.gov.uk 01926 745101
Strategic Director	Wendy Fabbro	
Portfolio Holder	Izzi Seccombe/Heather Timms	

Warwickshire JSNA

Warwickshire Joint Strategic Needs Assessment

Annual Review 2011

Warwickshire County Council

NHS Warwickshire

Foreword

Welcome to the Joint Strategic Needs Assessment (JSNA) Annual Statement which sets out the current and future health and wellbeing needs for people in Warwickshire.

No agency alone can fully achieve better health and wellbeing for our county's residents without working in partnership with others. Our work requires the contribution of a wide range of agencies to improve health and social care; housing; learning and achievement; growth in the economy and household income.

As the JSNA is the cornerstone for the way in which we will build our plans to improve the health and well-being of our communities, it is crucial that all agencies share the same intelligence through this assessment.

This year we have made substantial changes to the process and presentation of the JSNA and this document highlights our key areas for attention.

We have chosen five themes and 10 topics that cover the milestone events in people's lives from cradle to old age. Topics have been chosen using a number of criteria which include;

- the magnitude of the issue
- poor outcomes currently achieved
- worsening situation

Rather than remaining static, the JSNA is a live document. As circumstances change, outcomes vary and intelligence and analysis is updated, the JSNA will evolve and maintain its relevance. With the launch of the JSNA website, local information system, summary statement of need and a question/feedback facility we are hoping the JSNA will become an even more up to date, interactive and user friendly tool.

This Annual Statement marks the beginning of a new approach and hopefully the start of a conversation with commissioners of health and social care, but also importantly the public, patients, clients and partners to enable us to accurately outline the needs for our community. We look forward to working with you all to deliver a robust, fully engaged JSNA for Warwickshire.

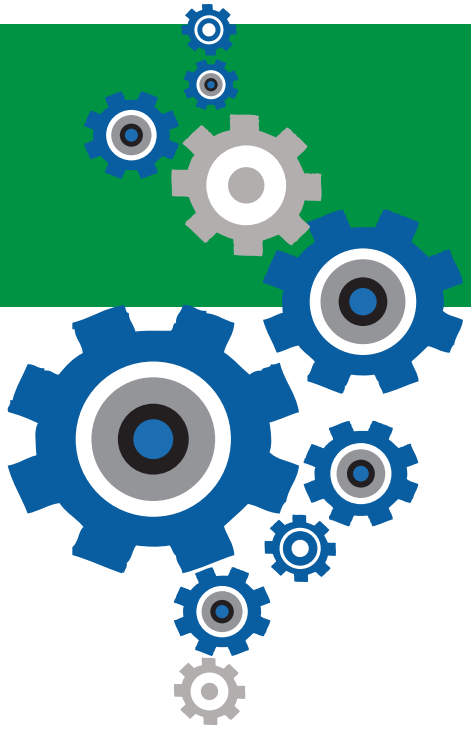
Dr John Linnane
Joint Director of Public Health
NHS Warwickshire/Warwickshire County Council

Wendy Fabbro
Strategic Director People Group
Warwickshire County Council

Warwickshire County Council

NHS Warwickshire

Introduction



Welcome to the 2011 Annual Review for Warwickshire's Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to analyse and examine the current and future health and well-being needs of the local population, to inform and guide the commissioning of health, well-being and social care services.

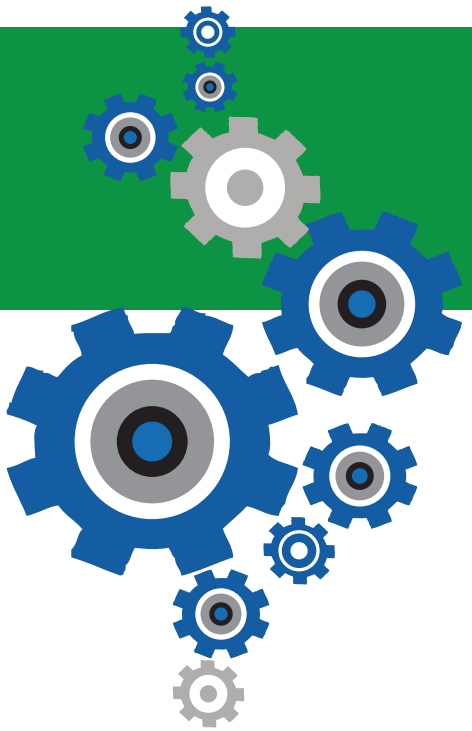
The JSNA aims to establish a shared, evidence based consensus on the key local priorities across health and social care and is being used to develop Warwickshire's Health and Wellbeing Strategy, Commissioning Plans for the Clinical Commissioning Groups (CCGs) and Transformation Plans for the local Health Economy.

The following set of key themes has been developed to inform the Health & Wellbeing Board of the emerging key messages from the JSNA. The information provides a 'position statement' and a 'snapshot' of our work so far at the end of 2011. It includes the key headline messages from our initial analyses and provides the basis for further, more detailed needs assessment work.

The themes have been loosely structured to follow a 'life-course approach' and are not just an amalgamation of facts and figures. Where possible, a broader range of qualitative information (e.g. knowledge, pathway information, consultation activity with stakeholders, service users, professionals, etc.) has also been included.

Further information is available at
www.warwickshire.gov.uk/jsna

Contents



Warwickshire JSNA

Warwickshire County Council

NHS Warwickshire

Warwickshire JSNA

Children & Young People

Educational Attainment

Looked After Children

Warwickshire County Council

NHS Warwickshire

Educational Attainment

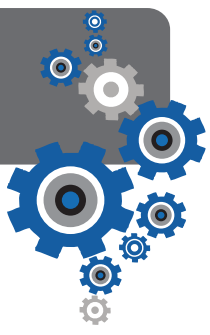
Research shows that education is a key determinant of health, with the more educated reporting lower morbidity from common acute & chronic diseases, lower anxiety/depression & experiencing better physical & mental functioning. Many of Warwickshire's children and young people achieve the expected national standards of educational attainment but significant disparities exist on a geographic and demographic basis. The tackling of this under achievement and health and well being inequalities among certain groups is crucial for reasons including raising aspirations, improving opportunities and reducing social & economic inequalities.

- The proportion of children in Warwickshire (66% in 2011) achieving a good level of development as assessed through the Early Years Foundation Stage Profile continues to increase year on year. However, there is an average year on year difference of 10% in achievement levels between the lower achieving north (Nuneaton & Bedworth and North Warwickshire) and the south (Warwick and Stratford).
- At Key Stage 2, geographical differences become more marked & attainment gaps are not decreasing. There are geographical differences between those achieving the expected level (level 4 and above), an average year on year gap of 6% between the north and the south. Differences between those achieving level 5+ are even more considerable with the gap increasing to an average of 9%. This demonstrates that higher level performance is less evident in the north than the south.
- At Key Stage 4 (KS4), the target level attainment is for five or more GCSE grades A*-C including Maths and English GCSE. For this, Warwickshire is above the national average, with 60.5% of pupils reaching this standard. Attainment levels in the north are lower than those in the south. This gap is not decreasing & less than half (48%) of pupils in the north achieve this level.
- Children with a special educational need (SEN) in Warwickshire achieve better than the national KS4 target level attainment, but the gap between SEN children and non-SEN children is still significant and remains consistently large.
- A 32.5 percentage point difference in 2011 exists between those eligible for free school meals and those who are not, in terms of achieving the KS4 target level attainment. This gap has remained consistently large over the last 3 years.
- There is little difference in achievement at GCSE level by broad ethnic group with Mixed, Asian, Black & Chinese pupils tending to do slightly better than their White counterparts. However, the gaps widen when breaking down these ethnic groups further.
- 14% of the 60 children who had been looked after continuously for at least 12 months as at 31st March 2011 who were eligible to sit their GCSEs in 2010/11 achieved the KS4 target level attainment, significantly lower than the Warwickshire average.
- Of the 54 children looked after continuously for 12 months at 31 March 2011 who completed year 11 during the 2009/10 academic year, 24 (44.4%) were in full time education, 1 (1.9%) was in f/t employment, 18 (33.3%) were in p/t employment, education or training & 11 (20.4%) were unemployed.
- For 95.7% of young people post-16 their destinations were positive as at November 2011. 89.5% continued in f/t education, 0.6% were involved in non-employed training, 5.1% were employed and 0.5% were involved in voluntary or part time activities.
- Negative outcomes account for 4.3% of young people with 3.1% not in education, employment or training (NEET) and 1.2% where data is not available/young person has left area (NALA).
- In 2010, 87% of young people educated in Warwickshire special schools had positive destinations post 16; 83.3% continued in f/t education, 2.8% were involved in non-employed training, 0.9% were employed & 0% engaged in voluntary or p/t activities.
- In Adult & Community Learning, there were 6,035 enrolments by 3,749 learners. Participation rates of ethnic minorities and from deprived communities were greater than the population average. The overall achievement rate of 92% is significantly above the national average. Much of this learning is non-accredited, but 629 qualifications were achieved in literacy, numeracy, ESOL and ICT.

Outcomes Sought

- Pupils are ready for school, attend and enjoy school with key indicators measuring attendance, exclusion and attainment.
- Achieve personal and social development and enjoy recreation, as reported in the Annual Pupil survey
- Positive outcomes for pupils post 16
- Transitions between settings and from children's to adult services are well managed
- Re-engage adults, particularly those with low prior attainment in learning to support their own & their children's development

What are we going to do about it?



- Warwickshire Children and Young People's Plan
- Warwickshire Child Poverty Strategy
- National Pupil Premium Strategy
- Public Health Outcomes Framework

Who Needs to Know This?

- Commissioners and practitioners of children services, and those involved in the transition to adulthood
- Children's Trust partners – see website for Children and Young People's Plan
- Head teachers

Looked After Children

As 'corporate parents', the County Council, officers and practitioners from across a range of agencies and services are responsible and accountable for the care, well-being and future prospects of children and young people in care.

- The number of Looked After Children (LAC) has increased over the last 3 years; by 11% between 2009/10 (574) and 2010/11 (636); by 7% between 2008/09 (536) and 2009/10; and by 11% between 2007/08 (482) and 2008/09.
- The rate of LAC per 10,000 population is highest in Nuneaton & Bedworth, and increased from 167 at 31st March 2010 to 197 at 31st March 2011.
- The majority of children who have started to be looked after over the last three years have been aged between 10 and 15 years. However, over the last four years, there has been an increase in the number of children under the age of 1 who are being accommodated, up from 12.2% during 2007/8 to 17.2% during 2010/11. There has also been an increase this year in the number of young people aged 16-17 starting to be looked after, up from 8.5% in 2009/10 to 19.7% in 2010/11.
- The majority of looked after children have a main need category of 'abuse & neglect'. However, it is worth noting that the number of children with a main need of 'absent parenting' has increased in line with the overall increase in the number of unaccompanied asylum seeking children in Warwickshire, up from 66 in 2009/10 to 87 in 2010/11.
- Warwickshire had a total of 60 children who had been looked after continuously for at least twelve months as at 31st March 2011, who were eligible to sit their Key Stage 4 exams in 2010/11. Of these, 14% achieved the target level attainment of five or more GCSEs at Grade A*-C including Maths and English. This is significantly lower than the GCSE attainment of all children in Warwickshire, which sits at 60.5%.
- There were 54 children looked after continuously for 12 months at 31st March 2011 who completed Year 11 during the 2009/10 academic year. For 79.6% of these children their post 16 destinations were positive. 44.4% continued in full-time education, 1.9% were in full-time training, 33.3% were in part-time employment, education or training, whilst 20.4% were unemployed. Whilst this figure is higher than the previous year, nationally it stands at 18%.
- The rate of offending by LAC in Warwickshire remains relatively constant from 2008 with a rate of 5.3%, below the national comparator at 31st March 2011 which was 7.3%.

Outcomes Sought

- To narrow the gap in outcomes for looked after children and young people as compared with that of the general population
- To have access to universal and targeted health and educational services to meet their assessed needs and circumstances, that will promote the best possible outcomes
- To receive support and positive opportunities to progress into further education, training and employment
- To have both placement choice and stability
- To be subject to clear plans and to be able to participate in decisions and matters that affect their lives
- To sustain improved health and emotional wellbeing and to have opportunities to develop resilience and skills to prepare them for change, independence and adulthood.

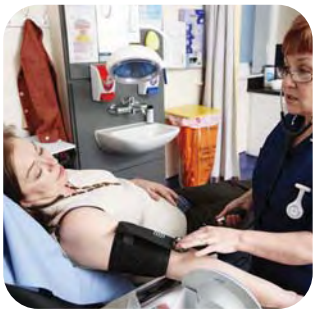
What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Corporate Parenting Policy and Strategy
- Foster Care Development Plan
- Virtual School for Looked After Children
- Leaving Care Strategy

Who Needs to Know This?

- Commissioners of Children's Services
- Children's Trust Partners
- Schools
- Districts and Boroughs – particularly housing teams

Warwickshire JSNA



Lifestyle

Lifestyle Factors Affecting Health and Wellbeing

Warwickshire County Council

NHS Warwickshire

Lifestyle Factors Affecting Health and Wellbeing

Reviewing the public health outcomes for Warwickshire show the need to prioritise and focus on a number of key issues. These should not be treated in isolation from each other – they are interlinked, cut across all sectors of society and require a joined-up approach to tackling them.

- In Warwickshire, approximately one teenager becomes pregnant every day, with over half resulting in a termination. Warwickshire has reduced the under-18 conception rate by 12.2% since the inception of the Teenage Pregnancy Strategy in 1998. However, Warwickshire still has one of the highest conception rates among our statistical neighbours. Much of the reason for this is the hot-spot areas within the county.
- The number of Sexually Transmitted Infections (STIs) is on the increase. The total number of STIs in Warwickshire has risen by more than 20% since 2003. Overall, the 15-24 year age group had the highest number of diagnoses for all STIs, although Chlamydia which has the highest number of infections, mainly affects the 16 to 19 year age group.
- Warwickshire has low overall levels of child poverty but small localised pockets with relatively high levels do exist. 14,760 (13.2%) children are in 'poverty' in the county (2008). However, more children are likely to be in poverty than official statistics suggest as they do not reflect the impact of the economic down turn & recession. Nearly a third of all Warwickshire's children living in 'poverty' live in only 10% of the Super Output Areas.
- Obesity can have a severe impact on people's health, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease. One in four adults in Warwickshire is estimated to be obese. This equates to 110,000 people and this figure is growing every year. According to the latest data, 20% of Reception age children and over 31% of Year 6 age children are classed as being overweight and obese.
- According to the 2009/10 Warwickshire Partnership Place Survey, 26.5% of respondents across the County reported achieving the recommended levels of exercise (5 x 30 minutes per week). It is notable that even in the district achieving the highest levels of exercise, some 70% of people do not achieve recommended levels.
- There are 32,000 people in Warwickshire who are drinking so much alcohol it is harming their health and this is increasing every year. The rate of alcohol-related hospital admissions has more than doubled since 2002/03 and is continuing to rise.
- There are 130,000 people in Warwickshire who smoke. In Warwickshire nearly 1,000 babies were born to women who still smoked at the time of delivery in 2010/11.
- Approximately 2,500 cases of cancer are diagnosed in Warwickshire each year, and about 1,400 deaths (representing 27% of all deaths) occur from cancer each year in the County.
- The number of repossession claims in Warwickshire has changed significantly over the last decade, from a low of 460 in 2002, to a high of 1,335 in 2007. During 2010, a total of 750 housing repossession claims were made against households in Warwickshire.
- The number of households on local authority housing waiting lists has risen for all of Warwickshire's boroughs and districts since 1997. Warwickshire has seen a 120% increase in the number of households on its local authority waiting lists from 1997 to 2010; Rugby has increased by 32% but Warwick has increased by 199%.

Outcomes Sought

- A reduction in the number and proportion of overweight and obese adults and children
- Increased levels of physical activity and healthy eating
- A reduction in alcohol-related harm to individuals, families and communities in Warwickshire
- A reduction in the rate of under 18 (15-17 years) conceptions
- Increased levels of uptake within the National Chlamydia Screening Programme
- A reduction in the number of people who start smoking coupled with an increase in the number of people who are supported to quit

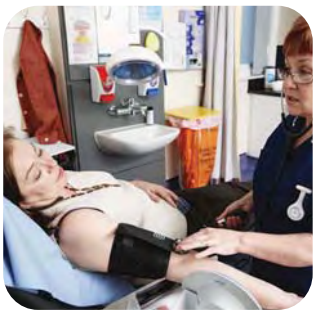
What are we going to do about it?

- Joint Director of Public Health Annual Report 2011
- 'Healthy Lives, Healthy People: A call to action on obesity in England' - This document sets out how action on obesity will be delivered as the move is made towards the new public health system.
- Warwickshire 'Respect Yourself' Campaign
- Warwickshire Alcohol Harm Reduction Strategy & Implementation Plan
- Warwickshire Child Poverty Strategy

Who Needs to Know This?

- Commissioners in Public Health
- Headteachers
- Councillors
- GPs and other health professionals
- Voluntary Sector
- Districts & Boroughs

Warwickshire JSNA



Ill-Health

Long-Term Conditions

Mental Wellbeing

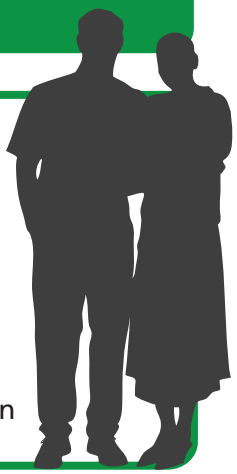
Warwickshire County Council

NHS Warwickshire

Long-Term Conditions

Long term conditions are those conditions that cannot, at present, be cured but can be controlled by medication and other therapies. Examples of long term conditions in Warwickshire include high blood pressure, diabetes, asthma, arthritis, heart disease and chronic obstructive pulmonary disease. People live with these conditions for many years, often decades, and they can impact on their quality of life by causing disability and early death.

- Nationally, around 1 in 3 people live with at least one long term condition. In Warwickshire, this equates to an estimated 178,000 people.
- People with long term conditions are more likely to see their GP, be admitted to hospital, stay in hospital longer, and need more help to look after themselves than people without long term conditions. They are also increasingly involved in managing their own conditions with the support of a health care team.
- High quality management of long term conditions help to keep people healthier and independent for longer.
- People with long term conditions need to be helped to understand their condition to manage it as well as possible, but in Warwickshire we have very few services that can help people learn about their condition, or have the right rehabilitation to improve the management of their condition
- Warwickshire GPs usually work with people to manage their long term condition and for the most part this care is very good, but we know that there are some people that are not getting the right treatments that they need, for example:
    - 20% of people with high blood pressure do not achieve the recommended level of control
    - 11% of people with diabetes have dangerously poor levels of blood sugar control
    - 10% of people with heart failure are not taking the recommended treatment
    - 6% of people who have coronary heart disease are not taking blood thinning medication that has been proven to reduce the chance of a heart attack and death.

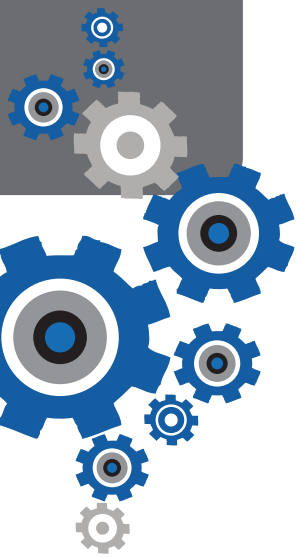


Outcomes Sought

- Improved clinical outcomes for people with long term conditions
- Greater use of telehealth, telecare and aids and adaptions to support people with long term conditions
- Better rehabilitation services for people with long term conditions
- More expert patient programmes for people with long term conditions
- Reduced hospital admissions and deaths for people with long term conditions
- Improved coordination of health and social care services for people with a long term condition

What are we going to do about it?

- Quality and Outcomes Framework
- Long Term Conditions Strategy, NHS Warwickshire, 2007/08
- Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care, 2010



Who Needs to Know This?

- GPs and other health professionals
- Clinical Commissioning Groups
- Primary Care and NHS Commissioners
- Hospital Trusts
- Social Care Commissioners

Mental Wellbeing

Mental illness affects not only the individual with the condition, but also family, friends and wider society. Around one in four people will suffer from mental illness during their lifetime.

- National data suggests 1 in 10 children under 16 has a clinically diagnosed mental illness and that between 10% and 13% of 15 and 16 year olds have self harmed; however, access to reliable local data is limited.
- In 2008, it was estimated that there were 5,960 young people aged 5-10 years old and 3,550 young people aged 11-16 years old with a mental health condition. It is estimated that among young people aged 5-10 years old the most prevalent type of disorder is a conduct disorder. Emotional disorders are the most common disorder among those aged 11-16. A CAMHs mapping exercise in 2007/8 showed that there is a higher prevalence of mental health disorders in the north than the south.
- Analysis from the 2011 Annual Pupil Survey suggests that nearly three quarters of secondary school pupils in Warwickshire feel either happy 'all of the time' or 'most of the time'. This represents a slight fall from 2010.
- People with mental illness have a higher risk of poor physical health; equally physical activity improves mental wellbeing. Primary pupils engaging in more than five sessions of physical activity per week has declined considerably from 35.8% in 2010 to 29.8% in 2011. Secondary pupils' physical activity has also declined from 29.6% in 2010 to 26.1% in 2011.
- Research links bullying in adolescence to mental illness in young adulthood. In 2010, a quarter of primary pupils said that they had been bullied in the last 12 months which decreased to 22.8% in 2011. In 2010, 13.7% of secondary pupils said that they had been bullied but this increased to 16.2% in 2011.
- At least one in four people will experience a mental health problem at some point in their life, one in six has a mental health problem at any one time and at least half of all adults will experience at least one episode of depression during their lifetime.
- Suicide remains the most common cause of death in men under the age of 35 in Warwickshire.
- One in ten new mothers experience postnatal depression.
- Local data indicates that over 13,000 Warwickshire residents accessed specialist mental health services in 2008/9. Overall, the proportion of patients accessing such services is higher for females than males and increases with age. However, many more individuals will be treated by their GP, private counselling, or have not yet identified that mental illness is affecting them.
- In 2010/11, 3,745 adults and older people with a functional mental health problem (i.e. not dementia) received social care professional support and of these 449 also received a funded social care service. Of those receiving support 633 were in paid employment.
- Since the start of 2010, Warwickshire Libraries have loaned over 11,000 self-help books and audio CDs as a means of early intervention for common mental health conditions.
- In 2010/11, 77% of people with a mental health need requiring social care support were living in 'settled accommodation' (i.e. not residential care, homeless, prison or hospital)
- In 2010/11, 19% of people with a mental health need requiring social care support were in paid employment
- Increasing physical activity can enhance independence, well-being, mental health and quality of life.

Outcomes Sought

- Mentally and emotionally healthy.
- Improve the emotional and mental health of individual children and young people.
- Enhancing 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

What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Director of Public Health Annual Report 2011
- Supporting People 5 year strategy
- Joint Mental Health Needs Assessment - A full needs assessment incorporating detailed data analyses and findings from a comprehensive consultation process with a wide range of stakeholders.
- Emotional Well-being and Mental Health Strategy 2011 - 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Voluntary Sector
- GPs and other health professionals
- Councillors

Warwickshire JSNA

Vulnerable Communities

Reducing Health and Wellbeing Inequalities

Disability

Safeguarding

Warwickshire County Council

NHS Warwickshire

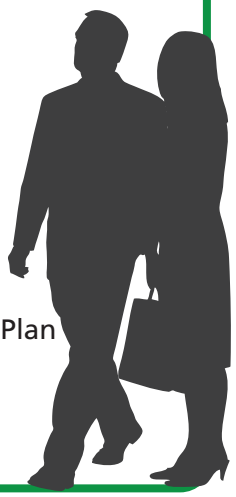
Reducing Health and Wellbeing Inequalities

In Warwickshire, significant disparities exist both on a geographic and population group basis. The health of the most disadvantaged in our society should be our top priority. However, there is a need to ensure that our programmes target people across the inequality profile. In line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

- Latest data suggests widening health inequalities in Warwickshire. All of the top 13 most deprived areas from the Index of Multiple Deprivation (IMD) 2007 have shown considerable deterioration in rankings in the IMD 2010, suggesting that the gap between the most and least deprived areas of the County is widening. According to the 2010 indices, more areas of Warwickshire are ranked within the top 30% most health deprived areas in England compared with the 2007 indices.
- People in some areas of Warwickshire live for 13 years less compared to other areas. There is considerable variation in life expectancy at birth at ward level across the County ranging from 75 in Abbey ward, Nuneaton, to 88 in Leek Wootton, Warwick.
- Amongst the 10 wards with the highest teenage conception rates in Warwickshire, four are in Nuneaton & Bedworth, four are in Warwick and two are in Rugby. Six are within the top 10% most deprived areas of the county – representing a significant positive relationship between deprivation and teenage conception.
- It is also important to consider inequalities which persist across the wider determinants of health, including employment, education, and housing etc.
- Inequalities also exist within different population groups eg. by ethnicity, gender and age. More work is needed to fully understand this picture across Warwickshire.

Outcomes Sought

- Reducing infant mortality, and reducing early mortality from cardiovascular disease and cancer
- Reducing poverty, and increasing educational attainment, skills & jobs for those most in need
- Embedding the reduction of health inequalities in the decision-making process of all public agencies and partners
- Improving equality of access to services especially primary care
- Continue the development of partnerships to jointly promote activities which support individuals to lead healthy lifestyles
- Increase the promotion of alcohol education campaigns and alcohol treatment services
- Coordinate the implementation of the 'Making Every Contact Counts' approach
- Ensure the provision and quality of smoking cessation services, and the NHS cancer screening programme
- Contribute to the formation and implementation of local Tobacco Control Implementation Plan
- Continue to promote mental health and wellbeing as a foundation stone to good health across the population, building on the notion of 'no health without mental health'
- Increase the promotion of positive sexual health with a focus on HIV prevention



What are we going to do about it?

- Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review)
- Warwickshire Health Inequalities Strategy - the existing Health Inequalities Strategy is being subsumed into the Draft Health and Wellbeing Strategy
- Joint Director of Public Health Annual Report 2011

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- GPs and other health professionals
- Voluntary Sector
- Councillors

Disability

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

- Using the DDA definition, there are estimated to be 80,000 disabled people living in Warwickshire, 19% of the over 16 population.
- All Warwickshire's districts and boroughs have lower proportions of their adult populations who are disabled than national and regional averages. In the County, North Warwickshire has the largest proportion of its adult population estimated to be disabled, at just below 22%.
- On 31st March 2011, 1,230 people were registered blind or severely sight impaired in Warwickshire, with 1,486 registered as partially sight impaired.
- Prevalence rates indicate Warwickshire's disabled children population to be between 3,750 and 6,750 (between 3% and 5.4% of all children).
- In January 2011, 19.7% of the Warwickshire school population were defined as having a special educational need (SEN). Nuneaton & Bedworth has the highest percentage (23.2%) with Rugby (19.5%) and Warwick (19.3%) having the next highest rates.
- Data on Disability Living Allowance claimants aged under 16 gives an indication of prevalence of disability among the population. Rugby has the highest rate of claimants (14%, 490 claimants) but Nuneaton & Bedworth has the highest number of claimants (700 claimants, 9%).
- Prevalence rates indicate that there are 9,310 people aged 14 and over in the County with some form of learning disability. This is projected to increase to 9,570 by 2015, with a reduction in numbers aged 14-18 but a large increase in those aged 65 and over.
- Within this group of 9,310 people, 220 people have profound and multiple learning disabilities and 1,560 people have severe learning disabilities. This means there are 1,780 with profound or severe learning disabilities. By 2015, this figure is predicted to rise to 1,830 with the increases occurring in the 65 and over age group.
- It is estimated that there are currently 8,050 people in Warwickshire aged between 18 and 64 with a serious physical disability, this is projected to increase to 8,600 by 2030.
- In 2010-2011, 1,480 people aged between 18 and 64 with a physical disability were assessed to need a funded social care service.
- In December 2011, 30% of social care customers with a learning disability and 9% of social care customers with a physical disability were living in residential or nursing care.

Outcomes Sought

- Effective integrated working to promote early intervention
- Improved educational achievement so more children and young people are able to reach their true potential and gaps are narrowed between the attainment levels of vulnerable pupils and their peers
- Increased choice & control for all people with disabilities
- People with a disability are able to live a fulfilled life including accessing a range of community activities and are able to get paid employment
- People with a disability have a place of their own to live
- Better health and well-being for people with disabilities
- Carers of people with disabilities are supported to have a fulfilled life of their own
- Vulnerable children and adults are kept safe from harm including bullying and anti-social behaviour
- Transitions are managed, including from children's to adults services

What are we going to do about this?

- Warwickshire Children and Young People's Plan
- 'A Good Life for Everyone' - Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

Who Needs to Know This?

- Commissioners of children and adult disability services
- Head teachers and GPs
- Third sector organisations supporting people with disabilities
- District and Borough practitioners, for example Housing officers

Safeguarding

Ensuring that Warwickshire's vulnerable children and adults are safe from harm is a key priority. Safeguarding Children and Adults Boards meet on a regular basis with representation from all of the key organisations in Warwickshire including the County Council, Police, Health, District & Borough Councils, Ambulance and Fire Services, Hospital Trusts, Probation, Coventry & Warwickshire Partnership Trust and Voluntary Agencies.

- At 31st March 2011, 478 children were subject to a Child Protection Plan (CPP) compared to 503 at 31st March 2010, representing a 5% decrease. Once again this year, the largest group of children to become subject to a CPP were those aged 1-4 years. These figures are snapshots as of the 31st of March.
- The rate of children subject to a CPP per 10,000 is highest in Nuneaton & Bedworth, followed by Rugby.
- The proportion of children subject to a CPP who are aged under five, including unborn children, has increased slightly to 47.9% (229) in 2011 from 45.3% (228) in 2010. Of these, 12 were unborn at 31st March 2011 & 9 unborn at 31st March 2010.
- In 2010/11 862 adult safeguarding referrals were received, this compares to 826 in 2009/10 and in 2011/12 the number of referrals is expected to exceed 1,000. In 2010/11 Warwickshire had a rate of 20 referrals per 10,000 adult population compared to the national average of 26 referrals.
- 28% of safeguarding referrals were from Nuneaton and Bedworth and 22% from Warwick District. These are directly comparable with the percentage of customers in each district, therefore there appears to be no greater risk of Safeguarding incidents based on where people live.
- 50% of safeguarding referrals related to an incident in the customers own home, 33% were in a care home.
- 53% of alleged perpetrators in 2010/11 were professional (abuse by worker or institutional abuse) and 47% were personal relationships (family, friend or informal carer).

Outcomes Sought

Children and Young People are:

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Have security, stability and are cared for

Adults:

- Reduce the number of safeguarding incidents
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
- Improving services and support for victims of sexual violence
- All customers are aware of how to make a safeguarding referral
- Reduction in 'Mate Crime' and 'Hate Crime'

What are we going to do about it?

- Warwickshire Children and Young People's Plan
- Warwickshire Children Safeguarding Board
- Adult Safeguarding Policy
- Adult Safeguarding Board Performance Report
- Adults Safeguarding Plan – In development
- Keeping Safe Plan for Customers with Learning Disability

Who Needs to Know This?

- Practitioners and Commissioners in Children and Adult services
- Members of the multi-agency safeguarding boards
- GPs and health professionals
- Police
- Third sector organisations supporting vulnerable people
- Whole community

Warwickshire JSNA

Old Age

Dementia

Ageing and Frailty

Warwickshire County Council

NHS Warwickshire

Dementia

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions, including Alzheimer's disease, stroke, and many other rarer conditions. Dementia is increasingly becoming one of the most important causes of disability in older people. In terms of Global Burden of Disease, it contributes 11.2% of all years lived with disability. This figure is higher than stroke, musculoskeletal disorders, heart disease and cancer.

- The Alzheimer's Society statistics indicate there are currently some 750,000 people living with dementia in the UK. This represents one person in every 88 (1.1%) of the UK population. By 2021, it is estimated there will be over 940,000 people living with dementia and this is predicted to soar to 1.7 million by 2050. This represents a 125% increase in the number of people living with dementia between 2010 and 2050, or a 3% per year increase.
- It is estimated that in Warwickshire, there were around 6,500 people aged over 65 living with dementia in 2010.
- In 2008, 3,353 people in Warwickshire were registered with their GP as having dementia, meaning over 50% of the predicted number of people with dementia are undiagnosed.
- Between 2010 and 2030, it is estimated that the number of older people with dementia in Warwickshire will double, to more than 13,000. The majority of these will be aged 75 and over.
- Currently, in the UK, around two thirds of people with dementia live in private households.
- The Alzheimer's Society estimates that in 2007 the total cost of dementia in the UK was £17 billion per annum, or on average £25,472 per person with late onset dementia.
- It is not currently known how many people with dementia are funding their own care both in residential care and in their own home.

Outcomes Sought

- **Awareness and Understanding:** A key part of understanding mental ill health is to promote positive mental health and also the awareness of dementia and the services to enable individuals to live well. A lack of understanding of dementia can lead to a number of problems including symptoms not being recognised early enough leading to poor access to services and poor outcomes.
- **Early Diagnosis and Support:** Early diagnosis is key to providing the right support to both service users and carers in a timely manner.
- **Living Well with Dementia:** Users and carers highlight that once diagnosed with dementia they require a range of services that fully meet changing needs. Whilst there are already a number of services in Warwickshire that offer both support and services to people living with dementia, it is recognised that there is more to be done to make sure the highest quality support and services are available to people with dementia and their carers.
- **Making the Change:** Service users and carers in Warwickshire have told us that the National Dementia Strategy recommendations for an informed and effective workforce are key to improving services.
- **Transform health care for people with dementia and their families**

What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire p30/31
- Living Well with Dementia in Warwickshire
- National Dementia Strategy
- Dementia UK - Alzheimer's Report
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals

Ageing and Frailty

Alongside general population growth in Warwickshire, there will be a particularly high rate of increase in those aged 65 and over, a trend reflected across all districts and boroughs. Whilst living longer is a cause for celebration, from a public sector point of view, the two key impacts are the additional pressures that will be placed upon services (particularly health and social care) and the quality of life experienced by residents as their life expectancy increases.

- Between 2012 and 2030 it is projected that the number of people aged 65 and over is projected to increase by 48%, the number of people aged 85 and over is projected to more than double, rising by 119%.
- Dementia is expected to increase by almost 90% in people aged over 60 by 2030.
- In the 2001 Census showed there are 53,000 people providing unpaid care in Warwickshire, of those 58% were aged over 50 and 18% were aged over 65.
- An estimated two thirds of over 75 year olds in Warwickshire live with one or more long term conditions, many of which are not known to the older person's general practitioner.
- By 2030, it is estimated that more than 37,000 people over 65 in Warwickshire will be obese, with greater risks for diabetes, heart disease and other associated health problems.
- In the next 20 years, new cancer cases are projected to increase by 100% in men aged over 70 and 50% in women aged over 70.
- Frail older people stay in hospital longer, occupy two thirds of hospital beds and are the main users of long term care services, much of which is unnecessary.
- Some 22% of all non-planned emergency inpatient admissions are to people aged over 75.
- The proportion of spend for hospital activity on the over 75 year old population is 26% of all activity and 39% of non-elective costs.
- In 2010/11 81,330 items of equipment were provided by the Integrated Community Equipment Service to meet both health and social care needs
- In 2010/11, 8,920 older people were assessed to need a funded social care service from Warwickshire County Council. This represents 9% of the population, if this percentage of the population continued to need social care support in 2030 over 13,000 people would require services. 7,309 people had needs that were supported in the community including services such as home care (4,416 people), equipment and adaptations (3,347 people), day care (773 people) and 472 people taking a direct payment to purchase their own care. 2,180 people required permanent residential or nursing care.
- Extra Care Housing offers the residents of Warwickshire alternative accommodation options to institutional, residential and nursing care; supporting their independence and well-being in their home environment.
- There are a number of screening programmes targeted at the over 50s population, for example bowel cancer screening, but uptake varies by age and depending on where people live.
- 68% of social care service users feel in control of their daily lives, compared to the national average of 75%.
- Currently 60% of customers who receive reablement do not require any on-going support for at least 3 months after receiving reablement. Since its pilot in April 2010 reablement has helped over 2,000 older people. The new model for reablement will see approximately 60 new referrals per week into the reablement service. 60 referrals per week represents 70% of the estimated adult social care referrals for new customers and changing needs for existing customers.

Outcomes Sought

- Improve end of life care
- Reduce the risk of falls and fractures in older people
- Reduce excess deaths during winter months
- Meet needs arising from social isolation and rural living
- Encourage healthy living in old age
- Choice and control and services to promote independence
- Joined Up Services that are community based
- Enhancing 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

What are we going to do about it?

- Joint Director of Public Health Report 2010: Best Health for Older People in Warwickshire
- Supporting Independence (prevention) Strategy 2011 – 2014
- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Putting People First
- Think Local Act Personal
- Care and Choice, Delivering better outcomes for Older People, 2008-2015

Who Needs to Know This?

- Commissioners in Public Health and Social Care
- Providers of accommodation for older people, and also practitioners involved in housing adaptations
- Third sector organisations supporting vulnerable older people
- GPs and other health professionals

Item No 7

Adult Social Care and Health Overview and Scrutiny Committee – 11th April 2012

Quarter 3 (April – December 2011/12) - Performance Report for functions within the remit of the Adult Social Care and Health Overview and Scrutiny Committee

Recommendations

It is recommended that the Adult Social Care & Health Overview and Scrutiny Committee comments on any performance measures within its remit.

1.0 Key Issues

1.1 The Adult Social Care & Health Overview and Scrutiny Committee have requested that they receive performance information relevant to the remit of the committee at Quarter 3. Appendix A provides the committee with a summary of progress against the delivery of our ambitions (contained within the 2011-13 Corporate Business Plan) relevant to the committee as set out below:

- Ambition 3 – Care and Independence
- Ambition 5 – Environment and Housing (Provision of Extra Care Units Only)

1.2 Additional detail presenting progress against the delivery of the relevant Business Unit Plans that cover Adult Social Care can be found at Appendix B:

1.3 Supporting financial information for Adult Social Care can be found at Appendix C.

1.4 Please note that all the information presented in this report has previously been reported to Cabinet on the 26th January and no changes have been made to the content.

1.5 For 2011/12, progress against all measures and targets is presented against a more refined alerting system – the use of Red, Amber and Green. This system is widely recognised as being good practice and the majority of our County Peers also use this system to monitor progress. We have also introduced Direction of Travel to better ascertain the significance of the level of improvement.

Green	Target has been achieved or exceeded
Amber	Performance is behind target but within acceptable limits (within 10% of the target)
Red	Performance is significantly behind target and is below an acceptable pre-defined minimum (more than 10% of the target)
Direction of Travel arrows to show whether there have been any improvements, any changes or any falls in performance since April 2011.	

	Performance has improved relative to targets set
	Performance has remained relative to targets set
	Performance has declined relative to targets set

1.6 All data included in this report for Quarters 1, 2 and 3 is provisional unaudited data and subject to change and the performance information contained within the appendices is based on forecast data as at the end of Qtr 3. Further actual period performance, where it is available, can be accessed via the Corporate Business Plan and the relevant Business Unit Plans on the Warwickshire Hub.

1.7 Section 2.3 of this report specifically gives additional commentary for the purpose of scrutiny by Adult Social Care and Health Committee to enable them to undertake their scrutiny role.

2.0 Performance Summary

2.1 Corporate Business Plan

- The table below provides an overview of the measures contained within the Corporate Business Plan which fall within the remit of the Adult Social Care & Health Overview and Scrutiny Committee. All of the CBP measures that are under the remit of this committee are forecasting that they will meet the targets set compared to all 41 measures within the Corporate Business Plan of which, 7% (3) are red, 20% (8) are amber and 73% (30) are green.

	Red	Amber	Green	Total
Total	**0**	**0**	**10**	**10**
%	**0**	**0**	**100**	**100%**
Number of measures we are unable to report progress against at the end of Quarter 3				**0**

2.2 Adult Social Care Performance Summary Qtr 3

- The table below provides an overview of the measures that fall within the remit of Adult Social Care. Progress is reported against Year to Date forecast and the figures include those measures that are in the Corporate Business Plan.

(Hyperlinks to each of the relevant sections within Appendix B are provided in the table below)

Adult Social Care Outcomes	Red	Amber	Green	Total
Warwickshire's residents have more choice	**2 (33%)**	**0**	**4 (67%)**	**6**
Ongoing homecare packages are decreasing	**0**	**1(20%)**	**4 (80%)**	**5**
Warwickshire's vulnerable residents are supported	**2 (22%)**	**1(11%)**	**6 (67%)**	**9**

Warwickshire's residents have greater access to specialist residential care	**0**	**0**	**2 (100%)**	**2**
Total	**4 (18%)**	**2 (9%)**	**16 (73%)**	**22 (100%)**
Number of measures we are unable to report progress against at the end of Quarter 3				**-**

- 73% (16) of all performance measures relating to the delivery of adult social care outcomes are being forecast to achieve the targets set and this compares favourably compared to the overall Corporate Business Plan of which 73% of the 41 reported indicators are green.

- Additional supporting commentary with regards to 4 measures that are forecast to miss their targets is provided in the Appendix B.

2.3 Commentary on Adult Social Care Performance

a) Learning Disability – Employment and Accommodation

2.3.1 Adult Social Care is forecast to miss targets in relation to the proportion of customers with a Learning Disability in 'settled' accommodation and in employment. As detailed in previous reports to the Committee a number of projects are in progress which will see a significant improvement in the numbers of people with learning disability both living in their own home and in employment as part of the Learning Disability Strategy. However as these changes will take time to implement, we are unlikely to see a significant change in performance levels until 2012/13.

2.3.2 The targets contained within the CBP were originally set in 2009/10 when these measures were new and reporting untested. Benchmarking data for these measures shows that we perform close to the level of our comparator group of similar authorities in relation to supporting customers to access settled accommodation and at a higher level than our comparators with regard to supporting people into employment. In terms of West Midlands regional data, Warwickshire has the highest number of people with a learning disability in employment.

2.3.3 Key elements to this revised strategic approach are projects around a "place to live" and a "fulfilled life" which seek amongst other things to increase access to appropriate accommodation and life chances through employment.

2.3.4 In terms of accommodation, for 11/12 we have moved 10 people into their own supported living arrangements and for 12/13 we have tangible plans to see 18 people move into Keyrings Schemes, 20 units of extra care accommodation, 6 providers de-registering and providing supported living for 33 customers. This equates to 71 people which is great news given that we set ourselves a target of 75 people for the duration of the strategy implementation. Performance indicators reflect the long lead in time required to deliver outcomes e.g. to identify someone requiring

accommodation and them actually moving in takes on average 12 months.

2.3.5 From an employment perspective we are currently seeking to commission a revised support structure for customers with Learning Disability, Physical Disability or Mental Health aimed at improving access to opportunities and early discussions are taking place with Coventry on how this might be taken forward. Although this service will not be in place in time to impact upon current year performance it will form a key component part of our approach for the future and should result in a significant increase in our performance in supporting customers into work. In addition, the embedding of employment as a first discussion point for individuals having an assessment or review of their needs, will, also increase the numbers over time.

b) Carers' Assessments

2.3.6 Following the roll out of new processes for customers assessments linked to self directed support we have also implemented new arrangements for undertaking carers assessments. The changes to practice related to this are currently being embedded and this has resulted in a reduction in carers receiving assessments in their own right as defined by the definition of the performance indicator. However it is important to note that the new carers assessment process, which changes the focus from assessing the tasks required to the impact on the caring role as a more person centred approach, is currently in a pilot phase with a planned roll out across the county in 2012/13.

2.3.7 These new carers processes are testing the hypothesis that by getting the correct services in place for the customer there is less requirement for carers services. In line with this there has been a reclassification of services which has resulted in a reduction in the number of recorded carers services, however the level of support in place for customers and their carers remains comparable to previous years. The redesigned process for providing respite is showing early signs of supporting carers and reducing their need for an assessment in their own right. This correlates with carers who have for many years stated that if services are right for the individual then their needs are also met and/or they need very little in the way of support. Whilst it is early days, it is encouraging both in terms of outcomes and value for money.

3.0 Background Papers

- Cabinet, Quarter 3 Integrated Finance and Performance Report, 26th January 2012
- Adult Social Care & Health O&S Committee, Development of Draft Measures and Targets in support of the Corporate Business Plan 2011-13

	Name	Contact Information
Report Author	Elizabeth Abbott	elizabethabbott@warwickshire.gov.uk
Head of Service, Service Improvement & Change Management	Phil Evans	philevans@warwickshire.gov.uk
Head of Service, Social Care & Support	Jenny Wood	jennywood@warwickshire.gov.uk
Head of Strategic Commissioning	Claire Saul	clairesaul@warwickshire.gov.uk
Strategic Director Resources Group	David Carter	davidcarter@warwickshire.gov.uk
Strategic Director People's Group	Wendy Fabbro	wendyfabbro@warwickshire.gov.uk
Portfolio Holder	Cllr B Stevens Cllr I Seccombe	cllrstevens@warwickshire.gov.uk cllrmrsseccombe@warwickshire.gov.uk

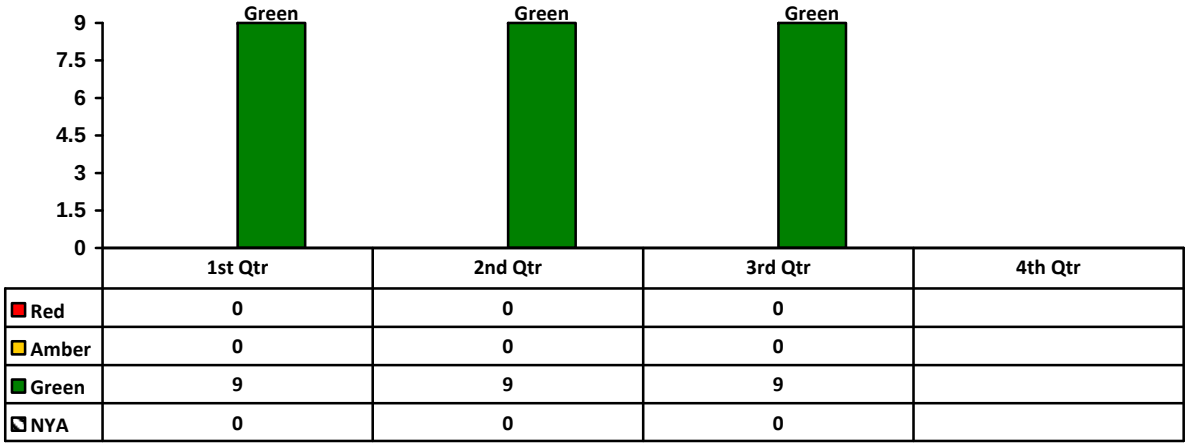
Appendix A – Progress against delivery of Corporate Business Plan Measures

This appendix provides a summary of progress by each of the Corporate Ambitions, thus providing Members with a robust view of the progress that the Authority has made over the first 9 months of this financial year in working towards delivering the aims and ambitions.

3: Care & Independence	Green ⇔

Outcomes:

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



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Red	0	0	0	
Amber	0	0	0	
Green	9	9	9	
NYA	0	0	0	

Data Notes

Performance forecasts for the new social care measures are based on the first survey results. It is difficult therefore to predict with any accuracy results based only on one year's results.

Performance is based on Year to Date Forecast.
Key
(R) Red
(A) Amber
(G) Green

Measures	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4
The proportion of those using social care who have control over their daily life	New measure	68% (G)	68% (G)	68% (G)	
The proportion of people who use services & carers who find it easy to find information about support		46% (G)	46% (G)	46% (G)	
% of people using social care who receive self directed support	45%	45% (G)	45% (G)	47% (G)	
% of older people (65+) who are still at home after 91 days following discharge from hospital	85%	88% (G)	88% (G)	86% (G)	
Admissions to residential care homes per 1,000 population	57*	13.5 (G)	13.5 (G)	56.0 (G)	
Delayed transfers of care	17.0	16.0 (G)	16.0 (G)	16.0 (G)	

Transfer of Public Health Function	**Yes**	**Green (G)**	**Green (G)**	**Green (G)**	
Arrangement of the Shadow Health Well Being Board in place no later than April 2012	**Yes**	**Green (G)**	**Green(G)**	**Green (G)**	
Healthwatch in operation by 1st April 2012	**Yes**	**Green (G)**	**Green (G)**	**Green (G)**	

Commentary and Key Actions Taken

We continue to make positive progress in delivering on the outcomes in the Corporate Business Plan and all measures under this ambition are forecast to either meet or exceed the 2011/12 target set.

We are currently forecasting that the percentage of people using social care who receive self directed support will exceed the 45% target set. We have commissioned an external provider to complete 1,000 self direct service reviews by 31st March 2012. Therefore, an additional 1,000 people will be receiving personal budgets and this will increase the indicator outturn by up to 10%.

* We are reporting a change to the target set for admissions to residential care homes per 1,000 population. Revised guidance has been issued for this indictor in line with the new Adult Social Care Outcomes Framework, making it age weighted and therefore, we have updated the target for 2011/12 accordingly, increasing it from 14 to 57. We are still forecasting that we will perform better than the revised target.

Public Health

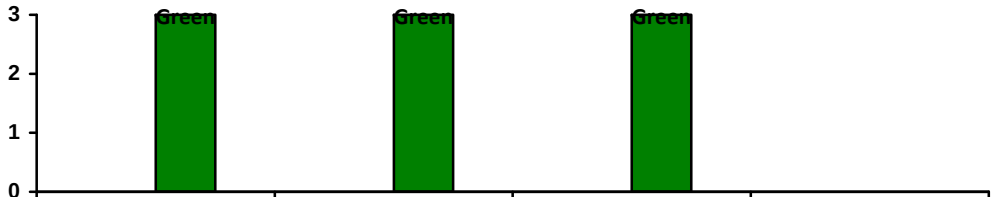
The Health Transition Group is making good progress on the transfer of Public Health into WCC. The physical transfer of staff has now been completed and all staff are now located in Barrack Street. The Shadow Health and Wellbeing Board is well established and is working to an agreed programme of work. Work on the establishment of HealthWatch remains on target; however the national target originally set as 1st April 2012 has now been moved again to 1st April 2013 from the 1st October 2012 that was reported at the end of Qtr 2.

5: Environment & Housing

Green

Outcomes:

- **Warwickshire is clean & green**
- **Warwickshire's environment & heritage is protected for the future**
- **Warwickshire has a strong sense of place**



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Red	0	0	0	
Amber	0	0	0	
Green	3	3	3	
N/A	0	0	0	

Data Notes

Performance is based on Year to Date Forecast
Key
(R) Red
(A) Amber
(G) Green

Measures	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Residual household waste per household is minimised	**589kg**	**589 (G)**	**589 (G)**	**571 (G)**	
The number of corporate projects which deliver Co2 reductions	**2.5%**	**2.5% (G)**	**2.5% (G)**	**2.5% (G)**	
The number of extra care housing units available for use by customers eligible for use by customers eligible for WCC Adult Social Care	**107**	**107 (G)**	**107 (G)**	**119 (G)**	

Commentary and Key Actions Taken

At the end of Qtr 3, indications are that residential waste is continuing to decline across the county. We are forecasting that we will exceed the residual household waste target across the County for 2011/12 following Nuneaton & Bedworth Borough Council move to alternate weekly collections on the 24th October 2011 and increasing its recycling.
Qtr2 actual (validated) data for household waste will be available on the Warwickshire Hub by the end of January 2012.

Appendix B: Progress against the Delivery of the Business Unit Outcomes

Please note that these measures relate to the whole of Adult Social Care

Warwickshire's residents have more choice							
Ref	**Measure**	**2010/11 Actual**	**2011/12 Target**	**Year to date forecast**	**Year End Alert**	**Period Actual**	**Period Alert**
M08002	Proportion of adults with a learning disability in settled accommodation	53.2%	70%	58%	**Red**		
Indicator Commentary The transformation programme for Learning Disability services has a target of reducing the number of customers in residential care by 75 over 3 years. This will be achieved by providing a range of supported living opportunities, including extra care where a new 10 places has recently opened and a further 24 places are earmarked. Warwickshire is part of the 'KeyRing' scheme which supports vulnerable people to live in the community and we are working with the District and Borough Councils to ensure suitable housing is available.							
M08003	Proportion of adults with a learning disability in employment	5.9%	11%	6.5%	**Red**		
Indicator Commentary Adult, Health and Community Services are currently reviewing their supported employment service with a view to increasing the capacity. In addition we are now an accredited signposting agency for Remploy, a national agency providing employment services to people with disabilities.							
M08004	Proportion of adults in contact with secondary mental health services in settled accommodation	76.7%	80%	80%	**Green**	80.5%	**Green**
M08005	Proportion of adults in contact with secondary mental health services in employment	19.4%	20%	20%	**Green**	19.6%	**Amber**
M08000	The proportion of those using social care who have control over their daily life *		68%	68%	**Green**	68%	**Green**
M08001	The proportion of people who use services & carers who find it easy to find information about support *		46%	46%	**Green**	46%	**Green**

Ongoing homecare packages are decreasing							
Ref	**Measure**	**2010/11 Actual**	**2011/12 Target**	**Year to date forecast**	**Year End Alert**	**Period Actual**	**Period Alert**
M08006	Proportion of older people (65+) who are still at home after 91 days following discharge from hospital into rehabilitation services *	86.3%	85%	86%	**Green**	86%	**Green**
Indicator Commentary Actual information for this indicator is not available until April, local information has been used for a quarter 3 estimates							
M08007	Proportion of customers receiving a review	77%	85%	80%	**Amber**	60.8%	**Red**
Indicator Commentary An external provider has been commissioned to complete 1,000 self direct support reviews by 31st March 2012. This will increase the outturn by approximately 10%							
M08008	Proportion of people whose outcome measures are fully or partially achieved at completion of reablement	60%	70%	75%	**Green**	77%	**Green**
M08009	Total Value of homecare packages	£635493	£600,000	£570,000	**Green**	£581,271	**Green**
M08010	Total Homecare Hours being delivered	55,245	50,000	50,000	**Green**	51,999	**Amber**

Warwickshire's vulnerable residents are supported							
Ref	**Measure**	**2010/11 Actual**	**2011/12 Target**	**Year to date forecast**	**Year End Alert**	**Period Actual**	**Period Alert**
M08011	Admissions to residential care homes per 10,000 population *	57.5	57	56	**Green**	38.2	**Green**
M08012	Proportion of people using social care who receive self-directed support *	29.3	45	47	**Green**	37.8	**Red**
Indicator Commentary An external provider has been commissioned to complete 1,000 self direct support reviews by 31st March 2012. Therefore an additional 1,000 people will be receiving personal budgets, this will increase the indicator outturn by up to 10%.							
M08013	Number of carers receiving an assessment in their own right	929	1100	800	**Red**	649	**Red**
Indicator Commentary Following the roll out of new processes for customer assessments a new process was developed for carers assessments. The changed practice is currently being embedded and has resulted in a temporary reduction in carers receiving assessments in their own right.							
M08014	Number of carers receiving services provided as an outcome of an assessment or review	2079	2100	1500	**Red**	1132	**Red**
Indicator Commentary A change in business process has changed services previously classified as carers services to be services for the customer. This has resulted in a reduction to this indicator but the total number of services which provide some support to the carers role remains similar to previous years.							
M08015	Proportion of Council spend on residential care	51.4	49	49	**Green**	48.7	**Amber**
M08016	Proportion of adults receiving on-going social care support who are in residential care	30	28	29	**Amber**	29.8	**Amber**
M08017	Number of older people entering residential care direct from hospital as % of all admissions to residential care	43	50	50	**Green**	50.3	**Amber**
M08019	Delayed transfers of care *	18.8	17	16	**Green**	17.2	**Amber**

Warwickshire's vulnerable residents are supported							
Ref	**Measure**	**2010/11 Actual**	**2011/12 Target**	**Year to date forecast**	**Year End Alert**	**Period Actual**	**Period Alert**
M08018	The number of extra care housing units available for use by customers eligible for WCC Adult Social Care*	46	107	119	**Green**	119	**Green**

Warwickshire's residents have greater access to specialist residential care							
Ref	**Measure**	**2010/11 Actual**	**2011/12 Target**	**Year to date forecast**	**Year End Alert**	**Period Actual**	**Period Alert**
M08020	Admissions to specialist residential care as a proportion of all residential & nursing care	18.5	19	19	**Green**	19	**Green**
M08021	Cost of specialist residential care as a proportion of all residential & nursing care	17.5	18	18	**Green**	18.1	**Green**

* CBP indicator

Social Care & Support - Jenny Wood

2011/12 Revenue Budget

Service	Agreed Budget £'000	Agreed Changes £'000	Latest Budget £'000	Forecast Outturn £'000	Variation Over/ (Under) £'000	Reason for Variation and Management Action
Social Care & Support Services - Head of Service	(5,408)	(1)	(5,409)	(5,237)	172	Planned underspend to offset Learning Disabilities pressures.
Older People & Physical Disability (North) & Specialist Services		28,548	28,548	27,945	(603)	Management action to further establish consistent practice and clear procedures is taking effect, especially relating to
Older People & Physical Disability (South) & Reviewing Services		23,050	23,050	21,896	(1,154)	early intervention, prevention and personalisation. Due to staff reductions, there have been backlogs in some teams, which translate to in-year reduced expenditure (and increased risks). There has been effective action to maintain very
Learning Disabilities	37,486	(16)	37,470	38,203	733	Good work has been undertaken to bring down the cost of some residential placements. Pressure on budgets continues as the service modernisation is still underway, including work with the independent sector. Pump priming some of next year's savings programmes (invest to save) has been an additional cost.
Mental Health	6,097	9	6,106	6,007	(99)	There are some under-spends in the purchasing budget due to efficiencies in purchasing processes & reviewing needs.
Reablement	4,087	2	4,089	3,688	(401)	Budget reflects full year running costs for the new reablement establishment. However, staff transfers did not start until October, with others not moving until early 2012. Savings are reflected in this budget, in reflection of the new alignment
Local Teams - older people and physical disabilities	43,702	(43,702)	0	0	0	Budgets have been restructured and are summarised into the rows above.
Reviewing Service	4,862	(4,862)	0	0	0	
Specialist Services	3,217	(3,217)	0	0	0	
Net Service Spending	**94,043**	**(189)**	**93,854**	**92,502**	**(1,352)**	
				Non DSG	(1,352)	
				DSG	0	

2011/12 to 2013/14 Savings Plan

Reference	Savings Proposal Title	2011/12			2012/13			2013/14		Reason for Variation and Management Action
		Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Forecast Outturn £'000	
ASC-01	Learning Disabilities Services - Care Funding Calculator, Residential Care and Supported Living Services, Choice and Control (Joint with Ron Williamson)	982	1,347	1,423	2,580	1,413	2,267	4,181	2,443	Savings from using the care funding calculator are not achieving original targets due to difficulties in negotiating savings with very large and very specialist providers. The closure of a day service centre has happened, but staffing savings have not been realised to the extent expected. These shortfalls are more than offset in 2011/12 by savings from the renegotiation of residential care contracts. Organisational capacity to undertake commissioning, consulting and service package reviewing activities are creating difficulties in the pace of delivery, particularly around day services. The Learning Disabilities portfolio is looking at other options to balance to the original target, for example a review of framework contracts, the consideration of the application of telecare and reablement to learning disabilities services, and using the care funding calculator to help to put the brakes on growth in package costs as well as reducing existing package costs. The Learning Disability strategy has been approved and this allows a number of initiatives to now be progressed.
ASC-04	Domiciliary Care Recommissioning	150	150	150	150	150	150	150	150	This is the full year effect of actions taken in 2010/11, however it should be noted that the result of the current domiciliary care re-tender will not be clear until late in the calendar year, and this tender could have a significant effect on costs and savings.
ASC-05	Reablement, Intermediate Care and Homecare Modernisation (Joint with Ron Williamson)	2,117	638	1,144	3,183	865	4,768	3,188	4,158	Reablement savings are forecast to reach the eventual target but will not reach that rate as quickly as forecast, hence the shortfall in 2011/12 but not in 2012/13. The reablement service will be expanded to a larger service in 2011/12 by the transfer of the remaining internal home care service over to the reablement service. This will accelerate reablement savings back closer to the target and will also increase homecare modernisation savings above the target - as they were originally forecast to be achieved through natural turnover and will now be achieved through a pro-active expansion of the reablement service. Some of the additional money from health will be used to cover reablement expansion and transitional costs which will allow the full net

Reference	Savings Proposal Title	2011/12			2012/13			2013/14		Reason for Variation and Management Action
		Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Forecast Outturn £'000	
ASC-10	Adult Social Care charging review (led by Ron Williamson)	2,344	1,675	2,344	3,240	1,568	3,240	3,250	3,250	Phase 1 and Phase 2 have been implemented. Savings from the charging review will be the sum of the full year effect of the Phase 1 increases in December 2011, plus the effect of the April 2011 increases, plus the part year effect of the October 2011 increases (Phase 3). We do not have all the data we need to report the actual impact of the April 2011/12 increases in time for this report. There may be some delays to Phase 3 or parts of Phase 3 but it is not possible yet to confirm if they would mean the charging review will miss its target for 2011/12.
ASC-12	Adults with Physical Disabilities - Reducing high cost community and residential packages, reducing numbers of customers in residential care, reviewing day services (Joint with Ron Williamson)	239	79	158	502	218	436	647	561	The closure of an internal day service centre has progressed. One external day service contract has been decommissioned, and another is going through a notice period to decommission. Savings from the care funding calculator are lower than planned due to a decision to focus care funding calculator capacity on learning disabilities clients first as greater benefits are likely in that area. Further savings within physical disabilities services are unlikely during 2011/12 and the adult social care transformation board are considering alternatives within other transformation portfolios.
ASC-13	Improving the Customer Journey	0	0	0	0	0	0	2,000	0	Information and advice, early intervention, embedding Personalisation, and associated changes to staff working practices (e.g. mobile working and improved IMT) are indicated to have a cumulative effect. Work will be initiated in 2012/13 to align the specific changes to expected savings, which cumulatively are anticipated at around
ASC-15	Mental health transformation	404	404	404	548	548	548	578	578	
ASC-16	Reduced spending on service development	410	308	410	510	383	510	610	610	Savings should be delivered but until the total pressure on transformation spending is finalised the "currently delivered" savings cannot be said with certainty to meet the
ASC-19	Mental capacity	52	52	52	52	52	52	52	52	
ASC-21	Information, advice and low level services	184	138	184	245	138	245	245	245	There have been delays in initiating a review of some low level services due to commissioning capacity, however a review has now started with a target completion date of September 2011. Slippage in savings from the original low level service plans have been covered by alternative savings identified on other contracts.
New	Other savings initiatives	0	284	284	0	284	284	0	284	A number of other initiatives to save have been pursued including: minimising inflationary increases on service contracts, and setting previously area based grant budgets without adding back the topslice applied in 2010/11
	Total	**6,882**	**5,075**	**6,553**	**11,010**	**5,619**	**12,500**	**14,901**	**12,331**	
	Target		**6,882**	**6,882**		**11,010**	**11,010**		**14,901**	
	Remaining Shortfall/(Over Achievement)		**1,807**	**329**		**5,391**	**(1,490)**		**2,570**	

2011/12 to 2013/14 Capital Programme

Agresso Project Code	Description	Approved Budget at Quarter 2					Forecast at Quarter 3					Variation at Q3		Reasons for Variation and Management Action
		Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	2011/12 £'000	Total £'000	
10608000	Mental Health Grant 2010/11	32	137	0	0	169	32	137	0	0	169	0	0	
10610000	Adult Social Care It Infrastructure Grant 2009/10	0	0	0	0	0	0	0	0	0	0	0	0	
10611000	Adult Social Care It Infrastructure Grant 2010/11	0	0	0	0	0	0	0	0	0	0	0	0	
10605002	Netherfield	33	0	0	0	33	33	0	0	0	33	0	0	
11010000	Ingleby Foundation - Thistledome Phase 2	71	47	0	0	118	71	47	0	0	118	0	0	
10601000	Mental Health 2007/08	155	21	0	0	176	155	21	0	0	176	0	0	
10607000	Mental Health 2009/10	142	43	0	0	186	142	43	0	0	186	0	0	
		434	**248**	**0**	**0**	**681**	**434**	**248**	**0**	**0**	**682**	**0**	**0**	

Strategic Commissioning

2011/12 Revenue Budget

Service	Agreed Budget £'000	Agreed Changes £'000	Latest Budget £'000	Forecast Outturn £'000	Variation Over/ (Under) £'000	Reason for Variation and Management Action
Strategic Commissioning - Head of Service	1,344	(183)	1,161	1,054	(107)	
Older people, Physical Disability, Intelligence and Market Facilitation		933	933	603	(330)	Subsidy on meals service ceased (link to charging changes - now at full cost), giving £150k savings in year. Staffing vacancies and reduced spend on the quality improvement partnership have also contributed to the size of the underspend. This is as a result of restructuring and a changed focus to market facilitation.
Commissioning Support	1,761	(354)	1,407	1,293	(114)	
Multi-Agency Commissioning	1,713	57	1,770	1,673	(97)	
Care Accommodation and Quality/Supporting People Programme	9,400	564	9,964	9,988	23	
Customer and Carer Engagement (D)	1,277	(4)	1,273	1,186	(88)	
Special Education Needs - Commissioned	26,958	(26,958)	0	0	0	Budgets have been restructured and have moved to Learning and Achievement or have been shown in the rows above.
Notional Accommodation Review	(1,681)	1,681	0	0	0	
Business Performance and Information	867	(867)	0	0	0	
Commissioning	0	0	0	0	0	
Contracting and Procurement	527	(527)	0	0	0	
Head of Strategic Commissioning	60	(60)	0	0	0	
Other Supporting People Grants	37	(37)	0	0	0	
Net Service Spending	**42,263**	**(25,754)**	**16,509**	**15,797**	**(712)**	
				Non DSG	(649)	
				DSG	(63)	

2011/12 to 2013/14 Savings Plan

Reference	Savings Proposal Title	2011/12 Target £'000	2011/12 Actual to Date £'000	2011/12 Forecast Outturn £'000	2012/13 Target £'000	2012/13 Actual to Date £'000	2012/13 Forecast Outturn £'000	2013/14 Target £'000	2013/14 Forecast Outturn £'000	Reason for Variation and Management Action
ASC-17	Housing support	400	400	400	800	800	800	1,200	1,200	
ASC-20	Carers	166	125	166	250	188	250	350	350	
CY-S-02	Reconfigure services for vulnerable children (Learning Difficulties and Disabilities)	836	645	645	1,319	645	958	1,734	1,598	The savings target to remove the subsidy for Speech & Language therapy has been reprofiled over two years, with funding being achieved through the revised use of grants target.
New	Staffing savings	0	321	321	0	321	321	0	321	These savings are part of the £2m "Improving the Customer Journey" savings delivered across adult social care at the beginning of April 2011. (ASC-13)
	Total	**1,402**	**1,491**	**1,532**	**2,369**	**1,954**	**2,329**	**3,284**	**3,469**	
	Target		**1,402**	**1,402**		**2,369**	**2,369**		**3,284**	
	Remaining Shortfall/(Over Achievement)		**(89)**	**(130)**		**415**	**40**		**(185)**	

2011/12 to 2013/14 Capital Programme

Agresso Project Code	Description	Approved Budget at Quarter 2 Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	Forecast at Quarter 3 Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	Variation at Q3 2011/12 £'000	Total £'000	Reasons for Variation and Management Action
10030000	CYPF ICT Upgrade	89	55	31	0	175	0	0	0	0	0	(55)	(175)	Project transferred to Business Manager
TBA	Short breaks for Disabled Children (DfE Capital Grant)	0	304	0	0	304	0	0	0	0	0	(304)	(304)	Project transferred to Learning and
		89	**359**	**31**	**0**	**479**	**0**	**0**	**0**	**0**	**0**	**(359)**	**(479)**	

Business Manager - Ron Williamson

2011/12 Revenue Budget

Service	Agreed Budget £'000	Agreed Changes £'000	Latest Budget £'000	Forecast Outturn £'000	Variation Over/ (Under) £'000	Reason for Variation and Management Action
Business Manager - Head of Service		1,894	1,894	1,604	(290)	SLAs for carers support showing as underspent as sitting services are now incorporated within the domiciliary care framework and costs will be incurred within social care and support. Some additional transformation funding within this budget has not been needed to support the changes happening within year, but will be needed to drive forward elements of the transformation which commence in 2012/13
Local Provider Services		15,039	15,039	14,433	(606)	Vacancies in services which are winding down, including day-care and homecare services, as demand reduces and vacancies are not replaced. This reflects early realisation of some savings which have been offered for future years and increases the certainty of delivery of those savings. Redundancy costs have been met from one-off funding.
Learning and Development	1,200	(7)	1,193	1,122	(71)	
Business Transformation	2,496	2,194	4,690	4,122	(568)	Transport SLA reduced costs due to effects of transformation (SLA currently under review for future years), reduced PC charges in corporate recharges due to rationalisation of IT usage in the department, vacancies held in the service, reduced publicity and marketing expenditure as greater emphasis placed on the website
Business Support		331	331	310	(21)	
Integrated Information Systems		85	85	85	0	Budgets have been restructured and are shown within the rows above.
Notional Accomodation Review		(923)	(923)	(923)	0	
Adult and Community Learning - Central Division	(93)	93	0	0	0	
Internal Home Care Service	2,245	(2,245)	0	0	0	
Communities and Wellbeing	12,878	(12,878)	0	0	0	
Director of Social Care and Health	45	(45)	0	0	0	
Buildings and Transport AHCS	1,771	(1,771)	0	0	0	
Financial Services AHCS	90	(90)	0	0	0	
Central Adult Resources	17	(17)	0	0	0	
Central Employee Expenses AHCS	423	(423)	0	0	0	
Transformation Office	1,620	(1,620)	0	0	0	
Net Service Spending	**22,692**	**(382)**	**22,310**	**20,755**	**(1,556)**	
				Non DSG	(1,177)	
				DSG	(379)	

2011/12 to 2013/14 Savings Plan

Reference	Savings Proposal Title	2011/12			2012/13			2013/14		Reason for Variation and Management Action
		Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Actual to Date £'000	Forecast Outturn £'000	Target £'000	Forecast Outturn £'000	
ASC-09	Older People (1) Residential Care and (2) Extra Care (Joint with Jenny Wood)	367	354	472	1,100	589	1,178	1,900	1,806	The closure of two residential care homes early is progressing as planned. The full cost charging for new customers of internal residential care homes has been implemented slightly later than planned but is now implemented. Extra care will deliver some savings on a small scale in 2011/12 although the budget assumed for prudence that it would not. These small but additional savings result in total savings above the 2011/12 target. Certainty around the delivery of 2012/13 savings depends heavily upon the outcome of the review of the sale, joint venture, or closure of the remaining 8 internal residential care homes. Savings from charging full cost for internal residential care to new customers depend very much on how customer choice is impacted by the change, therefore these savings are difficult to predict in advance. The risk is mitigated in two ways: (1) The amount of savings from this are a relatively small part of the total target and (2) these savings are temporary and will in due course be superseded by savings from the sale, joint venture or closure of
ASC-11	Day Care Services for Older People and Older People Mental Health	130	59	130	184	117	184	184	184	Good progress has been made ceasing former block contracts and moving to spot arrangements with providers, where users want to continue to use a traditional style
ASC-18	Workforce development	116	116	116	116	116	116	116	116	
New	Continuing Review of Business Processe and Efficiencies				134		134	234	234	
New	Staffing savings	0	284	284	0	284	284	0	284	These savings are part of the £2m "Improving the Customer Journey" savings delivered across adult social care at the beginning of April 2011. (ASC-13)
	Total	**613**	**813**	**1,002**	**1,534**	**1,106**	**1,896**	**2,434**	**2,624**	
	Target		**613**	**613**		**1,534**	**1,534**		**2,434**	
	Remaining Shortfall/(Over Achievement)		**(200)**	**(389)**		**428**	**(362)**		**(190)**	

2011/12 to 2013/14 Capital Programme

Agresso Project Code	Description	Approved Budget at Quarter 2					Forecast at Quarter 3					Variation at Q3		Reasons for Variation and Management Action
		Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	Earlier Years £'000	2011/12 £'000	2012/13 £'000	2013/14 and later £'000	Total £'000	2011/12 £'000	Total £'000	
10593000	Homes For Elderly People Upgrade - 2003/04	84	109	0	0	192	84	109	0	0	192	0	0	
10602000	Whitnash - Lawns HFE Refurbishment	36	614	0	0	650	36	614	0	0	650	0	0	
10613000	CAF Development Team - Social Care IT 2009/10	0	110		0	110	0	110	0	0	110	0	0	
10613002	CAF Development Team - Social Care IT 2010/11	0	1,312	438	0	1,750	0	1,312	438		1,750	0	0	
11019000	Social Care Reform Grant 10/11	0	0	32	0	32	0	0	32	0	32	0	0	
11019000	Social Care Grant 10/11 -Bedworth Chapel Street	0	0	250	0	250	0	0	250		250	0	0	
10594000	AHCS Vehicle & Equipment Replacement Base Programme 2010/11	24	0	90	0	114	24	0	90	0	114	0	0	
10614000	Care Homes Fire Regulations	63	529	0	0	592	63	481	48	0	592	(48)	0	
10610000	Adult Social Care It Infrastructure Grant 2009/2010	75	35	40	0	150	75	0	75	0	149	(35)	(0)	
10611000	Adult Social Care It Infrastructure Grant 2010/2011	0	0	160	0	160	0	0	160	0	160	0	(0)	
11020000	Adult Social Care Modernisation And Capacity 2011/12	0	1,151	0	0	1,151	0	1,151	0	0	1,151	0	0	
11021000	Adult Social Care Modernisation and Capacity 2012/13	0	0	1,182	0	1,182	0	0	1,182	0	1,182	0	0	
10030000	CYPF ICT Upgrade	0	0	0	0	0	89	55	31	0	175	55	175	Project transferred from Strategic Commissioning
		282	**3,859**	**2,192**	**0**	**6,333**	**371**	**3,832**	**2,305**	**0**	**6,508**	**(28)**	**175**	

Agenda No 8

Adult Social Care and Health Overview and Scrutiny Committee – 11 April 2012

Community Meals Consultation Feedback

Recommendations

The committee are asked to consider and comment upon the report and the key decisions being recommended to Cabinet by the Cabinet member and Strategic Director of the People Group.

The recommendations are as follows:

a. An increased price of £4.25 per meal, from £4.00
b. That the price increase is applied for all customers
c. That the provider considers and investigates the feasibility of extending the delivery window to reduce costs, and trials this if found to be feasible
d. That the provider is given responses to the survey in order to assist them in evaluating their service and making on-going improvements.

1. Background

1.1 On the 7th September 2011, the paper entitled "Proposed Changes to Community Meals" was presented to Overview and Scrutiny Committee who approved the report to be presented to Cabinet.

On the 3rd October 2011 the Portfolio Holder for Adult Health and Community Services authorised the undertaking of a consultation exercise and delegated any final decision (based upon the consultation findings) to the Strategic Director of Adult Social Care, in consultation with the Portfolio Holder for Adult Social Care.

1.2 The purpose of the consultation exercise was to help address the issues with regards to uptake of the service and its financial sustainability. The uptake of the service has not been to the level that was expected when the contract commenced. With lower numbers of orders the unit costs of the service to the provider have been much higher than expected, compromising the financial viability of the service. In order to address the need to reduce the subsidy paid by the council, an increase in customer contribution from £3.50 to £4.00 per meal was implemented from the 1st June 2011 (the customer contribution was last increased in October 2009).

1.2 The consultation exercise was carried out from the 1st November 2011 to 30th November 2011. This was conducted through a combination of surveys sent to existing and potential service users and a focus group with members of the Transformation Assembly.

2. Key Findings and Next steps

2.1 There were four main domains covered in the consultation, Pricing, Delivery, Quality and Customer Service. The attached appendix includes the full report of findings from both the focus group and the survey together with survey responses. The key findings under each of the four sections are detailed below.

2.2 **Pricing**

In order to maintain viability of the contract and within the context of the intention of the Council to reduce the subsidy paid to the provider, customers were asked their opinions of how much the service should be costing them, what charging arrangements should be in place and whether there were other issues or ideas relating to pricing that they wanted to voice.

The following key themes were identified.

- A price of between £4.00 and £4.25 would be the most favourable and that pitching the price above £4.50 may currently be too high and there could be a risk that a number of people would leave the service.
- The most favourable charging arrangement would be that “Everyone pays the same, regardless of their need or ability to pay”.
- Discounts for bulk orders, e.g. where a number of frozen meals are delivered together or a lunch and snack pack are delivered together was a prevalent theme in the focus group.

It is recommended that after the beginning of April 2012, the price customers pay for their meals is increased to £4.25 per meal. The intention is for this increase to be shared between Warwickshire County Council and county Enterprise foods. This will help the provider maintain viability and help to reduce the subsidy payments made, and therefore deliver savings against this contract. This level of pricing is broadly in line with other local authorities with charges for this type of service in similar areas ranging from £3.90 to £4.95.

2.3 **Delivery**

The delivery time window and the question around hot and frozen meals was asked. The aim of this was to identify whether the service could be reshaped and efficiencies delivered through an amended service model.

The following key themes were identified.

- Of the options given, the most favourable time window for deliveries of hot meals was 11:00-2:15, however there was still little support for this time window.
- The focus group generally considered that the current time window was better than the other options given.

- 83% of respondents indicated that it would be unacceptable if the service was a ‘frozen only’ service, the main reasons for this related to the difficulty they would have in using a microwave oven and the social contact from the delivery driver.

Current delivery times were seen as the most favourable; therefore caution should be taken to extending these at the risk of losing customers, particularly if this is combined with a price increase. It is proposed that in order to reduce the costs associated with the delivery of meals, it is recommended that County Enterprise Foods investigate the feasibility of increasing the delivery time window by a further 30 minutes per route to 11:30-2:15. If this is found to be feasible then this should be trialled by County Enterprise Foods on a temporary basis and the impact evaluated before any long term changes are made.

With regards to frozen meals, the majority of customers indicated that a frozen only service was not acceptable. Therefore there is no recommendation to chance any aspect of this part of the service.

2.4 Quality

In order to identify customer satisfaction with the service and identify if there are any areas which need addressing, customers were asked about their satisfaction with regards to various aspects of the service.

The following key themes were identified.

- Satisfaction with the current service was high
- The sample meals tasted at the focus group were considered to be of a high quality

Quality of the service was seen to be very high and existing users of the service indicated high levels of satisfaction with the service that they receive. At the focus group the overall impression of the service was that the current service was of good quality. Therefore no recommendations are made with regards to the quality of the service.

2.5 Customer Service

Customers were asked if there were any aspects with regards to the service they would like to make or if there were any changes that they would make to the service.

The most common themes relating to changes or other aspect of the service were:

- Consistency around delivery times was mentioned in both the focus group and the survey.

- Current users of the service also made reference to having received a meal different to the one ordered – although without knowing the

specific background (e.g. unavoidable unavailability of ingredients) it is difficult to know if this is an issue that needs addressing.

It is recommended that, in order that County Enterprise foods can evaluate their service and seek to make on-going improvements where necessary, the full anonymised responses will be shared with them.

2.6 **Other Themes**

The social contact of the delivery driver is an important element to the service; this was clear from both the survey responses and the focus group. The wellbeing check was acknowledged to be a cost effective element to a person's care given that the cost of a meal together with the wellbeing check is lower than that visits from a Homecare service.

In both the focus group and in the survey, the quality and importance of a variety of vegetables and the inclusion of other dishes such as Curries or pasta was noted.

Report Author: Tim Hamson

Head(s) of Service: Claire Saul

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Izzi Seccombe

Item No 9

Adult Social Care and Health Overview and Scrutiny Committee – 11th April 2012

Personalisation: A progress update

Recommendations

The Committee are asked to scrutinise and comment on the progress, outcomes and achievements in the delivery of personalised services across Adult Social Care.

1.0 Introduction and Policy Context

1.1 Personalisation is an approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings". It means that everyone who needs health and social care support, regardless of their level of need and whether they receive support from public services, the voluntary and community sector or from other local organisations, will have greater choice, control and flexibility over how they receive their care and support. Within Adult Social Care (ASC), a key aim of Personalisation is for individuals to have control over how money allocated to their care is spent. It includes within its remit Self-Directed Support, Individual Budgets, Personal Budgets and Direct Payments.

1.2 The journey towards Personalisation was primarily outlined within the White Paper: "Our Health, Our Care, Our Say (Jan, 2006). Subsequently, the Putting People First (PPF) Concordat was published in 2007, which launched 'A shared vision and commitment to the transformation of Adult Social Care'. The PPF concordat was supported and signed by a large number of organisations, across government and professional and voluntary sectors and it was developed together with people using service.

1.3 The PPF vision continued to be a focus for the refreshed Vision for Adult Social Care: Capable Communities and Active Citizens (November, 2010).

1.4 The national Putting People First programme closed in March 2011 at which point the 'Think Local: Act Personal Partnership' took over, in terms of continuing to drive and shape the national agenda.

1.5 The rationale behind the PPF shared vision for transformation was two-fold. Firstly, a recognition that the current approach to delivering adult social care would not be financially sustainable in the future. This is because nationally and locally we have an aging population, with the associated increase in prevalence of long term conditions associated with

increased support needs. Examples include dementia and cardiovascular disease. There are also increasing numbers of adults with disabilities who need some kind of support.

1.6 Secondly, the personalisation agenda continues to be central to the government's wider plans to modernise public services. At the heart of personalisation is a commitment to the provision of more personalised services that are tailored to the specific needs of individuals, and to give service users more choice and control over the interventions they receive only "constrained by the realities of finite resources and levels of protection which should be responsible but not risk averse"

1.7 Social Work / Social Care practice has been 'person centred' for many years, following the introduction of the Community Care legislation in the early 1990's. The individual is considered as of primary importance and a needs assessment is undertaken with them followed by a Social Worker, or other practitioner, arranging services on their behalf. 'Personalisation' can be seen as a response to what was a growing dissatisfaction about the limitations of existing Community Care services which, it was argued, limited the choice and control of individuals with disabilities or support needs. It was argued that this would lead to less opportunities to live as independently as possible. Previously, an individual may not have had any choice in the way their needs were met. For example, there were situations where Local Authorities only had a large 'cost and volume' contract with one or two providers of home support in an area, with limited visit times being available; the individual being unable to access any other provider for their support, even if they wanted to. The 'choice and control' approach offered by personalised services are often contrasted with the 'one-size-fits-all' approach of traditional service delivery because personalised services and support can be better tailored to individual needs.

1.8 It has been widely acknowledged that the direction and approach associated with personalisation has not yet been supported by revised legislation, however, further to the Law Commission's Review of Adult Social Care legislation, this is now anticipated later in 2012.

Personal Story:

Housing related support is currently operating a pilot service in partnership with Advance Housing and Support Limited to offer self-directed support to customers with severe and enduring mental ill health. The pilot service is being offered from within an existing housing related support contract and aims to empower customers to personalise their support and take control over the way they live their life, through the principles of self-directed support.

Paul's Story

Paul volunteered for the pilot and was very clear how he would use the funding differently. He had written a book, and had ideas for more, and felt that he wanted to get his book published. He had told all the Advance staff about it, and they all wanted to help him, but no

one really had the skills and experience to know how to support him, so they encouraged him to think about being part of the pilot.

Paul feels anxious with groups of people, and so he wanted to find someone who knew about publishing and book writing, who would know who to contact, and who would able to give him honest opinions and feedback on his book, to support him on a one to one basis. Staff talked a lot with Paul about the risk of failure, and what might happen if they told him his book wasn't good enough etc, how that would feel. He said if it goes wrong he would be upset, but feels he would rather know he has tried than always wonder if he could have been published, and the Steering Group supported this view and agreed £45 per week towards a private tutor.

Finding the right person to employ has been more difficult, he wrote a description of the person he needed and the way he needed them to support him. He is using Unitemps, who find part time temporary work for university students, to recruit someone.

As part of the process, a member of the Direct Payments Team, who has some experience with publishing spent some time with Paul as a volunteer to help him think through his job description, and was able to support him to apply to Chipmunk Publishing, who offered to print Paul's book, once he gets it to the required length. This is a brilliant outcome already, demonstrating how people around Paul are listening to what was really important to him and believing in him has made it start to become achievable.

Paul's increased confidence has meant that he is now more able to participate in group situations and has recently been offered a job with Advance as a peer reviewer.

Paul says ***'The funding has allowed me to develop myself and book which has given me more self-confidence and a positive outlook on life. ….given that money is being cut being able to redirect into areas that are important to you makes for a more effective system.****'*

2.0 Warwickshire's approach to delivery

2.1 Further to the launch of personalisation in Warwickshire, and progress on a programme of activity to achieve the Putting People First milestones (see previous report) a personalised approach is now embedded into the activities of strategic commissioning, service development and the delivery of Adult Social Care as a whole.

2.2 Completion of the Putting People First milestones represents a major achievement in establishing personalisation as 'the way we do things round here'. There is an ongoing need to maintain a focus on continuing to develop the type of services that personalisation demands, and an approach and practice culture that indicates a personalised approach is central to all activities undertaken. It is important to acknowledge that this represents a long term change environment, as Adult Social Care continues to deliver on major service changes. Also, that the Corporate Strategic Commissioning Review of Adult Social Care has recently been initiated.

2.3 In order to continue to drive all change programmes and 'business as usual' via a central tenet of personalisation, the following approaches are now mainstreamed:

2.4 **Customers engage with and inform our service development:** A range of customer engagement approaches are now in place. One of the most powerful has been the establishment of the Transformation Assembly. The Transformation Assembly involves customers and carers working collaboratively with officers on the transformation of Adult Social Care. Since its establishment in May 2011, members of the Assembly have already been involved in making a difference in over 20 projects within service redesign and developments. For example, members have contributed to and signed off revised information leaflets relating to Adult Social Care services.

2.5 Most importantly, Assembly members have developed 10 key principles of Personalisation (Appendix 2) which underpin both transformation work for Adult Social Care and will drive the 'business as usual' approach.

2.6 One of the primary functions of the Transformation Assembly is to support members to fulfil a role of being an Ambassador for personalisation. This role would involve promoting and profiling themselves within their local communities. Members will receive training in Personalisation, as well as being equipped with a Personalisation Resource Toolkit, which would consist of a wide range of information in a variety of formats, this would then assist members in feeling more confident to be able to give out the key messages and promote the benefits of personalisation within their local networks. This type of interaction will also provide an opportunity for a two way information exchange with citizens of Warwickshire, as well as introduce the work and function of the Assembly and extend an invite for local people to join.

2.7 **Promoting Independence and Early intervention**: A key emphasis from the original PPF work was the need to develop and establish good quality early intervention and prevention services, including the provision of information and advice. Drawing from national evidence and regional networks, services in Warwickshire now successfully enable more people to maximise their independence. For example, the Reablement Service continues to deliver very positive outcomes for customers, with its performance comparing very well with national comparators. Around 60% of people who receive a reablement service do not need ongoing social care services, 90 days after completion of the reablement service.

Personal Story:

A new mum, with a disability, has been given a one off direct payment to assist her with meeting her parental role. The payment has been used to purchase a pushchair which attaches to her wheelchair to take baby out.

2.8 **Self Directed Support (SDS):** The establishment of the 'Self Directed Support' process in Warwickshire represents a fundamental shift in the way care and support is provided for an individual. Through the Self Directed Support Process an individual works with a practitioner (e.g., a Social Worker) to identify together what the individual's needs are. This assessment is used to generate an 'indicative budget'. This is the approximate weekly amount that it will cost to provide the support needed for the individual. This helps the individual and the practitioner develop a 'support plan', which is a plan of the support that they need, and how it will be delivered. This support plan is costed, to identify how much money the individual will be allocated to secure the support they need. This is then called a 'Personal Budget'. Some people still prefer for a practitioner to arrange services on their behalf (this is sometimes called a 'Personal Managed Budget', or 'virtual budget', but still counts as being a 'Personal Budget', because this is how the individual has chosen to be supported). Other people chose to be given the Personal Budget money and manage the support themselves, for example, by arranging their own staff. This is called having a 'Direct Payment'. It is possible for individuals to ask a provider (such as a voluntary sector agency) to help with support planning, manage their money and provide their support, and this type of opportunity is also developing in Warwickshire. The support an individual receives is reviewed at appropriate times, to ensure their needs continue to be appropriately met.

2.9 Warwickshire County Council's Direct Payments information factsheets have been recognised as best practice examples regionally and will form the basis of a template document for a national council best practice toolkit. A regional lead will be presenting, within a report to ADASS (Association of Directors of Social Services) a version for councils to adopt as best practice based on the Warwickshire Direct Payments Toolkit.

2.10 The Social Care and Support Business Unit continues to have a Personalisation / SDS 'Embedding Practice Group', with an associated work plan. This is in recognition of the fact that fully embedding personalisation is a long term culture change challenge, including the expectation that further shape and direction will be given by the pending Adult Social Care white paper. Social care and support practitioners have recently completed an on line survey to feed in front line views about what support is required to enable them to become confident and empowered when offering Direct Payments.

Personal Story:

At the age of seven, Mr B's parents were advised to 'put him into a home' because he would never lead a normal life. Before taking up his personal budget, Mr B's parents reported "he came in from the day centre, I asked him what he did and he said, 'Nothing'. He went up to his bedroom, stayed in his bedroom, he'd got no life."

Since taking up his personal budget Mr B's life has changed dramatically. He used his budget to employ his own personal assistant (PA), who is an old family friend.

Mr B is able to tell his PA exactly what he wants to do each day and where he wants to go. It also allows him to take part in leisure activities that he enjoys such as going to the cinema, playing golf and swimming.

"I am doing more things than I have ever done before. I can go out with my PA when I choose and do the things that I want to do on that day. I go to the farm and work with the animals - I love it." ***Mr B***

2.11 **Affordable Choice** Since publication of the PPF concordat and subsequent national Vision for Adult Social Care, there has been a significant change in the imperative to deliver savings across the public sector. For Adult Social Care, whilst already working on the delivery of transformed services to facilitate a financially sustainable model of operation, delivery of personalisation now has increased emphasis on also delivering *affordable choice* going forward. Also, where people can afford to pay for, or make a contribution to the cost of their services, the council now expects this to happen.

Personal Story

Mrs A has used her personal budget support to help her stay at home rather than moving to residential care. She didn't want to go into residential care but the Mental Health Team felt that the risk and her mental health problems were too great for her to remain at home. It was assessed that she didn't have capacity to make this decision, but following a best interest assessment it was decided every effort should be made to enable her to remain at home where she wanted to be and where she had lived all her life. With support from her Community Practice Nurse she was given a personal budget to purchase support which has enabled her to remain at home, keep her mental health stable and reduce risk, which were the outcomes she and the team wanted to achieve.

"Direct payments are fantastic for people with mental health conditions. They give them the choice and flexibility to have the kind of support they need to live their lives fully." ***Community Practice Nurse***

2.12 **Personalisation culture informs Strategic Commissioning:** Personalisation is at the heart of our approach to strategic commissioning and is central to the redesign of services delivered across all client groups and service types. Over the past two years we have reviewed, refreshed and updated a range of commissioning strategies to ensure that we are commissioning services which are personalised in nature or moving from a traditional model of provision to one which is more modern. For example, in recent months we have launched the tender process for community hubs within learning disability services whereby the new model will focus

on support to access main stream community based services, whilst still also providing appropriate levels of support for those with highest needs. Within learning disability services, ensuring that customers are able to access appropriate, settled accommodation continues to be a priority and we are working with customers and providers to make this a reality in ways which meet the personal needs of individuals.

An example of the changing shape of commissioning:

Launch of the Keyring Service model:

Keyring is a model of housing support designed to suit people with a range of support needs. Keyring networks will consist of nine people who live in properties in a defined geographical area. People with support needs (members) occupy 9 properties in the community, and a 'community living volunteer' lives in the 10th. The community living volunteer provides at least 12 hours of support time each week, and this focuses on ensuring the network functions well as a group and becomes involved in the community. Floating support can be offered via a neighbourhood link worker to increase independent living skills and reduce long-term dependency on support - they can provide one-to-one support to assist with those higher support needs. This support may initially complement individual support packages, being designed as part of moving on from residential.

2.13 Our approach to maximising independence for all client groups continues to ensure that we focus our resources to those in greatest need whilst developing arrangements which support those with lower level requirements to access mainstream community based services that meet their needs. To support this, we have launched the Warwickshire Directory which is a repository of a wide range of information about the services that people can access in the County and is available either on-line or through our customer contact centre. In addition to this we have been working with Age UK to pilot a service designed to give one to one support to those who don't meet our eligibility criteria but would benefit from some support in the community. This service is jointly commissioned with the Arden Cluster and is designed to ensure that people are able to access services which meet their personal and individual needs.

2.14 Direct Payments continue to be provided in significant numbers. To expand this further we are currently tendering for an enhanced support service to help inform and guide those customers who wish to take up this more personalised approach to arranging their care and support. These new arrangements should be in place from October this year.

Personal story:

Mrs C is 85 years old; she lives alone in her own home and has no main, informal carer. She needed help and support to carry out her personal and practical needs,

getting around generally, and so that she could keep in contact with her local church and its members.

We agreed a support plan with Mrs C using a combination budget. The direct payments enabled her to employ a personal assistant of her choice that she felt comfortable with to provide her personal care, help her manage finances and support Mrs C in attending local church meetings.

"More people should try direct payments they don't know what they are missing. We have the freedom to choose who comes into our home." ***Mrs C***

3.0 Evaluation Mechanisms and Key Targets

3.1 'Think Local, Act Personal' set a target for all councils that by March 2013 all customers who are receiving on-going support to live at home are doing so through either a personal budget or direct payment. This is therefore a nationally defined target. Warwickshire are forecast to achieve 75% in March 2012 and are therefore on target to achieve 100% by March 2013.

3.2 Two indicators of performance are taken from the Adult Social Care Survey and form part of the Adult Social Care Outcomes Framework (ASCOF):

3.3 ASCOF 1B measures **'the proportion of people who use services who have control over their daily lives'** in 2010-11 68% of Warwickshire customers said they had control over their daily lives compared to 75% nationally, placing Warwickshire in the bottom quartile of all shire authorities. The target for 2012-13 is 72% and 2013-14 is 75%. This shows us that we have work to do to ensure that the services offered helpf people feel they have control over their daily lives. The aim is that the service developments underway, for example, those mentioned earlier in the report, will assist us to make the progress needed in this area.

3.4 ASCOF 3D measures **'the proportion of people who use services and carers who find it easy to find information about support'** Warwickshire's 2010-11 outturn was 50% and the all England average was 55%, placing Warwickshire in the bottom quartile of all shire authorities. The target for 2012-13 is 53% and 2013-14 is 56%. Again, the service developments we have put in place since the 2012-11 outturn aim to address this issue, for example, the Resource Directory, and refreshed internet-based information. The information and advice leaflets have also been revised and signed off by Assembly members.

3.5 There are two key indicators for the success of the reablement service, both of which are new for 2011-12:

3.6 **'Percentage of customers not needing on-going social care 91 days after leaving reablement'** the 2011-12 is forecast to be 57%, the targets

for 2012-13 and 2013-14 are both 63%. These compare very favourably with regional and national performance.

3.7 **'Percentage of reablement customers where one or more agreed outcomes are fully met'** is forecast to be 75% for 2011-12, the target for 2012-13 is 80% and the target for 2013-14 is 85%. The Reablement Service continues to develop and improve, hence anticipated further improvement. It is important to note that in order to try and give as many people the opportunity to benefit from reablement as reasonably possible, the risk is that we will always have a few people for whom it does not turn out to be successful. For example, some people need to go back to hospital for genuine reasons, or have a chronic condition that deteriorates faster than expected. However, overall, the success rate is heartening.

Practitioner Story:

A carer contacted the Learning Disability team duty requesting urgent respite; as they were due to go into hospital for a week. Instead of pursuing the usual route of residential respite, the practitioner used self-directed assessment and support planning. The practitioner worked with the customer and their carer to support the customer to remain at home, with the use of assistive technology and support with meals from the customer's neighbour. This supported the carer to feel that their daughter was safe at home while they were in hospital. The customer also felt fully in control of her situation, not having to leave her family home to enter "institutionalised care". The situation had a successful outcome for everyone.

4.0 Conclusions and Next Steps

4.1 Successful progress has been made to establish a personalised approach to Adult Social Care Services delivery. This approach is now a common theme across practice, service development and strategic commissioning.

4.2 Completion of the Putting People First milestones represents a major achievement in establishing personalisation as 'the way we do things round here'. There is an ongoing need to maintain a focus on continuing to develop the type of services that personalisation demands, and an approach and practice culture that indicates a personalised approach is central to all activities undertaken. It is important to acknowledge that this represents a long term change environment, as Adult Social Care continues to deliver on major service changes. Also, that the Corporate Strategic Commissioning Review of Adult Social Care has recently been initiated and may bring further challenge.

4.3 Personalisation has become an important aspect of wider policy and practice at a national level, rather than the focus just being within Adult Social Care. For example, personal health budgets are being piloted. Direct Payments are now being utilised in children's services.

4.4 Moving forward, it will be essential to ensure alignment of the personalised approach taken by Adult Social Care, with key partners. The goal of a 'seamless service' for the customer continues to be relevant.

Background Papers

1. 'Putting People First Concordat: A shared vision and commitment to the transformation of Adult Social Care', Department of Health (2007)
2. 'Personalisation and Introduction of Personal Budgets', Cabinet Report (2008)
3. 'A Vision for Adult Social Care: Capable Communities and Active Citizens', Department of Health (2010)
4. 'Personalisation – A progress update', Adult Social Care and Health Overview and Scrutiny Committee (2011)

	Name	**Contact Information**
Report Author	Jenny Wood	01926 742962
Head of Service	Jenny Wood	01926 742962
Strategic Director	Wendy Fabbro	01926 742967
Portfolio Holder	Cllr Mrs Izzi Seccombe	01295 680668

Appendix A

Glossary of Terms

Adult Social Care: There is no simple definition of adult social care. However, it is agreed it covers a wide range of services provided by local authorities and the independent sector to adults either in their own homes or in a care home. It also covers day centres, which help people with daily living. Services like help with washing, dressing, feeding or assistance in going to the toilet are also included. A range of statutory duties on the council facilitate the provision of Adult Social Care services.

Assessment: A conversation held with a customer, sometimes using a questionnaire, which is used to work out what social care support a customer needs. An assessment takes place when a customer first applies for social care services. The assessment is reviewed at least once a year to make sure that the customer continues to receive the right support, but reviews may happen more frequently depending on the individual customer's circumstances.

Broker / Brokerage: An organisation or person that helps a customer to arrange the support they need. Brokerage can be done by the Council, a voluntary organisation/ charity, a private company, or an individual such as a family member or friend.

Carers (unpaid) When we talk about carers we do not mean someone who is paid to provide care as part of a contract of employment - for example, a care worker or care staff. A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.
A young carer is someone who is under the age of 18 and may be looking after his/her parents, brother or sister, grandparent or other relative who needs support.

Carers' Services: Carers' Services are provided to give carers a life outside of caring, for example, by supporting them to keep their job, have a hobby or relax and take

	time out from their caring role. These are non-chargeable services. Sometimes, so that the Carer may pursue a life outside of their caring role, it is necessary to provide replacement care for the customer who the Carer supports. It is important to remember that replacement care services are chargeable services to the customer who receives care.
Care Package:	A range of community care services, a person will receive for their assessed need.
Chargeable Services:	Chargeable services refer to adult social care services that the Council is allowed to charge for by government legislation. Government legislation may also specify how much we are allowed to charge and if we are not allowed to charge for a service.
Commissioning:	Commissioning is the process by which local authorities decide how to get the best possible value for money whilst providing good quality services for local people.
Complaint:	People have a right to complain about a service where they think they have been unfairly treated, or have received unsatisfactory services.
Direct Payments:	Are cash payments made directly to eligible customers who choose to make their own care arrangements, rather than receiving services provided by WCC. Direct Payments are one way customers can choose to manage a personal budget. They provide greater choice and control
Fair Access to Care Services:	This document is published by the Department of Health and issues guidelines on how councils should determine whether a customer is eligible for adult social care services. It covers how local authorities should carry out assessments and reviews and support individuals through the assessment process.
Fairer Charging:	Fairer Charging refers to Government guidelines on how local authorities charge for non-residential care services. WCC, like other local authorities, operates a Fairer Charging policy, which is based on these guidelines.
Indicative Budget:	A customer's assessment of needs is used to work

this out. It is the amount of money that it is estimated will be needed to provide the care and support to meet a person's assessed needs (e.g. £50 per week). A customer and practitioner use the 'indicative (or estimated) budget' amount to help develop the Support Plan. It is only when the support plan is fully costed and agreed that the final 'Personal Budget' is known (see 'Personal Budget' for definition.)

Individual Budget: An Individual Budget was intended to bring together all the variety of funding streams (e.g. Independent Living Fund, Supporting People funding, Disabled Facilities Grant, Council Provided Social Care Services, Access to Work) that a customer might need, to be accessible through one assessment process. National work on this has slowed. This is not available in Warwickshire.

Individual Service Funds: An Individual Service Fund (ISF) is when someone wants to use his or her personal budget to buy support from a provider. Individual Service Funds mean that:

- The money is held by the provider on the individual's behalf.
- The person decides how to spend the money.
- The provider is accountable to the person.
- The provider commits to only spend the money on the individual's service and the management and support necessary to provide that service.

My Assessment: This is a questionnaire you are supported to complete. This is designed to help the council find out if you are eligible for social care support and understand your day-to-day life.

Personal Budget: A Personal Budget is the sum of money, which a customer is assessed as being entitled to receive to help them be independent, safe and well. Personal budgets can be used to pay for any type of service, (not just a social care service) that would help add value to their life as long as it is legal. For example, a person may choose to use some of their money to join a gym or a craft club to help keep them active and give them the opportunity to socialise. They must be used to achieve agreed outcomes. A person can choose to receive their Personal Budget as a Direct

	Payment, Mixed Budget or Personal Managed Budget. These services are chargeable.
Personalisation:	Personalisation means giving people more choice and control over their own lives. It is support that fits around the person rather than a person having to fit around the support that is available.
Promoting Independence:	Most people would prefer to look after themselves as much as possible and to remain in their own home. Recent guidance has challenged statutory agencies to promote such independence by ensuring that people have access to the information and services that they need. It also places increased emphasis on rehabilitation and the associated services.
Provider of Care Services:	An independent or statutory organisation that may provide a whole range of care services.
Reablement:	Specialised help for people to regain the skills and confidence they need to continue living independently at home. Reablement services are currently available to people leaving hospital and people requesting social care support for the first time. Our aim is to open up these services to all people who might benefit. This is currently free of charge for up to six weeks.
Resource Allocation System: (RAS)	When a customer applies for social care, services they are assessed to work out what their support needs are. Once the needs have been identified, the Resource Allocation System is used to estimate how much these needs might cost. The final amount may change, as the cost of a service may depend on things such as a customer's location, (e g travel costs may be involved or certain services may cost more or less in certain parts of the county).
Self Directed Support:	Self-Directed Support puts eligible customers in control of the care and support they receive. With self-directed support, the council does not make choices for the customer but instead supports the customer to: • Identify what they need to make their life better. • Know how much money they may get to spend on support. • Decide what support they receive. • Decide when and how they receive it.

Social Worker:	Social workers usually work for Adult Social Care and Support. They have training in dealing with people's needs, and arranging services that will help them. They all need to be registered with the General Social Care Council.
Support Plan:	This is the plan agreed by the customer and social care practitioner to meet the customer's care and support needs. A customer will always have a support plan even if they choose to receive a Direct Payment, Personal Managed Budget, an individual service fund or a combination

Appendix B

Principles of Personalisation

Developed by

Warwickshire's Transformation Assembly

1. People will be supported and enabled or re-abled to live independently.

2. People will be empowered to make decisions for themselves.

3. Everyone eligible to receive services will have a Personal Budget and have the right information to make good decisions.

4. Customers and carers will be central to reshaping, delivering or looking at services.

5. We will work with staff (including commissioned services) to create a culture of independence, choice and empowerment.

6. Staff will be fully involved in service design and implementation through a variety of ways.

7. All people referred for services will be supported to maximise their independence before long term support arrangements are put in place.

8. Expenditure will be allocated fairly and consistently taking into account individual circumstances and needs.

9. Documentation, systems and processes will be consistent across client groups, whilst reflecting the differing needs of those client groups where appropriate.

10. Family leadership and social enterprise development that supports personalisation will be actively promoted and supported.

Item No 10

Adult Social Care and Health Overview and Scrutiny Committee – 11th April 2012

Section 256 Funding to Warwickshire County Council

Recommendations

It is recommended that:

1. The progress that has already been made to date in reaching agreement with Warwickshire PCT to invest Warwickshire's allocations is noted.
2. Comments are invited on any areas which are of particular interest or importance which officers should have regard to in the management of these funds.

1.0 Key Issues

1.1 In Winter 2010, the Department of Health declared three streams of money :

- Social Care money to benefit health. This amounted to £6m for Warwickshire in 2011/12)
- Reablement and Intermediate Care (£1.4m in 2011/12)
- Carers breaks (approx. 930K in 2011/12)

1.2 In Winter 2011 it announced another two streams:

- Social Care winter discharge pressures money (£150m nationally, £1.4m for Warwickshire)
- Clinical Commissioning Group money (approx. £300m nationally)

1.3 The £6m social care money was additional money given to the Primary Care Trust to passport onto the Local Authority

1.4 Appendix 1 highlights the schedule of spending for the £6m pass-ported to the Local Authority 2011/12

1.5 Appendix 2 sets out the allocation to date of the £1.4m allocated to relive discharge pressures

2.0 Social Care Money to benefit Health (£6m) (Appendix 1)

Reablement

The key areas of development identified were:

- Sustaining the existing reablement service
- Extending the current eligibility and staffing infrastructure so the service is accessible to a greater cohort of health and social care customers
- Transfer three Community Care Worker posts on fixed term contracts into reablement to assist with exit throughput

2.1.1 Plans are all on track and delivering as expected.

2.1.2 Extended eligibility and expanded capacity is rolling out countywide. The last locality to rollout will be Nuneaton and Bedworth in July 2012.

2.1.3 The revised eligibility is embedding, and performance is sustained:

- predicted outturn for referrals has increased from 1986 in Q2 11/12 to 2169 in Q3 11/12
- outcomes have improved from 52% in Q2 11/12 to 77% in Q3 11/12
- 58% of customers are not receiving ongoing support 91 days post reablement in Q3 11/12 as opposed to 63% in Q2 11/12. Although this appears as a slight dip in performance, this still compares favourably with national evidence from CSED (Care Services Efficiency Delivery). In addition, reablement is delivering services in a more blended approach with Intermediate are, supporting customers with increased needs who benefit from joined up seamless services. The revised eligibility has also widened to offer reablement to a greater cohort of customers who would previously not have been eligible for the reablement service.

2.1.4 Three Community Care Workers were recruited into reablement in February 2012 to support and facilitate exit within the acute hospitals. These practitioners are co located within the acutes, to enable swift and efficient discharges and enhance collaborative working between health and social care teams.

2.2 Telecare

2.2.1 The key areas of development identified were:

- Sustaining the existing service
- Developing a countywide telecare model/ pathway that will help individuals maintain independence, increase safety and confidence, and support carers alongside traditional healthcare, social care and housing initiatives
- To provide the 3 elements of a telecare service across the county; equipment and installation; monitoring and telephone response; and a physical response service for those customers without key holders
- Develop Telehealth provision in Warwickshire

2.2.2 Plans are on track and delivering as expected.

- Assistive Technology and Telecare Board has been established with representatives from health and social care driving forward the Prevention Agenda

2.2.2 Clear referral / protocols are now in place, and there is improved information for practitioners on equipment. There is current focus on the training and skilling up of reablement practitioners to utilise telecare throughout a customers reablement journey and afterwards, which will sustain independence for longer.

2.2.3 An interim service reflecting the preferred model for telecare is in place on Nuneaton & Bedworth. Referrals and equipment provision are increasing; evaluation is due within the next year .

2.2.4 The Board are current awaiting confirmation as to who is the Tele-health lead from health colleagues to support this going forwards from a health perspective.

2.3 Integrated Community Equipment Store (ICES)

2.3.1The key areas identified were:

- To cover the costs of the ICES service
- To develop a hybrid retail model
- To support customers to access equipment quickly when they need it

2.3.2 Plans are delivering as predicted.

2.3.3 Hybrid retail model has been developed which supports customers identifying and accessing equipment quickly and at the point of need.

2.3.4 An assessor has been appointed at the NRS (Nottingham Rehabilitation Services) assessment centre to support / offer guidance/ advice.

2.3.5 Contract arrangements continue (targets are in place, eg for ‘recycle’ rate for equipment.

2.3.6 OT Blue badge assessors were recruited January 2012 and are located at NRS, which further supports retail model and public awareness.

2.4 Dementia

2.4.1 The key areas identified were:

- To reflect the principles of the Dementia Strategy with robust referral pathways into health to assist with early diagnosis
- To deliver the dementia home care service

2.4.2 Plans are delivering as predicted.

2.4.3 A joint pathway has been agreed in principle; further negotiations currently underway with Clinical Commissioning Groups and Coventry & Warwickshire Partnership Trust at point of referral / diagnosis to improve customer / patient experience.

2.4.4 An action plan has been developed and agreed jointly post diagnosis to improve information and support people with dementia and their carers.

2.4.5 Significant work is progressing regarding the use of anti psychotics.

2.4.6 In Rugby a ward closed. We are currently awaiting evaluation from PCT on the impact of this, and awaiting further consultation regarding further closures and joint approach to social care impact.

2.4.7 Elderly mentally infirm long term care home placements continue.

2.4.8 More detailed joint work is being developed to understand the impact on social care of the Community Assessment and Intensive Treatment (CAIT) model.

2.5 Residential Care Assessment Beds

2.5.1 The key areas identified were :

- Allocation of assessment beds for health and social care that can be used to discharge to assess.

2.5.2 Winter pressures funding is being utilised to take this forwards with increased capacity.

2.5.3 Up to 20 beds at any one time are available as Moving on beds for a period of 2 weeks within WCC internal care homes. Complex need can be accommodated, i.e. hoisting and plaster care, but not ongoing nursing needs.

- Pathways to/through these beds have been refined. OTs support assessment, provide manual handling support and ensure appropriate equipment is in place.

2.5.4 Reablement may be considered to support the customer when they return home and reablement will work with the Moving on OT to support continuum of care.

2.6 Residential Respite Care and "In Your Place" services

2.6.1 The key areas identified for development are:

- Sustaining and developing residential respite care services in order to prevent carer breakdown

2.6.2 The In your Place service has been decommissioned and replaced by available services within the new Home Care Contracts from December 2011.

2.6.3 This will allow greater choice and flexibility and increase the responsiveness of service to carers with unique situations

2.6.4 A new respite service is being scoped and will be completed in May 2012.

2.7 Rapid Response Services

2.7.1 The key areas identified were :

- To cover the costs of a rapid response domiciliary care service available countywide and accessible to health and social care customers

2.7.2 From 1.12.11 this has been provided by external providers via the new Home Care Framework. This is available countywide, and is being monitored for effectiveness and compliance

2.8 Extra Care Housing

2.8.1 The key areas identified were :

- Costs of sustaining and expanding extra care housing as an alternative to residential care.
- Possible development of reablement flats for assessment within extra care accommodation

2.8.2 Briar Croft is open providing 64 units (shared ownership and social housing)

2.8.3 Farmers Court provides 45 units (all social rented)

2.8.4 Kingston House is open providing 10 units for people with learning disabilities, resulting in increased independence and wellbeing

2.8.5 In development is supported housing for adults with learning disabilities in Warwick and Bidford, totalling 30 units

2.8.6 42 units to be created at Avon Court

2.8.7 Partnership Framework development of up to 600 Extra Care Housing units, of which half will be for AH&CS customers

3.0 Winter Pressures Funding (Appendix 2)

3.1 Criteria

3.1.1 On the 3rd January 2012 the Department of Health (DH) announced a £150m fund to be distributed to Primary Care Trusts for immediate transfer to Local

Authorities for investment in social services which also benefit the health system.

3.1.2 The funding recognises that during the winter period health services, and particularly hospitals, experience significant pressure. The DH are anticipating that this additional investment will enable local services to facilitate hospital discharges more quickly and to provide effective ongoing support for people in their own homes.

3.1.3 This money is over and above other sums of money that were allocated by the DH to Primary Care Trusts at the start of the year which were £648m for social care, £150m for reablement and post discharge support, and approximately £100m for carers breaks.

3.1.4 This money is also over and above a number of other significant sums of available money to be spent from the 2011/12 NHS budget which have been announced over the winter. For example £100m offered to Clinical Commissioning Consortia to improve local services and reduce pressures on the NHS during the colder months, £20m given to Local Authorities in relation to Disabled Facilities Grants, £330m of available capital allocations and the NHS will be giving £500m back to the Treasury from its 2011/12 underspend.

3.1.5 The winter pressures allocation for Warwickshire is £1.4m.

3.1.6 The DH states that…

"…This additional funding should be used to impact directly on the specific most prevalent reasons for delayed transfers of care, which are attributable to adult social care in the local authority concerned…"

3.1.7 The DH expects tangible benefits and will look for improved performance around hospital discharge in particular, it states…

"…The Department collects monthly situation report data on acute and non-acute delayed transfers of care by NHS provider and local authority. We will use this information to monitor the impact of this additional investment, and expect that improvement should be seen in the relevant data, with a downward trend attributable to the category targeted…"

3.1.8 The DH will not be placing any formal claw-back arrangements over this money, but its expenditure has to be agreed between the PCT and the Local Authority, and any agreement will have to be signed off by a contract with the PCT under Section 256 of the 2006 NHS Act. Therefore the money will have to be ring-fenced within Warwickshire County Council's accounts because it will have to be spent within the terms of the agreed contract.

3.1.9 The DH states that the money has to be transferred to Local Authorities and be spent on social care…

"…PCTs will need to transfer this additional £150m to local authorities to invest in social care services to benefit health, and to improve overall health gain."

3.2 Summary of Winter Pressures Spending Proposals

3.2.1 Officers within Warwickshire County Council, Warwickshire PCT, and South Warwickshire Foundation Trust have been working together to develop and agree spending plans for this money in ways that will benefit Warwickshire service users.

3.2.2 This fund has been viewed from a broader perspective than the directive from the DH in that where spending on health services or spending by health organisations rather than the Local authority would better benefit local service users then that approach is being taken in Warwickshire.

3.2.3 As a result of this approach, some items of expenditure will be managed by South Warwickshire Foundation Trust, however, the whole fund will be transferred to Warwickshire County Council and any agreed foundation trust expenditure will be reimbursed by Warwickshire County Council from this fund.

3.2.4 The expenditure agreed to date is detailed in Appendix A but the kinds of services the current agreements relate to include residential and nursing home beds, night sitting services, capacity planning within hospitals, nursing support, dementia services, family support, delirium care, infection control, physiotherapists, and community equipment.

3.2.5 Arrangements are being put in place to make joint decisions about the use of the remaining funds. Some expenditure that is too late to benefit in winter 2011/12 may be investments in order to improve processes that will benefit service users in winter 2012/13.

3.3 Timescales associated with the Decision / Next Steps

3.3.1 Because the fund was announced in January, it has not been possible to develop a plan to spend all of the money quickly enough to benefit services users this winter. However, because there is no clawback mechanism for this money, it is planned to ringfence any unspent money within Warwickshire County Council's accounts pending agreement with Warwickshire PCT on its use at a later date, which will mean expenditure during the 2012/13 financial year.

3.3.2 To date £967,000 has been committed and £434,000 is uncommitted pending further discussions and agreement with Warwickshire PCT.

3.3.3 Arrangements will need to be made to monitor and review the impact of the expenditure upon hospital activity.

4.0 Background Papers

Department of Health Local Authority Circular Gateway Reference 17071, 3rd January 2012

	Name	**Contact Information**
Report Author	Jenny Wood	01926 742962
Head of Service	Ron Williamson	01926 742964
Strategic Director	Wendy Fabbro	01926 742967
Portfolio Holder	Cllr Mrs Izzi Seccombe	01295 680668

APPENDIX 1

Schedule of Spending for NHS Social Care Funding

£'000	2011/12 Schedule	2011/12 Forecast	2011/12 How figure is calculated
Reablement	3,163	3,620	Current forecast for the reablement team.
Telecare	157	206	Current forecast for all telecare spend
ICES	1,075	1,575	Current total recharge to council services
Dementia	454	1,013	Current forecast for external dementia specific homecare services, and the residual cost of dementia services provided in house
Residential care assessment beds	441	441	Forecast equal to budget pending a look at activity
Residential respite care and in your place services	637	637	Currently working on occupancy for internal homes – forecast therefore on budget
Rapid Response Services	59	59	As budget
Extra Care Housing	41	41	Forecast equal to budget pending a look at activity
Total Costs	6,027	7,592	
Total Funding	6,027	6,027	
Balance Overspend / (Underspend)	(0)	1,565	

Warwickshire 2011/12 Winter Pressures Fund **Appendix A**

Spending Agreed by Arden Cluster and Warwickshire County Council February 2012

Ref	Title	Total £'000	Description	Benefit
1	Use of Internal Homes	50	Maximise internal residential homes to support discharge. 37 beds available county wide comprising 12 long stay beds, 5 emergency beds, 24 respite beds available.	Reduces the need for costly nursing homes particularly as there are very few beds at contract rate. Nursing Home Placements are scarce leading to delays.
2	Spot Purchasing of Nursing Home Places	84	Spot purchasing of short-term nursing beds	Timely discharge
3	Night Sitting at Home	30	Up to 3 nights night sitting on discharge in home setting	Timely discharge and provides confidence to people on leaving hospital
4	Provide Additional Capacity Planning Staff to all 3 hospitals	24	Social Workers to work exclusively with the bed managers to improve patient flow and aid communication	Timely discharge and provides confidence to people on leaving hospital
5	Additional nursing support to assist with early discharge	26	HCA and nurses together with admin and team leaders	
6	Age UK Pilots	50	Information & Advice in A&E & hospital discharge where held up for social reasons. To liaise with hospital staff on A&E, to identify patients who could return home, rather than be admitted, as their medical needs do not require secondary care but are potentially vulnerable and need immediate community support to be safely discharged.	Prevent re-admission to hospital within 30 days
7	Improve Discharge of People with Dementia	225	Additional homes care hours provided to support people with dementia in the community	Reduced length of stay and improved discharge for people with dementia. Reduced costs for health and also social care as 2/3 of discharges are to care homes. Better outcomes for patients & families
8	Improved support to Families of People with Dementia (Pilot through Age UK)	50	Increase carer support through breaks and additional home care packages to avoid carer breakdown and resultant admission to hospital prematurely. Increased package of replacement care and 1:1 support for the family/carer.	Less and avoidable admissions.Early indications suggest people with dementia reach crisis point due to carer breakdown because of the nature of the caring role and lack of appropriate and timely support.Improved outcomes for patient and families.
9	Improved Delivery of Delirium Care in Hospitals	83	Employment of specialist nurse/project worker	Reduce hospital admissions and better management of customers within care homes.
10	Improved information on Care Homes	30	Development of web page and other ICT initiatives. A more specialist and detailed approach is needed than a pure Resources Directory.	Improve access by customers and professionals to available care home capacity thus improving flow of admissions and discharges.
11	Infection Control Prevention	53	Appointment of specialist infection control nurse to advice and link with WCC learning & development to workl across health & social care to train monitoring officers and audit teams in cleaning standards and ICP surveillance.	Reduce hospital admissions and better management of customers within care homes. Rewards for attainment through CQUIN
12	Physiotherapists in Reablement Settings	24		Quicker discharge and increased prevention of admission
13	Additional Community Equipment Services	136	Additional equipment to support clients in various settings	Facilitates discharge and supports independent living
14	Common Childhood Illnesses (Pilot)	102	Interactive resources & project management	Prevent unplanned attendances to A&E and therefore admissions
	Commitments Sub Total	967		
	Uncommitted Grant	434		
	Total Grant	1,401		

Warwickshire County Council

Item No 11

Adult Social Care and Health Overview and Scrutiny Committee

11 April 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

There are no new Task and Finish Groups being considered. Updates on the current Task and Finish Groups are included in Appendix A.

Background Papers

None.

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

Appendix A

DRAFT Work Programme for Adult Social Care and Health Overview and Scrutiny Committee 2012/2013

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Holding Executive to Account	Policy Review/Development	Overview	Maximising independence for older people and adults with disabilities.
30 April 2012	Health Roundtable Event	A roundtable event involving health stakeholders to consider how they will work together to improve health outcomes – agreed by the Committee on 7-12-11	✓		✓	✓
May/June	Quality Accounts – CWPT and GEH	Special meeting to consider the draft Quality Accounts of Coventry and Warwickshire Partnership Trust and George Eliot Hospital			✓	✓
19 June 2012	South Warwickshire Community Response Team	Update report 6 months after implementation. Requested by the Committee on 25-10-2011 (Proposal for South Warwickshire Community Emergency Team)			✓	✓
	Health and Wellbeing Board	The Committee will receive a presentation from Bryan Stoten, Chair of the HWBB giving an update on progress to date	✓		✓	✓
	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			✓	✓
	Care and Choice Accommodation Programme – Ron Williamson	The Committee requested a further report based on 2.4 of the 7 September 2011 report	✓		✓	✓
	Hospital Discharge and Reablement Services – Wendy Fabbro/Rachel Pearce	12 month progress report following the agreement by Cabinet on 14 July 2011 of the recommendations of the Task and Finish Group (subject to financial considerations)	✓		✓	✓
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.			✓	✓
	CAMHS – Kate Harker/Jed Francique	That CWPT bring a further report to ASC&H OSC 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. - That commissioners explore new ways of addressing waiting times including			✓	✓

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Holding Executive to Account	Policy Review/Development	Overview	Maximising independence for older people and adults with disabilities.
		benchmarking 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. - To record its concern with the direction of travel and progress of CAMHS and ask the Director of Operations to report back on 5th September 2012 as to whether the CAMHS is fit for purpose for Warwickshire. Requested by the Committee on 15 February 2012 (Recommendations 6(2), 6(3) and 6(4))				
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	George Eliot Hospital – Kevin McGee	The Committee asked for a further update report at a date to be determined and requested that the issues raised above be considered with the GEH Quality Accounts. (Requested at the meeting on 15 February 2012 meeting – Item 3)			✓	✓
	Physical Disability and Sensory Impairment (PDSI) Strategy – Wendy Fabbro/William Campbell	To consider the PDSI Strategy (deferred from 11 April 2012 meeting)			✓	✓
	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	Maximising independence for older people and adults with disabilities.
	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.	✓		✓	✓
	Transformation Programme - Adult Social Care – Emma Curtis/Gill Fletcher	A report will be brought to ASC&H O&S from the Transformation Programme Office setting out the programme for Adult Social Care. The Chair and Party Spokes will be involved in scoping exercise and the Committee will have the chance to consider the Service Review Scope. This will be followed by the Business Case.	✓	✓	✓	✓

BRIEFING NOTES

SUBJECT OF BRIEFING NOTE	OBJECTIVE OF BRIEFING NOTE	COMMENT / FURTHER INFORMATION
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*

Post Event Analysis on Winter Pressures – Jane Ives	Post Event Analysis on Winter Pressures	*Briefing Note to be requested in late spring*
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)*
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.	*Briefing Note requested for April 2012*

TASK AND FINISH GROUPS

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	Agreed at the meeting on 15 February 2012: "The Chair thanked Councillor Balaam and his Task and Finish Group for the work they had done to date. The Committee agreed to: (1) Endorse the progress of the Task and Finish Group (2) Endorse the proposed next steps (3) Hold a special meeting to consider the response of the Task and Finish Group if required."
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	Agreed at the meeting on 15 February 2012: "The Committee agreed that the Task and Finish Group continue this important work and that a letter should be send from Councillors Les Caborn and Jerry Roodhouse to Stephen Jones, Chief Executive of the Arden Cluster."

Quality Accounts Cllrs Martyn Ashford, Penny Bould, Angela Warner, Claire Watson	To consider the draft Quality Accounts for SWFT, UHCW and WMAS	Report to the Committee on completion	Agreed by the Committee to have a Task and Finish Group to informally meet with SWFT, UHCW and WMAS to agree their draft Quality Accounts