Adult Social Care and Health Overview and Scrutiny Committee

19 June 2012

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on TUESDAY, 19 JUNE 2012 at 10:00 a.m.**

The agenda will be: -

1. General

(1) Apologies

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

Members should declare any interests at this point, or as soon as the interest becomes apparent. If the interest is prejudicial, and none of the exceptions apply, you must withdraw from the room. Membership of a district or borough council only needs to be declared (as a personal interest) if you wish to speak in relation to this membership.

(3) Minutes of the meetings of the Adult Social Care and Health Overview and Scrutiny Committee held on 11 April 2012 and 24 May 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 within the remit of this Committee. Questioners can

speak for up to three minutes.

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) – Update on 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. Rugby Clinical Commissioning Group – Progress towards Authorisation

This report gives an update on the progress towards authorisation made by the Rugby Clinical Commissioning Group and the views of the Shadow Health and Wellbeing Board.

5. Shadow Health and Wellbeing Board – Update

The Committee will receive a verbal update from Bryan Stoten, Chair of the Shadow Health and Wellbeing Board on progress to date.

6. Health and Wellbeing Strategy

The Committee will scrutinise the draft Health and Wellbeing Strategy.

7. Questions to the Portfolio Holders

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

8. Partnership with Health – Update

Wendy Fabbro will give a verbal update on the partnership with Health.

9. 2011-12 Performance Report for Adult Social Care

This report presents the Adult Social Care & Health Overview & Scrutiny Committee with the full year 2011/12 report on the performance of the Adult Social Care service within the People Group.

10. Quality Accounts

This report will present the responses to the Quality Accounts for:

- West Midlands Ambulance Trust
- Coventry and Warwickshire Partnership Trust
- George Eliot NHS Trust.

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.

13. Reports Containing Confidential or Exempt Information

To consider passing the following resolution:

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

14. Care and Choice Accommodation Programme – the future of Warwickshire County Council's Residential Care Home Provision for Older People and Extra Care Housing in Warwickshire - Progress Report

This report gives an update on the Care and Choice Accommodation Programme.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

Councillors Martyn Ashford, Penny Bould, Les Caborn (Chair), Jose Compton (Vice Chair), Richard Dodd, Mike Gittus, Carolyn Robbins, Kate Rolfe (S), Dave Shilton (Vice Chair), and Sid Tooth (S)

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)

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 11 April 2012 at Shire Hall, Warwick

Present:

Members of the Committee	Councillor Les Caborn (Chair) " Martyn Ashford " Penny Bould " Jose Compton " Carolyn Robbins " Kate Rolfe " Dave Shilton " Sid Tooth
District/Borough Councillors	Sally Bragg (Rugby Borough Council) John Haynes (Nuneaton and Bedworth Borough Council) Michael Kinson OBE (Warwick District Council) George Mattheou (Stratford-on-Avon District Council) Derek Pickard (North Warwickshire Borough Council)
Other County Councillors	Councillor Peter Balaam Councillor Barry Longden Councillor Jerry Roodhouse (Chair of Warwickshire LINk) Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care) Councillor Bob Stevens (Portfolio Holder for Health) Councillor Angela Warner
Officers	Phil Evans, Head of Service Improvement and Change Management Wendy Fabbro, Strategic Director of Adult Services Kate Harker, Joint Commissioning Manager Ann Mawdsley, Senior Democratic Services Officer Richard Maybey, Democratic Services Officer Claire Saul, Head of Strategic Commissioning Rob Wilkes, Service Manager – Care Accommodation and Quality
Also Present:	Ann Aylard, Coventry and Warwickshire Partnership Trust (CWPT) Jed Francique, CWPT Bie Grobet, South Warwickshire Foundation Trust (SWFT) Roger Copping, Warwickshire LINk Heather Norgrove, George Eliot Hospital Ham Patel, West Midlands Ambulance Service (WMAS) Rachel Pearce, Arden Cluster Susannah Ramsay, Sanofi Pasteur MSD

Sue Roberts, Arden Cluster
Dr Helen Rostill, CWPT
Martyn Scott, WMAS
Josie Spencer, CWPT

1. General

The Chair noted the membership changes and welcomed Councillor Robbins to her first meeting of the Committee.

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Richard Dodd, Councillor Mike Gittus and Monica Fogarty.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as:
- A disabled person in receipt of Direct Payments
- a service user of Warwickshire County Council services
- a member of GMB
- a member of Unite
- having received training from NHS CAMHS in Birmingham.

Councillor Barry Longden declared a personal interest as his daughter and son-in-law are both employed by the NHS.

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

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012 were agreed as a true record with the following correction:

Page 2 – 1(2) Members Declarations of Personal and Prejudicial Interests

The fifth declaration made by Councillor Penny Bould to be changed from “a private practitioner in psychology” to “she works as a psychotherapist in her own private practice”.

Matters Arising

Page 8 – 4. Report of the Chair of the Paediatric and Maternity Services Task and Finish Group

In response to Item 4 of the agenda of the 15 February 2012 meeting, and to recent events that had taken place, Councillor Peter Balaam, Chair of the Task and Finish Group (TFG) spoke to the update which had been circulated electronically and tabled at the meeting. He made the following points:

1. The Arden Cluster had provided an updated business case (for Option 6), which the TFG considered to be very similar to the previous business case covering 3 options. It was felt that the business case was not clear enough on detail and the equality impact assessment was inadequate, particularly in relation to transport and access.
2. The TFG felt that the revised consultation document should offer an opportunity to discuss issues such as transport and access.
3. There was some uncertainty around the requirement to have a consultation with one option and the TFG had been unable to reach a unanimous view. The update provided the details of the cases for and against consultation.

Councillor Balaam stated that the TFG did however, welcome the decision to go with Option 6, which stakeholders and residents favoured and would best meet the needs of users.

Sue Roberts, Transformation Director for the Arden Cluster stated that there had been a long discussion at the Paediatric and Maternity Steering Group meeting about whether there was a need to hold a consultation and the general view had been that there should be some form of public consultation on the option selected. She added the following:

i. It was not unprecedented to consult on a single option, providing the consultation was clear about the rationale.
ii. In this case the majority were in favour of this option but there was a public expectation that there would be a consultation.
iii. The support of HOSC was being sought for the Arden Cluster to go out to the public with the preferred option and the reasons for that choice, but giving the public the opportunity to say if they preferred a different option, and why.
iv. The consultation document was a draft and still needed to be refined.
v. The business case should not have been expected to change, as Option 6 was covered in the original business case, and the only change had been to the medical workforce rotas. This had been in response to the Royal College of Paediatricians and Child Health

seeking a strengthened workforce rota. She added that the business case was not where the rationale for a proposal was explained to the public, and that the challenge was to ensure the consultation document was clear about what was proposed, what changes would mean for patients and visitors and how patients would experience services differently.

Sue Roberts undertook to provide data on the number of patients that would be affected by the changes.

Following detailed discussion, the Committee agreed the following points:

1. The Committee fully supported the proposals set out in Option 6 and agreed that this option represented a substantial variation to services.
2. The Committee agreed that the Arden Cluster should carry out a public engagement and involvement exercise to inform the public fully of the rationale behind and the implications of the decision, and to give the public the opportunity to comment on the Option. This would not amount to a formal consultation exercise, but was nevertheless important. The details of this exercise, including how this should take place and the timescales, would be agreed with the Task and Finish Group.
3. That the Task and Finish Group continue as a group to work with the NHS Arden Cluster on the development of the consultation document and the public engagement and involvement exercise.

The Chair thanked the Task and Finish Group and Sue Roberts for the work that had been done to date.

Page 9 – 5. West Midlands Ambulance Service

Councillor Dave Shilton was pleased to report that following the February meeting, discussions had been held with WMAS resulting in plans to have a full time paramedic based at Jubilee House in Kenilworth on a 24-hour, 7-days a week basis in the near future. Ham Patel thanked Councillor Shilton for his assistance.

(4) Chair's Announcements

The Chair announced that Warwickshire had been successful in their bid to become a Health Scrutiny Development Area, which involved support from the Centre for Public Scrutiny in moving health scrutiny forward. He thanked Ann Mawdsley for her work in preparing the bid.

2. Public Question Time

None.

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

Jed Francique, General Manager (Integrated Childrens Services) introduced the report and to the latest waiting time data which had been tabled. He acknowledged the issues that had been raised at the February 2012 meeting and assured the Committee that these were being taken seriously. He highlighted the quality of service received by children and adolescents, and added the following:

i. The updated data had shown that there were fewer waiters than had previously been identified.
ii. The increase in the number of neurodevelopmental conditions (mostly autistic spectrum disorder or attention deficit hyperactivity disorder) was due to some extent to schools, nurses and other agencies having a greater awareness of these conditions, resulting in more referrals for assessment.

Dr Ann Aylard noted the complexity of needs of young people accessing the service. In assessing the patient journey six months in or at the point of discharge, and over time, it was clear that accessing CAMHS services had resulted in a positive impact on the lives of these young people. She added that a survey of the service had shown that 95% of parents were completely satisfied with the service.

During the ensuing discussion the following points were raised:

1. It was important that the issues faced by children and young people were recognised and strong effective partnerships were in place to tackle broader issues such as bullying.
2. Young people admitted to hospital for self-harming were not discharged until they had received a CAMHS assessment.
3. The reduction in waiting times since the February meeting was largely due to data validation and robustness of information. Following that meeting an exercise had been carried out where all files were reviewed in order to improve quality of data to ensure data was accurate and robust. Josie Spencer acknowledged that this had been a direct result of the difficult February scrutiny meeting and every effort had been made to ensure the data provided to the Committee for this meeting was as accurate as possible. Jed Francique added that this linked in with other activities being taken on an ongoing basis to address the concerns raised by O&S about the robustness of systems and performance monitoring.
4. It was agreed that the waiting lists for learning disabilities (averaging 50 weeks) was unacceptable. Dr Aylard added that these were not blanket numbers and that referrals were carefully assessed and prioritised.
5. There was a wide variation in condition pathway numbers across the county, partly due to the difference in working practices and arrangements.

CAMHS was aware of the need to have an harmonious approach to service delivery across Warwickshire and were working on this.

6. It was clear that early treatment of neurodevelopmental conditions in children and young people had a significant impact on services and work within the service and with partners was ongoing to develop this pathway. It was agreed that this was a multi-agency issue, and all partners had a role to ensure the patient experience was clear, smooth and streamlined. Dr Aylard added that elsewhere in the country these services were provided by both CAMHS and community services, and in Warwickshire they were only provided by CAMHS.
7. Dr Helen Rostill noted the importance of recognising boundaries of mental health conditions and that the target for CAMHS needed to be more complex needs.
8. Wendy Fabbro stated that the connections for safeguarding were good and that CWPT were represented on the Childrens Trust Executive Board and the Safeguarding Children Board. The precise nature of the Boards and the HWBB had not yet been finalised and there was still an opportunity to contribute to this debate.
9. Jed Francique undertook to provide separate data on numbers waiting and average waiting time for Nuneaton and Rugby.

Jed Francique summed up the commitment of the CAMHS service to move the agenda forward by stating that:

a. CAMHS was committed to providing accurate data.
b. Waiting list management would be improved through the introduction of more robust, efficient systems being put in place.
c. Care pathways would be agreed with all partners, particularly in terms of autistic spectrum disorders, neurodevelopmental conditions, complex behaviours and wellbeing conditions and eating disorders.
d. The workshop that had been held at the end of March had been positive and represented a new start to more effective partnership working.

Councillor Izzi Seccombe welcomed the project improvement and stated that if Warwickshire County Council could have an input in the new developments, this would be helpful. She acknowledged the need to draw a line under the past and to seek consistent improvement. The O&S Committee would monitor this progress.

Josie Spencer stated that CAMHS needed to be clear they had a service improvement project that would demonstrate and enable the proposals going forward.

The Chair thanked everyone for their contributions in moving forward and emphasised the importance that CWPT and WCC moved forward together.

The Committee agreed to receive an update report in June with a further progress report to the Committee at their meeting on 5 September.

4. Virtual Wards

Bie Grobet, Head of Integrated Adult Community Services, SWFT introduced the report setting out the background to virtual wards and the progress that had been made since the report to the Committee in 2011.

Heather Norgrove, Commercial Director, George Eliot Hospital, confirmed that this work had made a big difference to the way the hospital worked with community care and social care, enabling the hospital to have people who needed to be in hospital taking up the beds. She thanked everyone involved.

The following points were raised:

1. Success was very much down to partnership working, including GPs, consultants and hospital staff.
2. The next step was to take the lessons learned in the north to the south of the county. Discussions were also being held with University Hospital Coventry and Warwickshire representatives.
3. User questionnaires were analysed, together with the risk stratification tool to improve information and communication tools for the public. Bie Grobet undertook to provide copies of their leaflet for members of the Committee.
4. Early engagement with patients was crucial to avoiding long-term care or support.
5. There had been an increase in the number of referrals received, and the success had in turn given the commissioners greater confidence.
6. Four beds had been commissioned in the north in a nursing home facility, to allow for patients requiring 24 hour care. These patients were supported by the team to enable them to return to independent living.

Members thanked Bie Grobet for her report and requested a briefing note giving an interim update in six months with a full update report to the Committee in 12 months.

5. Questions to the Portfolio Holders

<u>Councillor Izzi Seccombe</u>

1. Councillor John Haynes asked the following question: “Are you satisfied that Four Seasons Healthcare is a fit provider to commission services from?” If so will you please enquire why the assessment by your Officers is at odds with that of the financial sector?

   In Sept 2011 after SOUTHERN CROSS went under Four Seasons were saddled with a debt of £780m. You may be aware that in 2009 Four

Seasons had further debts of £800m written off, in a debt for equity swap led by state-owned RBS. An independent study in August 2011 found that Four Seasons had “very high risks”.

Councillor Seccombe responded that the Council have very little exposure to Four Seasons in Warwickshire, and this arose through their acquisition of another company's care home rather than WCC directly commissioning with them by choice or tender etc. Despite the rumours regarding Four Seasons' financial position, we do not have sufficient evidence to suggest that we should pro-actively de-commission them (which would involve the transfer of existing residents, placing vulnerable people at risk without any obvious benefit). We are also not experiencing any quality or operational issues with Four Seasons.

Peter Hay, ADASS president, is monitoring the financial situation closely across our region and continues to keep us informed of any developments. His latest update in February maintained that the risk rating could now be defined as medium rather than high, given that Four Seasons have now restructured their debt after taking over a large number of ex-Southern Cross homes. In the same way that we dealt successfully with the Southern Cross situation, I believe we are well prepared to deal with any challenges that could be faced by a significant downturn in Four Seasons' fortunes, especially as this is limited to one residential care home (as opposed to higher dependency nursing) and a small number of out of county placements.

Councillor Seccombe undertook to provide information on the number of residents.

2. Councillor Michael Kinson OBE asked for an update in relation to the disposal of care homes, particularly in the Warwick District Council area.

Councillor Izzi Seccombe responded that a report to Cabinet was scheduled for May, which would set out options for the future.

<u>Councillor Bob Stevens</u>

Councillor Bob Stevens gave a brief update on the health changes, and some of the potential issues facing the County Council.

The Chair noted that the roundtable session on 30 April would look at some of the implications for Warwickshire.

Councillor Dave Shilton emphasised the importance of scrutiny and the need to ensure that Warwickshire had the best deal possible.

Councillor Sally Bragg asked whether the decision for the Rugby CCG to join with the Coventry CCG could be challenged. Councillor Bob Stevens responded that

each CCG had to go through an authorisation process and during this process, there would be an opportunity for stakeholders to express concern or support.

6. Joint Strategic Needs Assessment (JSNA)

Claire Saul introduced the report and the JSNA, setting out the background and revisions to the process, the key themes and the next steps.

During the discussion that following the following issues were raised:

1. The JSNA was an assessment of need and would feed the Health and Wellbeing Strategy would provide targets and performance indicators.
2. Concern was raised about the potential implications for the authority when disability living allowances (DLAs) were replaced with personal independence payments (PIPs). Wendy Fabbro responded that this was a good example of why the JSNA needed to be a dynamic system and that there were instructions within the report giving directions on how to lodge new data such as this for the Observatory to include in the assessment.
3. The launch event was attended by a wide variety of stakeholders and the Editorial Board would also engage with stakeholders of both commissioning and operational routes.

The Adult Social Care and Health Overview and Scrutiny Committee supported the Warwickshire Joint Strategic Needs Assessment Annual Review (2011) and welcomed the assurance that the Health and Wellbeing Strategy would include outcomes and targets set by the Health and Wellbeing Board, and would be brought to scrutiny for consideration before being approved.

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

Phil Evans, Head of Service Improvement and Change Management introduced the report setting out the Quarter 3 position with a correlation between financial and performance data.

It was agreed that performance reports needed to include trend data and benchmarking, including ‘best in class’ information.

The Adult Social Care and Health Overview and Scrutiny Committee accepted the report and agreed that the Quarter 4 performance report should be brought to the committee at their 19 June meeting.

8. Community Meals Consultation Feedback

Wendy Fabbro, Claire Saul and Rob Wilkes introduced the report and highlighted the following:

i. The issue around charging went back to October 2010 when a decision was made by the Cabinet that those who could afford to pay for meals would be asked to do so.
ii. A number of assessments had been carried out with service users.
iii. A report was scheduled to go to the Cabinet on 19 April, when final decision on charges would be made.
iv. Quality standards had been checked and tested, and the decision being sought from the Cabinet was based on the identification of what would be an acceptable market rate.
v. The tendering process was carried out in 2009, based on data provided by the service provider at that time (WRVS). The contract was awarded to County Enterprise (Nottingham County Council), and the deal that had been tendered for has not materialised.
vi. County Enterprise would continue to operate for the remainder of the current contract (to April 2013).

Councillor Kate Rolfe recorded her disappointment that the Portfolio Holder had had to leave the meeting for another appointment. She informed the committee that she had put a question to the Portfolio Holder at full Council on 27 March and asked that the cost not be increased until a full investigation was carried out of the tendering process. Councillor Rolfe added:

a. County Council figures (based on WRVS figures) showed a steady drop-off from 2007-08 onwards, with a 40% drop when County Enterprise took over the contract. Who was this reported to?
b. There was a need for an investigation to be carried out as county council contract monitoring was not as robust as it could be.
c. County Enterprise had based their contract on a charge of £3.95 per meal, which included a 10% profit margin, which the original contract volumes would have amounted to a substantial profit.

Wendy Fabbro responded that the tender process had been scrutinised and confirmed by the Cabinet, and had been carried out by a reputable national organisation. The numbers that had been provided by WRVS did not correspond to the names and addresses of service users that WRVS had provided. She pointed out that community meals did not deal with a fixed number as the number of users was fluctuating and dynamic, and the fluctuation of numbers in this case had fallen within the minimum and maximum tolerances of the contract and would therefore not have been reported to Members.

A discussion followed and the following points were noted:

1. The focus group was drawn from members of the Transformation Assembly, which carried out a range of consultations for the Directorate and included all ages and all service user cohorts. Wendy Fabbro agreed to provide a breakdown of the membership for Councillor Penny Bould.
2. The recommendation was based on the recommendation of that focus group.

3. Benchmarking evidence had shown a general range in West Midlands from £3.90 to £4.95, so a price of £4.25 was middle of the range. This was for a hot meal which compared favourably against the range of £4.00 - £5.50 for frozen meals.
4. There was a discussion around the availability of frozen meals from supermarkets, which could have impacted on the numbers of users of the community meals service. This choice was however, not always available to people in rural communities.
5. It was agreed that, while 11.30 a.m. was acceptable for the delivery of a frozen meal, it was considered early for a hot meal. Wendy Fabbro added that earlier servings did benefit the delivery system.
6. The issues highlighted emphasised the need for more robust work around how governance was monitored by elected members, particularly in light of the shift towards commissioning and more working with the private sector.
7. Reference was made to previous consultation exercises and the work carried out scrutiny on community meals. One of the key findings at the time had been the importance of human contact in the delivery of meals.

Councillor Bob Stevens undertook to share the information discussed at the meeting with Councillor Seccombe.

The Committee, having considered and commented on the report and key decisions being recommended to the Cabinet by the Cabinet member and Strategic Director of the People Group voted on the recommendations of the report individually, and the following was resolved:

Recommendation a. was supported, seven members having voted in favour and three against.

Recommendation b. was supported, seven members having voted in favour and three against.

Recommendation c. was supported, seven members having voted in favour and two against.

Recommendation d. was supported, eight members having voted in favour and one against.

9. Personalisation: A progress update

Wendy Fabbro introduced the report setting out the background to personalisation. She noted that this was one target the Government would like to see 100% achievement on, but this would be challenging for all local authorities, and every effort was being made to encourage users to sign up to personalisation.

The following points arose from questions raised by Members:

1. There were limited powers in controlling how people used personalisation budgets, but comprehensive information packs were provided and the process was being monitored to ensure the right outcomes were achieved. There were independent companies offering information, advice, assistance and advocacy, including in areas such as employment legislation.
2. Advance Housing and Support Limited was a private company offering assistance to service users to help to prepare them for independence, including users with learning difficulties and people needing additional support.
3. The Committee asked for a briefing note in due course on the progress of Personalisation, including the tender for an enhanced support service.

The Committee noted the progress, outcomes and achievements in the delivery of personalised services across Adult Social Care.

The Committee voted in favour of continuing the meeting beyond the three hour duration (Standing Order 30.7).

10. Section 256 Funding to Warwickshire County Council

Wendy Fabbro introduced the report, updating Members on the progress to date in the management of the Section 256 Funding, both in relation to the £6m tranche of social care money to benefit health and the second one-off tranche of £1.4m allocated to relieve discharge pressures.

Members agreed that dementia care needed to remain high on the list of importance in allocating this money.

The Committee noted the report.

11. Work Programme

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

12. Any Urgent Items

None.

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Chair of Committee

The Committee rose at 1.10 p.m.

Minutes of the special meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 24 May 2012 at Shire Hall, Warwick

Present:

Members of the Committee	Councillor Les Caborn (Chair) " Martyn Ashford " Penny Bould " Jose Compton " Mike Gittus " Carolyn Robbins " Dave Shilton " Sid Tooth
District/Borough Councillors	John Haynes (Nuneaton and Bedworth Borough Council) George Mattheou (Stratford-on-Avon District Council) Derek Pickard (North Warwickshire Borough Council)
Other County Councillors	Councillor Jerry Roodhouse (Chair of Warwickshire LINk) Councillor Angela Warner Councillor Claire Watson
Officers	Martyn Harris, Democratic Services Officer Ann Mawdsley, Senior Democratic Services Officer
Also Present:	Andrew Arnold, Consultant Urologist and Medical Director (George Eliot Hospital) Sarah Banks, Director for Performance (Coventry and Warwickshire Partnership Trust) John Linnane, Director of Public Health, Arden Cluster Paul Masters, Assistant Director of Governance (Coventry and Warwickshire Partnership Trust) Heather Norgrove, Commercial Director (George Eliot Hospital) Deb Saunders, Warwickshire LINk Manager Dawn Wardell, Director of Nursing and Quality (George Eliot Hospital) Tracey Wrench, Executive Director of Quality, Safety and Service User Experience (Coventry and Warwickshire Partnership Trust)

1. General

(1) Election of Chair

Councillor Jose Compton, seconded by the Councillor Martyn Ashford, moved and it was Resolved:-

That Councillor Les Caborn be elected Chair of the Adult Social Care and Health Overview and Scrutiny Committee until the election of his successor in accordance with Standing Order 2.10.

(2) Appointment of Vice Chair

Councillor Dave Shilton, seconded by Councillor Martyn Ashford, moved and it was Resolved:-

That Councillor Jose Compton be appointed Vice Chair of the Adult Social Care and Health Overview and Scrutiny Committee until the appointment of her successor in accordance with Standing Order 2.10.

(3) Apologies for absence

Apologies for absence were received on behalf of Councillor Sally Bragg and Councillor Bob Stevens.

(4) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as a psychotherapist in private practice in Warwick.

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

(5) Chair's Announcements

The Chair welcomed Martyn Harris. Democratic Services Officer, to the meeting and announced that Martyn would be managing the new approach to Quality Accounts for 2012-13. He also welcomed Deb Saunders and Councillor Jerry Roodhouse, who were attending on behalf of Warwickshire LINk and John Linnane, Director of Public Health.

2. Quality Accounts

Ann Mawdsley outlined the process that had taken place to consider the Quality Accounts for 2011-12, using both a Task and Finish Group and the full Committee.

2.1 George Eliot Hospital

The Chair welcomed Andrew Arnold, Heather Norgrove and Dawn Wardell to the meeting.

Andrew Arnold introduced George Eliot Hospital's Quality Account.

The Committee agreed the following response:

The Adult Social Care and Health Overview and Scrutiny Committee welcomed the opportunity to consider the George Eliot NHS Trust's Quality Account for 2011/12 and fully supported the document.

The Committee would wish the following points be noted:

1. The report was clear and easy to read.

2. The Committee welcomed that the Quality Account was honest and took into account the concerns of partners and the public.

3. The approach to the mortality index was commended.

4. The Committee commended the direction of travel being taken by the Hospital, but felt that the Quality Account needed to reflect a stronger ethos around health improvement, prevention and awareness, which needed to reflect the issues relevant to the population the Hospital service. Specific areas that were highlighted were:
   - Page 19 – Section Three: Looking Back on 2011/12 only included a photograph of the Health Check programme, but it was felt that the good work achieved should be included and celebrated.
   - There was no mention in the Quality Account about "Every Contact Counts".
   - There needed to be greater emphasis on the partnership working that was taking place, such as with Adult Social Care and the South Warwickshire Community Service, and dealing with issues such as dementia. This would promote the organisation.
   - There needed to be a clearer message about the prevention work being done to reduce pressure sores.
   - The good work being done on nutrition and hydration needed to be included under the "Looking After People" section.
   - An explanation of the breaches in relation to mixed-sex wards needed to be included.
   - Interventions and minor incidents needed to be recorded, together with an explanation of the reasons for any fluctuations.

5. The Committee welcomed the "EXCEL" vision and the work being done to improve the patient experience and to change the culture of the hospital.

6. The Committee acknowledged the need for ensuring correct coding that matched

The Committee thanked Andrew Arnold, Heather Norgrove and Dawn Wardell and looked forward to continuing to work positively with the George Eliot Hospital in the future.

2.2 Coventry and Warwickshire Partnership Trust

The Chair welcomed Tracey Wrench, Paul Masters and Sarah Banks to the meeting.

Paul Masters and Tracey Wrench introduced the Quality Account for Coventry and Warwickshire Partnership Trust for 2011-12.

The Committee agreed the following response:

The Adult Social Care and Health Overview and Scrutiny Committee welcomed the opportunity to consider the Coventry and Warwickshire Partnership Trust's Quality Account for 2011/12.

The Committee would wish the following points be noted:

1. The Committee welcomed the use of visual aids, but generally felt that the Quality Account was a health professional document and not a layman document. They acknowledged the fact that a simpler version would be produced alongside the Quality Account, but felt the complexity of the document detracted some of the positive achievements made by the Trust.

2. There needed to be a greater emphasis placed on mental wellbeing being and health promotion work. There was no mention made on physical health or "Every Contact Counts".

3. The Trust's vision on quality was not explained clearly enough to give justice to the good work being done by the Trust.

4. The following specific areas were highlighted as needing more information or an explanation included:
    - Data needed to be accompanied by a clearer explanation of why priorities were set, and what the outcome had been. An example of this was on page 3 – 1.1 reporting on the 'Preventing Suicide Toolkit'. CWPT were the lead Trust for suicide prevention and were recognised as a Trust for being very community-focused and this needed to be highlighted in the Quality Account.
    - There were a lot of acronyms and medical terms, and the glossary needed to be included with early drafts.
    - The presentation of data needed to clearly demonstrate baseline information (for example in the table on Inpatient Mental Health Services on page 21).

- It was agreed that on page 43 – 3.6 Information Governance Toolkit, that the reference to 3 breaches should include a common sense of criteria.

5. The description of the work done in partnership with Warwickshire County Council and the NHS on out-of-area placements did not reflect the excellent work that had been done, particularly as one of the biggest challenges was to deliver care for the most vulnerable people.

2.3 Response to the Quality Account of South Warwickshire Foundation Trust and University Hospitals Coventry and Warwickshire

The Chair thanked the Task and Finish Groups (for South Warwickshire Foundation Trust – Councillors Martyn Ashford, Claire Watson and Penny Bould and for University Hospitals Coventry and Warwickshire – Councillors Martyn Ashford, Claire Watson, Angela Warner and Sid Tooth) for the work they had done in responding to the Quality Accounts 2011-12.

The Committee agreed the responses to the Quality Account of South Warwickshire Foundation Trust and University Hospitals Coventry and Warwickshire.

…….
Chair of Committee

The Committee rose at 12.35 p.m.

Item 3

Coventry and Warwickshire NHS Partnership Trust

Adult Social Care and Health Overview and Scrutiny Committee, 19th June 2012

Child and Adolescent Mental Health Services (CAMHS) Current Position and Action Plan

1. INTRODUCTION

1.1 The significant waiting times for CAMHS have been a matter of both internal and external concern.

1.2 This paper sets out the following:

a) The current picture of waiting lists and waiting times;
b) The capacity requirements to reduce the waiting lists;
c) Service outcomes and service user satisfaction;
d) An update on service improvement activity.

2. CURRENT WAITING LISTS / TIMES

2.1 Work has been on-going to develop a definitive picture of the number of children and young people waiting for CAMHS in Warwickshire and to understand the workforce capacity and process improvements required to alleviate their waiting times. To ensure accuracy in reporting our current position we have been working to improve data systems and data capture within the service. The following section sets out information about Warwickshire waits as of 31st May 2012.

2.2 The key points of the current picture are:

a) Waits and waiting times in Warwickshire reflect the historical lack of a 'single service' approach, which has resulted in inconsistencies in relation to systems, processes and clinical capacity across localities - these issues are being addressed.
b) As at the end of May 2012, there were a total of 282 children and young people on CAMHS waiting lists across Warwickshire. See table 1 for details
c) In Warwickshire there are no outstanding waits for an initial assessment – current referral to assessment times meet our 7-week target.
d) Of the 282 children and young people who are waiting to access a treatment pathway, 134 (48%) are waiting to access neurodevelopmental pathways (including ASD).
e) Since the CAMHS report was tabled at the April 2012 Adult Social Care and Health Overview and Scrutiny Committee meeting, there has been a 40% reduction in the total number of children and young people waiting to be seen in CAMHS, from 473 to 282. Based on South Warwickshire data, 12% of this reduction can be attributed to continued validation of the waits and 88% to the increased workforce capacity (see details below).

Table 1: Warwickshire CAMHS Waiting List / Times

CAMHS WARWICKSHIRE WAITING LIST/TIMES					
Pathway	**North Warwickshire**	**Rugby**	**Leamington, Warwick & Kenilworth***	**Stratford**	**Total Waiters per Pathway**
Initial assessment	**0**	**0**	**0**	**0**	0
Complex behaviours	**32** Av = 26.8 wks Range = 11-64 wks	**17** Av 5.3 wks Range = 1-17 wks	**6** Av = 22 wks Range = 12-33 wks	**3** Av = 36 wks Range = 27 - 48 wks	**58**
Emotional distress & wellbeing conditions	**32** Av = 24.5 wks Range = 8-69 wks	**15** Av = 31.5 wks Range = 17-68 wks	**19** Av = 13 wks Range = 6-26 wks	**20** Av = 17 wks Range = 5-33 wks	**86**
Neuro-developmental conditions (incl ASD)	**44** Av = 25.3 wks Range = 10-60 wks	**19** Av = 36.5 wks Range = 17-76 wks	**36** Av = 20 wks Range = 5 - 35 wks	**35** Av = 28 wks Range = 7-59 wks	**134**
Psychiatric	**3** Av = 18 wks Range = 14 - 25 wks	**1** Av = 47 wks	**0**	**0**	**4**
GRAND TOTAL	**111** Av = 23 wks Range = 8 -64 wks	**52** Av = 35 wks Range = 5 -35 wks	**61** Av = 18 wks Range = 11 - 68 wks	**58** Av = 25 wks Range = 5 - 59 wks	**282**

** Includes surrounding villages and Southam*

2.3 Contractual waiting time targets

It should be noted that waiting time targets for CAMHS have been included within the 2012/13 contract which will require achievement of the following:

By 30.09.12 (Q2):	<9 weeks for referral to assessment <9 weeks for referral to treatment
By 31.12.12 (Q3)	<8 weeks for referral to assessment <8 weeks for referral to treatment
By 31.03.13 (Q4)	<7 weeks for referral to assessment <7 weeks for referral to treatment

The non-achievement of these targets will attract financial penalties.

3. CAPACITY PLANS

3.1 It is clear that additional capacity is required to reduce the waiting lists and waiting times to acceptable levels within reasonable timescales.

3.2 A great deal of work is being undertaken to secure additional clinical capacity (psychological therapists, psychiatrists & nursing) and administrative capacity. Some existing CAMHS staff have agreed to increase their hours and additional locum capacity is being sourced for an initial 3 month period.

3.3 A series of projections were presented to the CWPT Executive on 21st May based on the number of waits as of the end of April 2012. The formula calculates the additional workforce capacity required to clear waits by week beginning 28th October 2012 and can be seen in figures 1 and 2 below. The overall position is summarised below and is based on a number of assumptions:

- The calculations for the neurodevelopmental conditions reflects an ASD model allocating 6 hours of care, which includes assessment and initial treatment, with patients then being discharged / signposted.
- It is assumed that patients with emotional distress conditions and complex behaviour conditions will have an initial assessment and then receive an average of 9 fortnightly follow-up appointments. It is assumed that approximately one-third of this required capacity will be found from within the existing workforce through streamlined processes, with the remainder requiring additional locum capacity.
- Assumptions have been made as to how many new patients need to be seen to cover the new referrals whilst also reducing the backlog at an appropriate rate.
- It is also worth noting that locum Psychiatry time has also sourced to ensure children on the psychiatric pathway are picked up as quickly as possible.

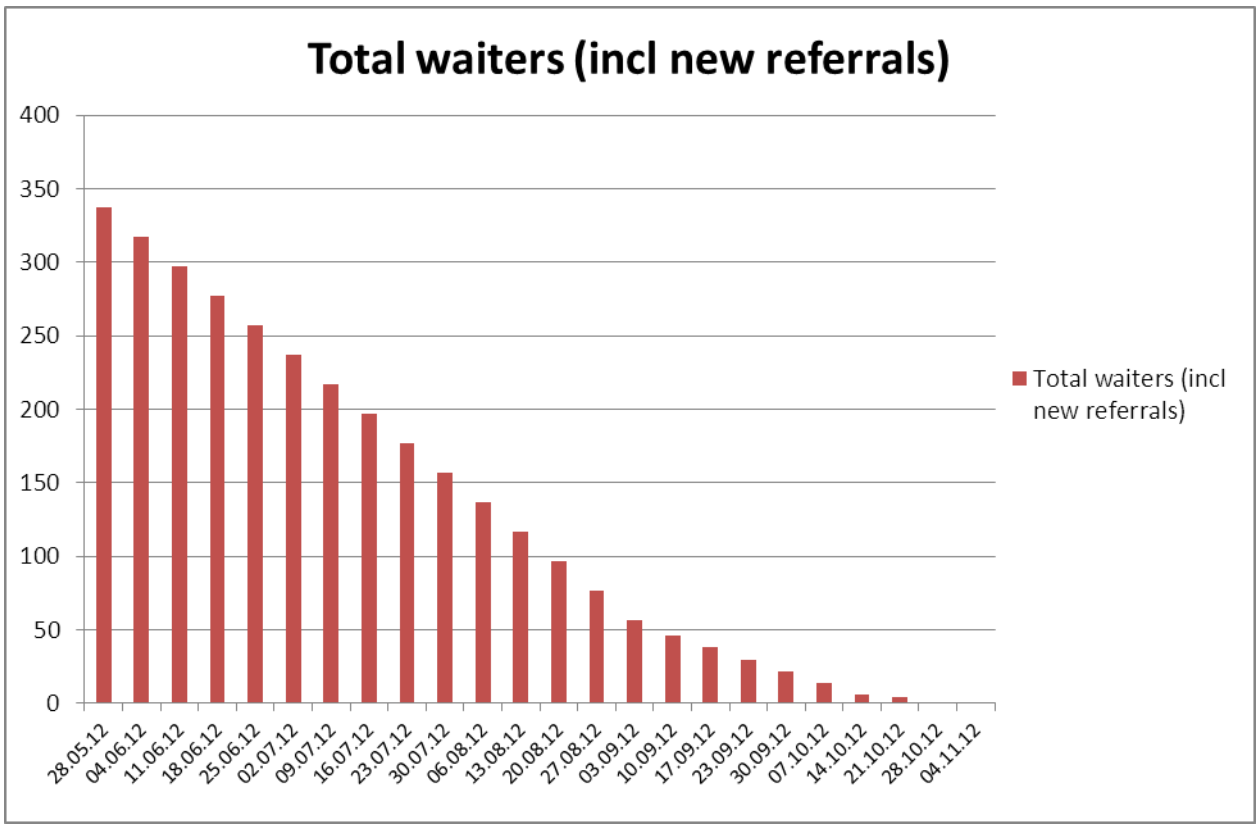
Table 2: Capacity – waiting list & new referrals

CAPACITY – WAITING LIST & NEW REFERRALS				
	Neurodev (incl ASD)	**Complex Behaviours**	**Emotional Distress**	**TOTAL**
WTE Staff required to see waiting list & follow ups	2.2	5.2	7.6	15.0
Number of weeks to clear Waiting List (incl follow ups)	15 wks	22 wks	21 wks	
New appointment to follow-up appointment ratio	No follow-ups	1:9	1:9	

(WTE = whole time equivalent staff)

The figure below highlights the reductions in the total number of waiters if additional capacity, as highlighted above, is put in place.

Figure 1: Overall waiters



The above figure indicates that all children & young people will be seen by the week commencing 28th October 2012 if the additional capacity identified above is in place by the week commencing 4th June 2012.

We currently have 5.0 wte locum staff in place or in the pipeline and are working hard to source other appropriately skilled staff. However, identifying a sufficient

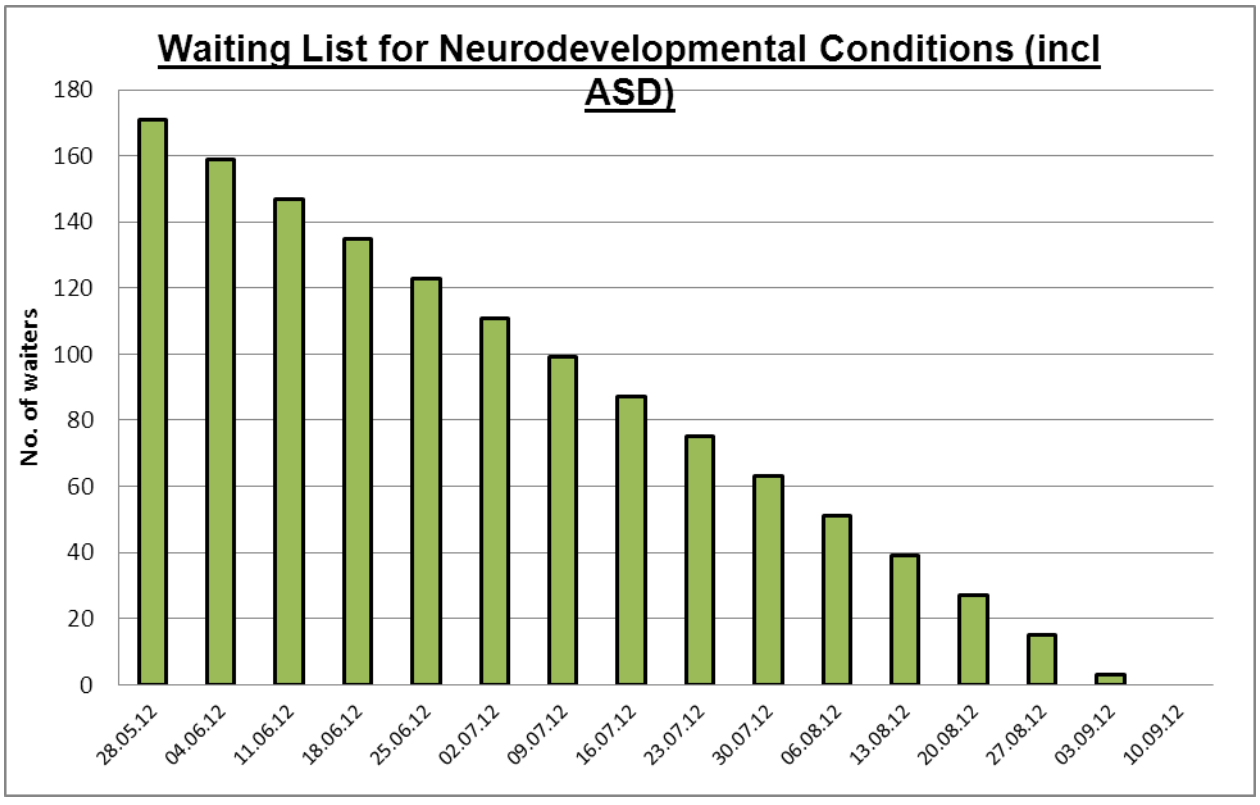
number of individuals who are highly competent in the delivery of evidence-based child and adolescent mental health interventions is proving challenging. This deficit is a national problem and is referred to in the Government's four-year plan to improve access to talking therapies. To address these issues we have developed a recruitment strategy with CWPT Temporary Staffing Office and an external recruitment agency which has involved a national advertising campaign and weekly service reviews of available CVs. We are also negotiating with a private provider to support our initiatives to reduce the number of waiters on the neurodevelopmental pathway.

To date CWPT has invested £125,597.00 in temporary staffing and a paper will be going to the Finance and Performance committee in the second week of June setting out the case for further investment.

3.3 Neurodevelopmental Conditions (including ASD)

As 48% of the waits in Warwickshire relate to neurodevelopmental conditions, further details of waiting list projections for this particular pathway are given below. The information below highlights the trajectory for reducing the number of children and young people on the waiting list for neurodevelopmental condition pathways.

Figure 2: Waiting list for neurodevelopmental conditions



This scenario requires an additional 2.2 wte capacity in place.

Assuming that the required capacity is in place at the week commencing 4th June 2012, all children and young people on the waiting list will be seen by the week commencing 10th September 2012 (i.e. within 15 weeks).

It is important to note that the work to reduce the waiting list for ASD patients in Warwickshire requires support / collaboration from commissioners and partner organisations. Over the next 16 weeks the CAMHS waiting list initiative is likely to result in an increased number of children receiving an ASD diagnosis and requiring services from partner agencies, such as Integrated Disability Services (IDS), SWFT and Education. It is important that commissioners are aware of the additional demand and capacity impact the CAMHS waiting list blitz is likely to have on our partners and are able to mitigate additional stresses within the system.

4 Outcomes delivered by the service

4.1 Work is on-going to track clinical outcomes within CAMHS which is helping to provide a better understanding of the overall impact of the service and to gauge service user 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.

4.2 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 (CAMHS Outcome Research Consortium). Nevertheless, our service delivers meaningful change that patients and parents are satisfied with. The graphs below highlight the improvements in wellbeing experienced by children and young people accessing Warwickshire CAMHS between January and March 2012. These improvements follow the same trends as in the previous quarter. According to parents and the youngsters' self reports, there is a significant reduction in the impact of mental health problems on daily activities and relationships over the course of treatment. Likewise, clinicians report a marked reduction in children's symptoms six months into treatment or at the end of care. Figure 4 shows that the level of emotional and behavioural difficulties identified at first contact (time 1) has fallen below the level of clinical significance by time 2.

Figure 3: Impact of Emotional and Behavioural Difficulties for Children

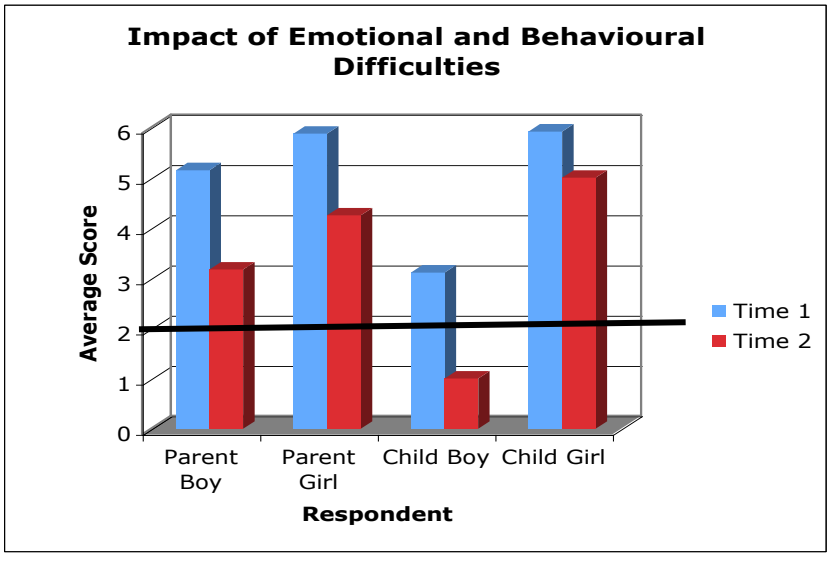
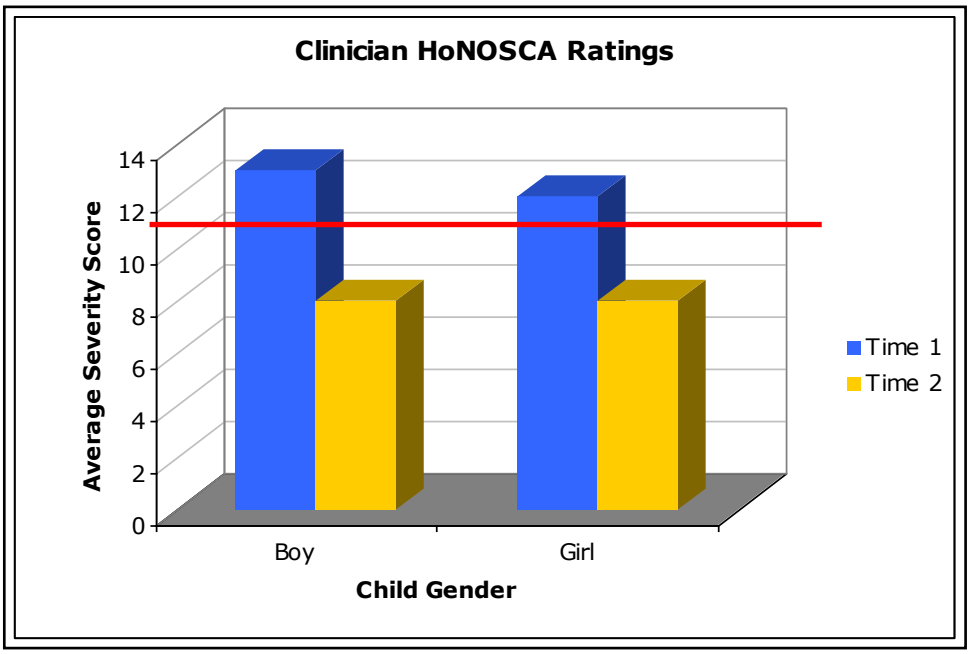


Figure 4: Clinician Ratings of Children's Emotional and Behavioural Difficulties



Level of clinical significance

4.3 Between 21st and 25th May 2012 we invited all families attending Warwickshire CAMHS to participate in a service user satisfaction survey. 130 parents and 83 children/young people completed the Experience of Service Questionnaire and results showed an overall satisfaction with the services received. Figures 5 and 6 show that 94% of parents and 88% of children/young people were either completely or partly satisfied with the services they received. However, in terms of future improvements, families told us that they would appreciate more information about the range of help on offer within the service and greater flexibility of appointment scheduling. We are intending to incorporate this feedback into the CAMHS service improvement project.

Figure 5: Parent/Carer Service Satisfaction

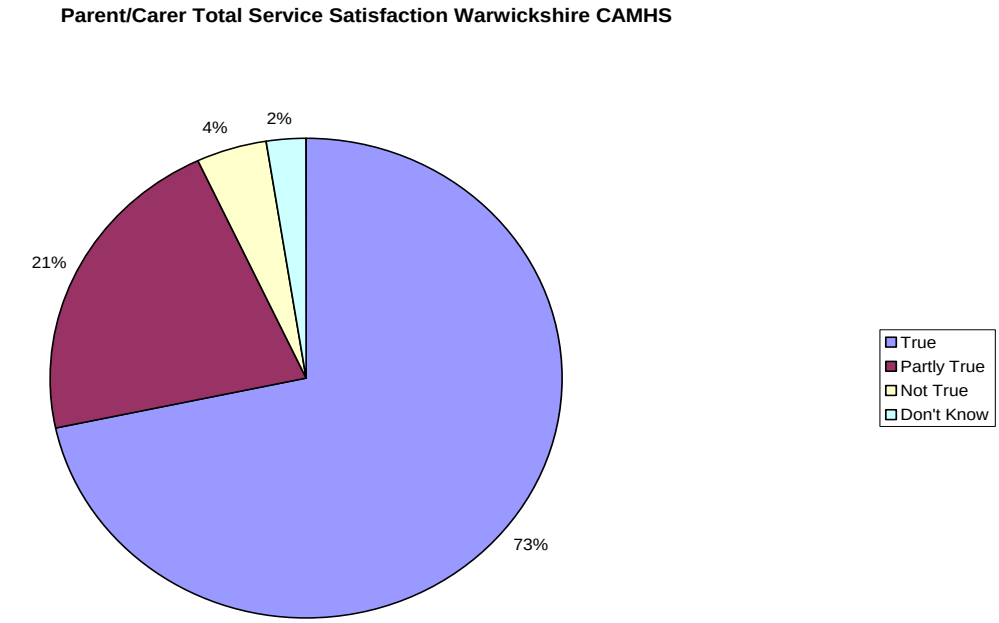
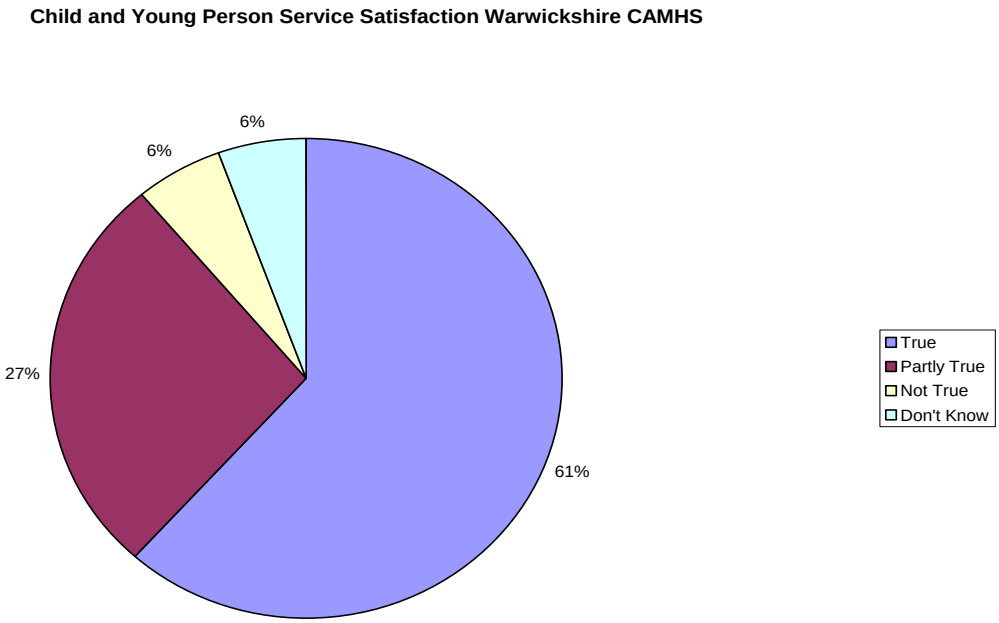


Figure 6: Child/Young Person Service Satisfaction



5. ACTION UNDERWAY

5.1 Initiation of a formal service improvement project

A formal service improvement project has been established to deliver a focused and systematic approach to improving waiting times and to drive associated service improvements. An initial workshop took place on 16th April and there have been 3 Project Team meetings since. Phase 1 of this project is anticipated to have a 6 to 9 month lifespan.

There are 4 main workstreams:

- Capacity & demand work, including waiting list management and triaging;
- Data quality and validation work;
- Development of integrated care pathways, with a specific initial focus on the ASD pathway;
- Stakeholder engagement and communications.

Governance arrangements include reporting lines ultimately to Trust Board, as well as reporting arrangements to appropriate Commissioner bodies. External stakeholders – including Commissioners, Warwickshire County Council and South Warwick Foundation Trust have 'signed up' to be involved in the project.

Progress to date includes the following:

a) **Waiting list management & booking centre arrangements:** An interim Waiting List Manager (Integrated Children's Services) commenced in post on 21st May 2012. The focus of this role will be to implement robust, systematic waiting list management and booking arrangements, and to draw together a team of existing staff who are currently located in different parts of the Integrated Children's Services business unit. This work will help the move towards a Single Point of Entry and Single Point of Access for Integrated Children's Services.

b) **Data quality & validation work:** We have been working to improve the quality and accuracy of CAMHS activity data. To ensure that waits can be managed and reviewed on a weekly basis we have centralised the CAMHS waiting list onto one shared drive, accessible from each locality. In addition, all waiters have been reviewed by managers and clinicians to ensure clinical need is clearly identified and accurately logged on the waiting list. We are also in the process of contacting all families who have been waiting over 3 months to review the current situation and establish if a service is still required. To improve data quality caseload and activity data is being reviewed with clinicians on a regular basis and checked against the data captured by our information systems. The information systems are also being reviewed as part of the CAMHS improvement project.

c) **Capacity & demand work:** As highlighted above, work has been undertaken to determine the capacity requirements to address current

waiting lists. Work has also been undertaken to map the job plans of clinicians to better understand clinical capacity, which will help us to deliver a more consistent, equitable and robust approach to service access.

d) **Stakeholder Communication & Engagement:** CAMHS is engaging with key meetings and networks, such as the Warwickshire CAMHS Strategy Group. Work is underway to write to all families with children on the waiting list to highlight the service improvement work underway that will deliver improved waiting times. This will also have the benefit of further validation of the waiting list by identifying families who may no longer need to access CAMHS.

Work has also been underway to provide a broader picture of the patient experience and specifically to identify key themes that will drive improvement (see above). To date this work has included a survey of children, young people and their families' satisfaction with the service, and a brief review of common themes logged by clinical staff covering the CAMHS duty call system. The duty system provides a first point of telephone support/contact for parents/carers and referrers. Findings of the review show that approximately 50% of duty calls relate to concerns or complaints about waiting times, 40% involve professionals seeking guidance about referral criteria or information about a named child, and 10% come from parents seeking support with managing their child's emotional and behavioural needs. Findings from this brief review will be feedback into the CAMHS improvement project.

e) **ASD Pathway:** Significant work has been undertaken to develop a streamlined, multi-disciplinary pathway for Autistic Spectrum Disorder (ASD), which reflects good practice and NICE guidance. This work has included mapping existing services and collecting intelligence about patient flow and is now being pulled together under the auspices of the service improvement project. Two Commissioner lead events have been arranged on 13th and 21st June to share the proposed pathway developments and agree a way forward with key strategic partners.

5.2 Interim management arrangements

Interim management arrangements have been put in place within CAMHS to strengthen operational management capacity and focus. This has created an Interim Head of Service for CAMHS, the addition of a third Service Coordinator – leading to 1 for each team – and the line management of all non-medical operational staff via the Service Coordinators.

Work has been underway to strengthen service systems and processes, and to ensure our data capture and reporting is robust. This will be further enhanced by the addition of an interim Performance & Information Manager for Integrated Children's Services, for whom CAMHS will be a priority.

5.3 Replacement of CAPA & waiting list management arrangements

Interim processes are being put in place to replace CAPA to enable CAMHS to better manage the patient journey from referral to assessment and from assessment to treatment – please note that the targets within this year's contract are constructed in this way.

These interim arrangements will take the best bits of the current CAPA processes, as well as good practice from elsewhere. The objective is to introduce a streamlined, sustainable and efficient process which provides a simpler path to treatment, makes best use of clinicians' time, and is easier for families to understand. Early thoughts suggest that key elements of this interim process may include the following:

a) a robust initial assessment at the 'front end' which is likely to average 90 minutes plus 30 administration time;
b) regular multi-disciplinary groups meetings to provide support to clinicians to unblock / progress complex cases;
c) treatment which is delivered in 6-session blocks and reviewed at the end of each 6-session block to determine the best future course of action;

5.4 CWPT investment in additional workforce capacity

CWPT has made a commitment to fund additional locum staff for 16 weeks to help to significantly reduce the waiting lists and improve access CAMHS across Warwickshire (see above section on workforce capacity).

Contacts:

Josie Spencer, Director of Operations (Community Services)
Jed Francique, General Manager for Integrated Children's Services

Item 4

Item No 4

Adult Social Care and Health Overview and Scrutiny Committee

19 June 2012

Rugby Clinical Commissioning Group – Progress towards Authorisation

Recommendations

That the Adult Social Care and Health Overview and Scrutiny Committee consider the progress made by the Rugby Clinical Commissioning Group and the minutes of the Shadow Health and Wellbeing Board.

1.0 Views of the Shadow Health and Wellbeing Board

The Shadow Health and Wellbeing Board considered a report from the Rugby Clinical Commissioning Group on Progress towards Authorisation at their meeting on 22 May 2012. The following excerpt of the draft minutes from that meeting sets out the views of the Shadow Health and Wellbeing Board:

> "Stephen Jones provided a general overview of the move by the CCGs towards authorisation, explaining that significant progress had been made over the last two months. Debate had focused on the viability of a separate Nuneaton and Bedworth CCG and on the possibility of a combined Rugby/Coventry CCG. It is anticipated that South Warwickshire CCG will fall under wave 2 whilst the others will be in wave 4. There has also been some debate around the size and shape of the areas covered by the NHS Commissioning Board Local offices. It is likely that the model agreed will cover an area significantly larger than Coventry/Solihull/Warwickshire. Monica Fogarty informed the meeting that Warwickshire County Council would favour a local office that covered the Arden Cluster footprint. (She agreed to email this to Stephen Jones thus creating an audit trail for him). However, acknowledging that this was unlikely she called for a local area that was as compact as possible. Wendy Fabbro expressed concern that an office that covers a large area may not give integration the emphasis it deserves. In response to a question from Councillor Roodhouse the meeting was informed that the consultation letter concerning the local offices had not been sent specifically to LINk.
>
> Regarding the development of a combined Rugby/Coventry CCG, Charlotte Gath apologised for not bringing the matter to the March 2012 Board meeting. She explained that consideration had been given to having a stand-alone Rugby CCG but the 100k population of the area would have been too small. She informed the meeting that the

CCG had sought to be as transparent in its dealings as possible and had requested the views of many stakeholders. The Rugby/Coventry configuration had been agreed on 2nd May 2012. Charlotte disputed that it was the role of the board to comment on the configuration of CCGs but the Chair stated that a concern with the integration of health and social care and the mechanisms to achieve it lay at the heart of the health and Wellbeing Board's role. Acknowledging the current position, Councillor Roodhouse suggested that moving forward, the key will be to look at how patient engagement will work. He explained that following a visit to UHCW he had come away concerned over the future plans for Rugby St Cross Hospital. He felt that not enough consideration had been given to the plans for the future development of Rugby and the pressure this will apply on health services. Councillor Timms' concern was that almost regardless of the structure agreed, the key is to ensure good service delivery. She reiterated the concerns about the future of Rugby St Cross.

There followed a discussion around the level of engagement of stakeholders in this matter. It was acknowledged that with the new relationships between local authorities and the health economy lessons are to be learned. It was also recognised that should it be found in the future that the Coventry/Rugby model does not work effectively the matter will be reviewed.

Stephen Jones noted that local authority boundaries do not always reflect patient flows and emphasised the need for agreement on the Coventry/Rugby model. Councillor Roodhouse called for a degree of consistency of approach by CCGs to communication with LINk/Heathwatch.

The Board resolved that the Shadow Health and Wellbeing Board:

1. Accepts the principle of closer working between Rugby and Coventry CCGs in order to pool knowledge and good practice, clinical capacity and leadership, achieve economies of scale, and commission effectively in line with patient flows.

2. Accepts, as a fait accompli, the progress made by Rugby CCG in working towards a single Coventry and Rugby CCG structure which will greatly strengthen the CCG's commissioning role with its main provider UHCW (University Hospitals Coventry and Warwickshire) and thereby help to strengthen, develop and protect services for residents at St Cross Hospital, Rugby and in the community.

The Chair invited Dr David Spraggett to update the board on the position regarding the South Warwickshire CCG. Having explained how the CCG might be put into wave 3 he offered to produce a briefing note for the board and provide a copy of the CCG's vision document and strategy. This was welcomed. Finally David Spraggett assured the

board that any 360 degree assessment undertaken would go to many stakeholders."

2.0 Key Issues

2.1 Rationale for a single CCG: Rugby CCG was amber rated for authorisation by the Strategic Health Authority (SHA) in November 2011. The CCG was rated green for all criteria except size, the population of under 100,000 posing potential risks on clinical risk management grounds and on management capacity and resources. The Rugby CCG Executive team have at all stages been committed to a strong local identity and locally based commissioning team for Rugby but recognise that our main provider UHCW, and mental health provider, Coventry and Warwickshire Partnership Trust (CWPT) are countywide organisations. Rugby GPs supported the view that the CCG's commissioning role would be considerably strengthened by working more closely with the two former Coventry CCGs, and that this would be of clear benefit to Rugby patients and our population, and voted in support of working towards a single CCG governing body, with three underlying locality structures in March 2012.

2.2 The options appraisal with proposals for joint working which went to Rugby and Coventry GPs was also sent out to Health and Wellbeing Board senior colleagues in February 2012 and no comments were received at that time. This options appraisal document was sent to all HWB members last month. Warwickshire County Council and Rugby Borough Council are both represented on Rugby CCG's Partnership Board which meets monthly, at which all the background to the above has been discussed regularly since November 2011 and no concerns have been expressed to date. We are now seeking the endorsement of Warwickshire HWB in working towards authorisation as a single CCG governing body across Rugby and Coventry in Autumn 2012, which will become fully operational in April 2013.

3.0 Background

3.1 Rugby CCG will continue to have a strong locality team, including Chief Operating Officer and GP clinical leads, based in a Rugby locality office.

3.2 Rugby CCG will continue to work closely with our CCG colleagues in North and South Warwickshire, and as part of the countywide federation of CCGs, and will maintain a Warwickshire perspective in commissioning services for our Rugby population.

3.3 Rugby CCG will continue to be represented on Warwickshire's Shadow Health and Wellbeing Board and remains committed to the key priorities identified in the Warwickshire JSNA and implementation of these through our local health strategy and to tackling health inequalities in our population.

3.4 Rugby CCG will continue its strong working relationships with public health colleagues, Warwickshire County Council and Rugby Borough Council on behalf of Rugby residents, and there will be no changes to the commissioning of social care for Rugby.

3.5 Rugby CCG will work with South Warwickshire Foundation Trust (SWFT) and both UHCW and CWPT to ensure seamless community services working across acute and community settings for the benefit of our residents and aiming to reduce unnecessary admissions and ensure timely and effective discharge arrangements from hospital.

3.6 Rugby CCG will continue to offer patients choice in terms of care in hospital settings, but we recognise that in Rugby making best use of the St Cross site in providing local services is a priority for our local population.

3.7 Rugby CCG will continue to work with Warwickshire Health and Scrutiny to oversee the above.

3.8 We are aware that concern has been expressed regarding future working in Warwickshire with a new combined CCG and hope that the above provides some reassurance. We believe the benefits of maximum leverage in commissioning from a large acute provider, and developing a structure which reflects patient flows into acute care, outweigh the potential disadvantages of working with two local authorities, and are of particular benefit to Rugby residents in considering future services at St Cross. Our current partnerships and working relationships in Warwickshire are good and will be maintained and strengthened under the new combined CCG structure.

4.0 Timescales associated with the decision/Next steps

4.1 On May 2nd 2012 the Rugby and Coventry CCG teams met together and agreed to a timetable of joint working with a view to authorisation as a single CCG governing body in Autumn 2012.

4.2 Coventry and Rugby CCGs' Executive teams will be meeting as joint Board-to-Board and management team meetings from 1st June and the Rugby team will ensure effective representation in all decision-making processes.

4.3 Recruitment is underway for the key roles of Chair and Accountable Officer, both of which will be local GPs, for a new combined CCG.

4.4 Further feedback on this process will be available at the next HWB in June.

	Name	**Contact Information**
Report Author	Dr Charlotte Gath Rugby CCG Clinical Lead	charlotte.gath@warwickshire.nhs.uk

Item 6

Agenda No 6

Adult Social Care and Health Overview & Scrutiny Committee

19th June 2012

Warwickshire Health and Wellbeing Strategy
Public Consultation Plan

Aim

To consult on the draft Warwickshire Health and Wellbeing Strategy with public and partners

Timing

12 weeks between 11th June and 3rd Set 2012

Date	Action
Completed	WCC Website team aware of consultation
Completed	WCC consultation lead informed and supporting consultation
Completed	NHS Warwickshire comms team aware of consultation
22nd May	Draft approved by HWBB for public consultation
22nd May-11th June	Consultation hub webpage created Survey Monkey page created Hard copies printed Press releases drafted
11th June	Launch • Press releases • Websites live • Hard copies mailed out • Email with weblink circulated
19th June	Adult Social Care and Health Overview and Scrutiny Committee
3rd Sept	Close of public consultation
3rd -13th Sept	Analysis of responses
13th Sept	Consultation response and final version of strategy circulated to HWBB members
20th Sept	Final version considered for adoption at HWBB

Methods of Engagement

- Consultation website on WCC consultation hub and NHS Warwickshire website
- Press releases
- Presentations on request
- Notices via community forums, CAVA
- Covering letters with weblink to smaller providers of health and social care including GP practices and patient/user interest groups

- Direct mailing of copies to:
    - MPs
    - Chief Execs of:
        - SFWT
        - UHCW
        - GEH
        - CWPT
        - Each D&B council
        - WCC
        - WCAVA
        - West Midlands Ambulance Service
        - Warwickshire Police
        - Warwickshire Probation Trust
        - Warwickshire Fire and Rescue
        - Youth Justice Service
        - Warwick University
    - Executive GPs and COOs of each CCG
        - CCGs to forward to patient participation groups
    - Leaders of:
        - Each D&B council
        - WCC
    - Each Warwickshire County Council elected member
    - Each District and Borough Council elected member
    - Warwickshire Local Medical/Dental/Pharmacy Committee
    - SWFT and GEH patient groups
    - Warwickshire Race Equality Partnership
    - LINks
    - League of Friends: SWFT, GEH, Ellen Badger, St Cross
    - Headteachers of Warwickshire Schools and Colleges

Feedback methods

- Online website questionnaire with automatic analysis (survey monkey)
- Email (designated email address)

- Tear out in document and mailed response (freepost address)
- Formal responses from partners

Printing

- 300 printed copies

Mike Caley
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Warwickshire Joint Health and Wellbeing Strategy 2012-2015

Public Consultation: June-September 2012


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Introduction

"In Warwickshire people will live longer, in better health and be supported to be independent for as long as possible. We will see the people of Warwickshire free from poverty, have a decent standard of living and no child will start their lives at a disadvantage or be left behind."

This Health and Wellbeing Strategy is a plan that has been developed between the NHS, social care, public health and local authorities in Warwickshire who are represented on the Warwickshire Shadow Health and Wellbeing Board.

This document sets out where we would like Warwickshire to be heading in terms of health and wellbeing. It does not set out a detailed plan of how we will get there. It is up to each of the partner organisations on the Health and Wellbeing Board to put forward their own plans of how they could contribute to moving towards where we want to get to.

We think that we can best achieve this vision by integrating and coordinating our services as much as possible. Our focus is on the need to improve people's "life course", to improve their health and wellbeing rather than reacting to problems. We must make sure that we invest more in keeping people well and able to live independently. Community and voluntary sector organisations are vital to success and we recognise the importance of working with them to provide the best possible services.

The strategy is split up into three sections. Section one looks at how different factors affect our health and wellbeing across our whole life and how our environment and communities impact on our health.

Section two addresses the national priorities for health, social care and public health. The government will be monitor our services against these priorities.

Finally, section three explains what we think the priorities for health and wellbeing are in Warwickshire. These priorities were determined by Warwickshire's Joint Strategic Needs Assessment (JSNA) which was published by Warwickshire County Council and NHS Warwickshire in early 2012, more information can be found at jsna.warwickshire.gov.uk. This strategy is the response to the JSNA and describes the outcomes that we want to see. This strategy should be read alongside the JSNA and the JSNA annual review.

Principles

To achieve our vision everything we do needs to be based on some core principles that many of our organisations have in common:

- We will help keep people well and independent for as long as possible
- We will ensure that the people of Warwickshire have a greater say in how services are provided
- We will recognise that many public services have direct impacts on people's health and wellbeing and we will work with these services to maximise this positive impact
- We will help people be cared for in their own home wherever possible
- We will identify social problems or illness as early as possible to prevent situations getting worse
- We will look for new ways to help people help themselves by using available technologies
- We will integrate health and social care services and other public sector services wherever possible to improve the quality of care people receive
- We will make sure people get the right care, in the right place, at the right time

We must also acknowledge that all public services are in a significant period of change. Social care and local authority budgets are falling and NHS and public health budgets will remain flat for several years. At the same time our population is growing and getting older, requiring more care. The only way that we can achieve our vision is by improving the efficiency and effectiveness of our services, diverting more resources to improving prevention and by working in a coordinated and integrated manner. This strategy aims to start us moving in this direction.

Question 1: Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?

The Life Course

Poor health and wellbeing are the result of a huge variety of factors that people experience over the course of their life. Many of these factors are related to people's surroundings and their communities as well as their own individual behaviours.

Some of the most important causes of differences in health and wellbeing (also called health inequalities) are the large differences in the rate of smoking, educational attainment and earnings, quality of housing and cohesion of the communities that people live in. People who are poorer, less well educated and who live in more deprived areas tend to suffer more negative effects on their health and wellbeing. This means that in some areas of Warwickshire people live 13 years less than in others.

These factors are often the responsibilities of local authorities, schools, employers, community and voluntary sector organisations as well as individuals. These factors have a much greater impact on health and wellbeing than NHS and social care services alone do. If we are to improve the health and wellbeing of people in Warwickshire and to reduce health inequalities it is these factors that we must seek to change. Part of the aim of this strategy is to ask organisations who have the ability to influence these factors to consider how improving health and wellbeing can become central to their decision making.

In Warwickshire we are better off than many parts of the UK but there are still serious issues that mean we are not as healthy and prosperous as we could, and should, be. For example:

- 39% of children in Warwickshire leave school with less than five good GCSEs
- 14% of children in Warwickshire grow up in poverty
- 20% of people in Warwickshire still smoke
- 25% of people in Warwickshire are obese
- 1 in 6 adults suffers with some form of mental illness

Many other local authority areas with the same level of affluence have better health outcomes than we do.

Improving health and reducing health inequalities requires effort on a broad front. A national review of health inequalities was published by Sir Michael Marmot in 2010 that identified action was required on six policy fronts to achieve reductions in health inequalities.

Action required to reduce health inequalities

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

We would encourage every public body in Warwickshire to consider how they can make a greater contribution to these six areas. In particular we need to invest more in supporting our children to thrive and make the most of their potential. We need to have an aspiration in Warwickshire to be even better than we are at the moment. This will mean health and wellbeing being a major consideration in planning policy, development control, transport, economic development initiatives, leisure services, environmental regulation, housing, schools and income support services.

The diagram on the next page shows what successfully achieving our vision and fully acting on the issues raised in this strategy might look like in Warwickshire. The next few pages describe what we need to do across all our organisations to put health and wellbeing at the centre of what we do.

Question 2: Do you agree with our life course approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

The Life Course – How Health Inequalities will be reduced in Warwickshire

Good Quality Housing

Freedom from Poverty

Smoke Free

Healthy, Safe and Sustainable Communities and Places

Prenatal	Pre School	School and Training	Work and Employment	Retirement
High quality maternity services Far fewer pregnant women smoking Less pregnant women obese Greater and earlier attendance at antenatal services by disadvantaged groups Fewer teenage pregnancies	Improved parenting skills High quality early years education All children are ready for school Improved and better coordinated support for young families All children growing up in a smoke free home	Increased educational attainment and reduction in the differences between communities Increased uptake of free and healthy school meals by those eligible Every school has a health plan to improve physical, sexual and mental health in schools Troubled families are given intensive support Young people at risk of not being in employment, education or training are offered appropriate vocational support	Reduced long term unemployment Major employers introduce staff health programmes Those unable to work have their welfare payments maximised Carers are supported in their vital role People with disabilities and mental health problems helped to maintain their independence	High uptake of screening programmes and NHS Health Checks Excellent and early diagnosis and treatment of long term conditions including dementia Reduced social isolation and fuel poverty Improved support and housing to help older people remain independent including the use of new technologies Older people are supported to plan their care including their end of life wishes

Good Quality Housing and Support

Across Warwickshire, councils, health services, housing associations and voluntary organisations work together to develop and maintain plans to improve housing conditions and housing-related support, regardless of tenure, because of the central role that housing plays in improving health and wellbeing. These plans have been developed using evidence based strategies for housing and support. These plans include:

- District and borough housing strategies (including private-sector housing strategies, homelessness strategies and empty-property strategies)
- District and borough local plans
- Warwickshire's local investment plan (developed with the Homes and Communities Agency), focusing on developing new affordable homes
- Warwickshire's supporting-people strategy
- Warwickshire's extra-care strategy

All of Warwickshire's districts and borough council stock meets the decent homes standard which reflects the understanding that people who live in secure, warm, non-overcrowded, housing are less likely to suffer from physical and mental illness. Children living in good housing are also more likely to do better at school.

However, the private sector contains significant numbers of homes which don't meet this standard. Unlike council and housing association homes, there is no national regulatory framework in place to guide and encourage landlords to reach or maintain this standard; let alone exceed it.

Increasingly, joint approaches are being developed in recognition of the role that good housing and support services can play in preventing people's health and wellbeing from declining. Not only do local people say that preventing illness (or the deterioration of existing conditions) is the right thing to do for them, it also saves public money in more expensive health treatments and social care; so that public investment is targeted effectively in an era of lower public spending.

Reflecting this understanding, a high priority for local organisations is improving Warwickshire's services to help people live independently at home.

What needs to happen in Warwickshire?

Work needs to continue on the following projects, which reflect the above priorities:

- Improvement of adaptations and advice so that people with reduced or declining mobility can continue living at home rather than going into care or hospital. These services are usually provided by councils or home improvement agencies (sometimes called "Care and Repair")

- Review of assistive technology services (often called "telecare" or "telehealth")

- Increases in the amount of extra-care housing. This is housing for people with varying levels of care and support needs. It offers an alternative to residential care, in particular when care is needed at night

- Review of the contribution that housing related support makes to helping people retain their independence and reshaping housing services to do this effectively

- Examine the condition of private-sector homes across Warwickshire and develop measures to improve them

- Homes of all tenures need to reach the decent-homes standard, or maintain it where already reached. Further work should take place to understand if this needs to be improved-upon locally where health and wellbeing would be improved by a higher standard

- Where this work saves money by preventing the need for more expensive public services organisations across Warwickshire should consider targeting resources where it achieves the best value for public funding

Freedom from Poverty

14.3% of children, equivalent to 16,160 children, in Warwickshire are growing up in poverty. This is an increase from 13.2% in 2008. In some neighbourhoods in Warwickshire have over half the children are living in poverty. The recession has also hit some parts of the county much harder than others with employment struggling to recover (see chart).

Living in a household that has enough money to provide healthy food, warmth and opportunities is one of the most important factors in making sure that young children get the best start in life. Supporting children in their earliest years and protecting them from poverty has been shown to be the most beneficial long term intervention.

Poverty also has serious health consequences for adults; those in financial difficulties are more likely to suffer physical and mental health problems and are more likely to smoke and drink alcohol in a harmful way.

Much poverty arises as a result of people not having sufficient education or skills to be able to find regular employment or as a result of ill health or disability. However, we know that low income working families with children are the single biggest group of people living in poverty.

What needs to happen in Warwickshire?

- Intervene early so that families with young children living in poverty are given help and welfare advice
- Encourage improvements in economic development in areas where unemployment is high
- Ensure easy access to adult education and training
- Address generational worklessness by targeting young people not in education, employment or training into a work or training programme
- For individuals and families unable to work maximise welfare benefits to reduce poverty

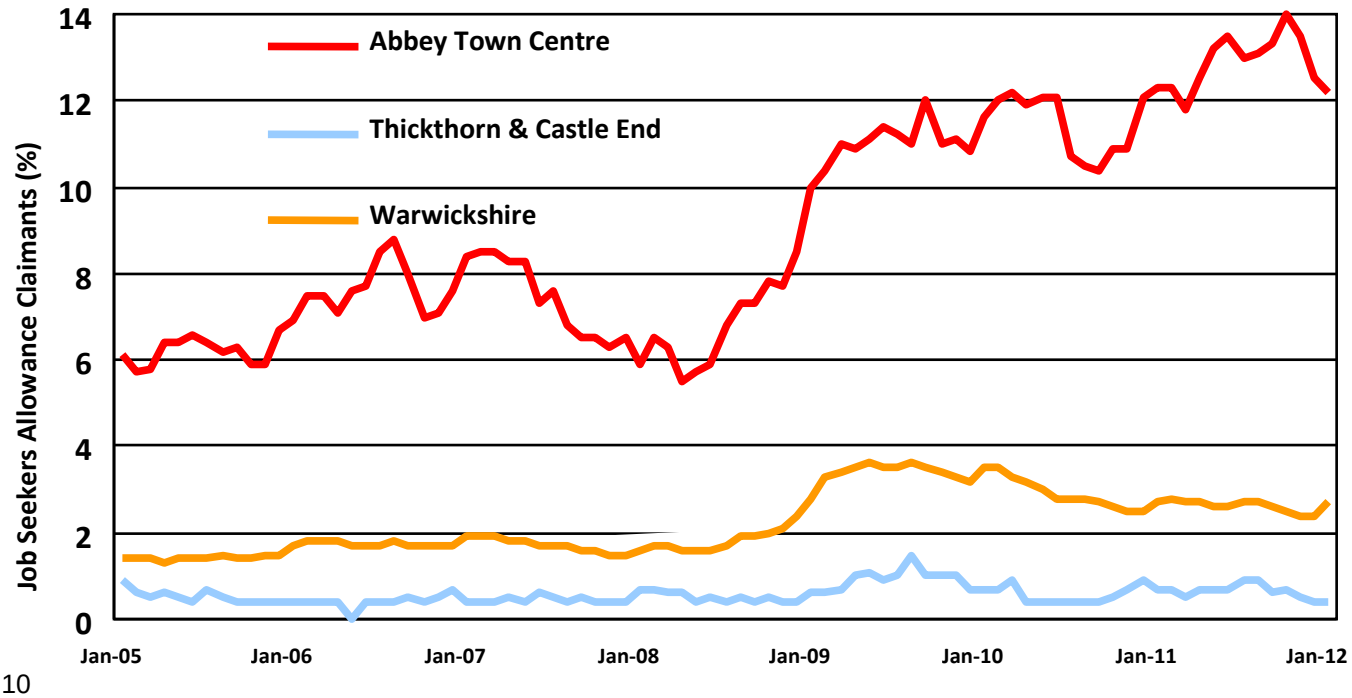
Smoke Free

Smoking at any age has serious negative consequences for people's health with one in two life-long smokers dying early. The effect of second hand smoke on unborn babies and young children is especially harmful. In Warwickshire around 20% of people still smoke, as do 15% of pregnant women. At least 20% of children live in a house where other people smoke.

Children of smokers are almost twice as likely to be admitted to hospital with breathing problems as those who live in a smoke free home.

Stopping smoking even in later life can make big differences to people's health and how long they can expect to live. People quitting when they retire will increase their life expectancy by three years on average.

Across the public sector we have hundreds of staff going into people's homes every day and are in contact with thousands more. This presents a golden opportunity to "make every contact count" to



encourage people to stop smoking, directing smokers toward help and support. By having a consistent message across all our services in Warwickshire we can consistently encourage people to quit.

We must also help staff that work with children in their own homes such as social workers, health visitors and midwives to spend more time and be more confident in encouraging parents to keep their homes smoke free.

What needs to happen in Warwickshire?

- Every organisation commits to "making every contact count" to encourage more people to quit smoking and refer people to stop smoking services
- We should aim for a time when all homes with young children in them are smoke free.
- Discourage the building of smoking shelters in licensed premises
- We should consider if there is a case for designating certain outside public places as smoke free
- Every pregnant woman should be tested for smoking and smokers should be helped to quit every time they come into contact with the health service
- Coordinated work between NHS, local authorities, voluntary sector organisations and other partners is needed to ensure compliance with smoke free law
- We will implement the West Midlands Tobacco Control Strategy for Young People

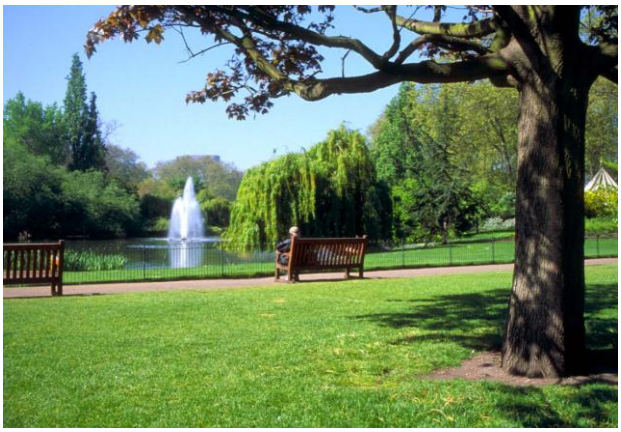
Healthy and Sustainable Communities and Places

The places where we live are vitally important for our health and wellbeing. Areas that are well maintained, have low levels of crime and where people feel safe all contribute to a feeling of community cohesion where people feel more able to contribute to, take responsibility for and be part of a community.

Safe and clean green spaces encourage people to enjoy getting outside to play or exercise. It is important that we maintain the number and quality of community spaces where we can do this and bear this in mind when considering new housing developments.

Towns can also be planned to encourage walking, cycling or public transport instead of car use. When we build new large housing developments we need to consider carefully how our existing health and social care services will cope with an influx of new residents and make joint plans to deal with this increase in service users.

We also need to plan our public sector buildings in a more coordinated way so that we can base several different services in one place. In some parts of the UK several different public sector services have been put together in a single "community hub" where local people go to access all public services such as GPs, social services, housing, libraries and community centres. These have often been catalysts for improving and coordinating services and for an overall improvement in the community.



Leisure services are also important and we want to ensure that high quality leisure facilities are available to everyone in Warwickshire but especially those that are living in more deprived areas where people may be unable to pay for alternative leisure facilities.

Our planning policies should systemically consider the impact of developments on people's health and wellbeing or on the health and social care services

in the local area. In some areas with the poorest heath we should be discussing whether we should allow so many fast food outlets, off licences and betting shops which can compound the health and social inequalities that already exist. This has already taken place in some parts of the UK.

What needs to happen in Warwickshire?

- Health and wellbeing should be included as core considerations in every planning and transport policy in Warwickshire and as part of the district and borough councils' Core Strategies and Neighbourhood Plans
- We shall maintain and increase the number and quality of green spaces and leisure facilities especially in more deprived areas
- Consider the development of policies to limit the number of fast food outlets, licensed premises and betting shops in any given area
- Integrate public services into community hubs across health, social care, and local authority services that serve local communities in a coordinated manner
- Use the community infrastructure levy on new developments to improve health and wellbeing services to meet increasing levels of demand
- Ensure that the NHS and social care are consulted on major building developments to allows services to be properly planned
- Carry out health impact assessment on major developments to ensure that the maximum health gain is achieved

Safer Communities

Feeling safe can be one of the most important issues for people living in our communities. Being a victim of crime or being afraid of crime can have a major impact on people's confidence, mental health and wellbeing. Anti-social behaviour (ASB) is a major factor in people's perception of fear of crime.

Research has shown that young children lacking empathy from an early age, as a result of parental or health difficulties, may be a risk factor in getting involved in ASB and offending behaviour later in life. In Warwickshire, the Family Intervention Project picks up families where ASB is a problem in the complex needs of the family. This is proving to be very successful in tackling family problems. Those problems usually include domestic abuse, alcohol and drug misuse and non-attendance at school. The Youth Justice Service plays a large part in keeping young people out of the criminal justice system and reducing further offending.

ASB services are currently being reviewed to ensure that victims, especially those who are vulnerable have the support they need and also to prevent them being revictimised. Research has shown that those with a mental health or long term illness can be especially vulnerable to becoming victims of ASB.

A new integrated domestic abuse service has just been commissioned in Warwickshire. People at high risk of domestic abuse will be supported by an Independent Domestic Violence Adviser.

A Reducing Violence against Women and Girls Strategy is being developed, to cover not only domestic abuse and sexual assaults, but also sexual exploitation, trafficking, honour-based violence, forced marriage, and female genital mutilation. A new Sexual Assault Referral Centre for Coventry and Warwickshire is to be built at George Eliot Hospital, in November 2012. The centre will enable those who have been sexually assaulted to be supported and treated in a specialist environment.

The minor injuries department at St Cross Hospital, Rugby is helping to collect data around the locations of violence in order for agencies to target interventions to those locations and the people involved. The same information is required from the other two hospitals in the county.

In Warwickshire we estimate that drug misuse is a factor in 21% of crimes; alcohol misuse is a factor in 43% of crimes and poor emotional well-being is a factor in 33% of crimes. Half of all the prison population may have some form of mental health condition.

Warwickshire Police is supporting the Warwickshire Drug and Alcohol Action team in the implementation of the Alcohol Diversion Scheme. This will target people who commit minor disorder offences in public places, allowing people subject to a fixed penalty notice to attend a course where alcohol abuse and health related issues and

consequences will be discussed. Attendance on such a course will result in the level of fine being reduced or removed.

There is designated provision for offenders requiring treatment and interventions for substance misuse, provided through the Recovery Partnership. The only other specialist service for offenders is the Criminal Justice Mental Health Liaison Service which attempts to connect offenders with required mental health services from the point of arrest onwards. Although this particular service has recently attracted favourable national attention from the Department of Health/Ministry of Justice it is lacking in resilience due its limited funding.

Many offenders supervised by Warwickshire Probation Trust are from groups identified as 'hard to reach'. By working more closely with the probation trust there may be novel ways to help improve the health and wellbeing of these groups.

What Needs to Happen in Warwickshire:

- More early intervention work to prevent crime and ASB, tackle hate crime and support victims including continuing and expanding the work of the Family Intervention Projects
- Implementation of the reducing violence against women and girls strategy
- Improvement the links to mental health services to help prevent domestic abuse, sexual assaults and vulnerable people becoming victims of abuse
- All A&E departments will collect data around assaults and alcohol related incidents to put in place joint initiatives to prevent disorder
- An increase in the support provided by mental health services to offenders to help prevent reoffending
- Explore how working with Warwickshire Probation Trust and Warwickshire Police can help improve the health and wellbeing of "hard to reach" groups

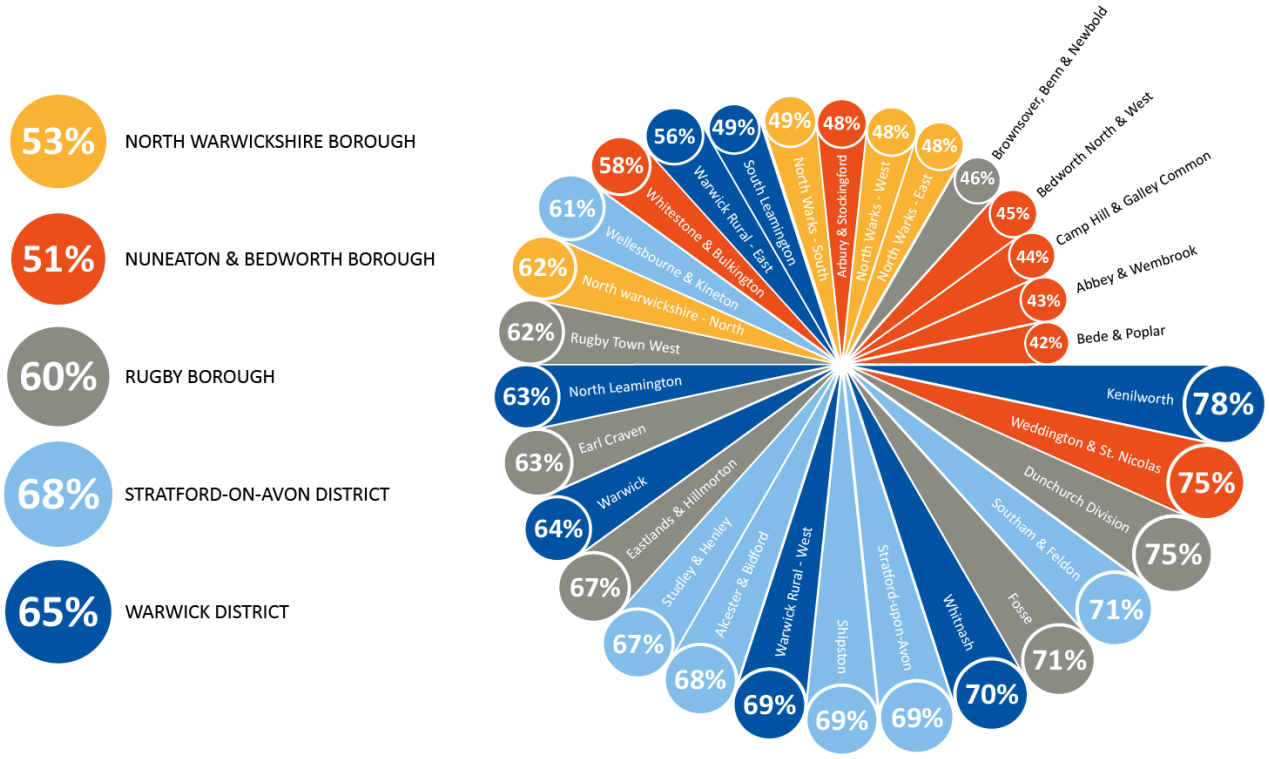
Schools and Education

Educational achievement and its impact on employment potential and earnings has a direct effect on people's health and wellbeing over their entire lifetime, as well as their ability to remain independent.

We know that 39% of children in Warwickshire leave school without five good GCSEs. For many this can mean they have poor employment opportunities, low income and as a result poor health. Educational attainment alone is an important predictor of a person's life expectancy.

PERCENTAGE OF PUPILS GAINING 5 OR MORE GCSEs AT GRADES A*-C, INCLUDING ENGLISH AND MATHS, IN 2011 BY LOCALITY

Source: Warwickshire County Council (People Group), Warwickshire Observatory. Based on residence, not school location.



In Warwickshire we need to raise our aspiration for educational achievement. We cannot be satisfied with over a third of our children leaving school without good qualifications.

We can see from the variation in educational attainment across Warwickshire's schools that achievement relates not only to a school's pupils but also the school's ethos and organisation.

Schools are also important in setting many of the health behaviours we take into later life and are where children spend a significant amount of their lives. Therefore it is vital that we make sure that in all our schools there is a culture of living, eating and exercising healthily.

What needs to happen in Warwickshire?

- We will require a continuous improvement in educational attainment in all schools with evidence based support being provided to schools with poor outcomes
- Every school in Warwickshire must publish an active school health and wellbeing plan that includes appropriate, relevant, engaging and age-appropriate education on relationships and sex for children of all ages
- We will encourage an uptake of free school meals by eligible children
- We will encourage more physical activity during the school day and in after school clubs in both primary and secondary schools
- We will encourage a reduction in the availability of sugary drinks and sugary and fatty foods within schools in line with the government's recommendations
- We will encourage an increase the availability of breakfast clubs to make sure every child starts the school day with a proper meal
- We will encourage walking or cycling to school as part of a school travel plan and ensure transport policies create and enhance safe routes to school
- We will support the development of school based programmes to help children stay emotionally and mentally healthy
- We will reduce misuse of alcohol and drugs amongst young people and ensure those who do misuse substances are referred to appropriate services
- We will implement a tobacco control strategy designed to minimise the number of young people getting addicting to tobacco

Question 3: Do you agree with our views about what needs to happen in Warwickshire to improve the life course?

NHS and Social Care Services

Overall our health and social care services perform well but we know that they are going to have to change and improve over the next few years. Some of the reasons we need to change are:

- A desire to provide better quality services
- An aging population; we expect there will be twice as many people aged over 75 in ten years' time. More than half of unplanned admissions to hospital are in this age group
- More people with disabling long term health conditions; these can be better managed in the community if services are planned well
- New treatments and technologies; these help us give people better care but also mean we have to change how we provide services
- The country's financial challenge and smaller local budgets for health and social care

Keeping People Healthy and Independent

Everyday, we see thousands of people in the NHS and social care in Warwickshire. Much of the time we do not take the opportunity to give people advice and encouragement to maintain a healthy lifestyle or stay independent. This means we are missing opportunities everyday to prevent people becoming ill. We need health and social care practitioners to "Make Every Contact Count". This means whenever they meet with a person who has an unhealthy lifestyle encouraging them to make a change for the better. We know that advice from professionals can be a major factor in someone deciding to make a lifestyle change.

We can also help people remain more independent by using personal health and social care budgets to buy just the right care for them rather than imposing a "one size fits all" solution. We need to help people take control of their care by expanding the use of personal budgets so people have a real choice and get the right service that suits them.

Looking After People at Home

We know that most older people and people with physical and learning disabilities want to stay in their own home whenever possible and not have to go into residential or nursing care. At the moment there are many people who could be cared for in their own home who are currently in residential care. For example, in Warwickshire more than 30% of people with severe disability are looked after in residential care whilst in other parts of the UK this is less than 10%.

We already have an integrated disability service where all partners work together to plan and deliver high quality care to support disabled children and their families. We want to maintain and build on this type of integrated care.

We also need to start caring for more people in their own homes instead of in hospital. We estimate that between one third and a half of everyone in hospital in Warwickshire could be looked after just as well in their own home. Hospital care should be for the most severely ill people or people who need treatments that cannot be safely provided elsewhere. But at the moment many people with long term conditions, who are older, frail or at the end of their life are inappropriately admitted to hospital because we do not have the services to look after them at home. For elderly people just being in hospital can lead to a rapid loss of independence meaning that people are unable to return to their own home with confidence.

To make sure more people can stay at home to have treatment and rehabilitation we need to strengthen our community health and mental health services. We need to integrate them with social care and community and voluntary sector organisations to make admission to hospital or residential care a last resort for ill or frail people. Part of this will also be to ensure that support is available to carers who often provide care for the majority of the time.

People at the natural end of their lives are often unnecessarily admitted to hospital, when they and their families could be more sensitively cared for at home. Our community health teams and local hospices, working closely together, can ensure that we increase peoples' ability to live well with terminal illnesses and die where they prefer.

High Quality Primary and Community Care

GP practices provide the core of NHS services and are essential for making sure that the health system works well. However, there are some large differences in the quality of care practices provide to their patients and the outcomes for the patients. By working to improve the quality care we can make a real difference to the long term health of patients. GP's new roles in commissioning NHS services should also include working with colleagues to help drive up quality in of practices where needed.

We also need to take the opportunity to integrate GP practices with other health and social care teams to encourage care that wraps around patients and provides an integrated service. Community pharmacies can also be used to increase support to patients in the community by improving the management of patient discharged from hospital, supporting patients in their home and encouraging healthy lifestyle changes.

There are also opportunities to have other public services such as housing, benefits advice and job centres on the same site as health and social care teams and community and voluntary organisations. These "community hubs" have made a positive impact on health and wellbeing where they have been developed in other parts of the country.

People with Long Term Conditions

People with long term physical or mental illnesses are often more likely to be admitted to hospital or need more social care than any other group of people. The better treatment people get for their condition, the less likely it is they will need to go into hospital or lose their independence.

At the moment there is a large variation in how well we look after people with long term conditions across Warwickshire which needs to be improved. We must share the care of patients between GPs, community health services and hospital specialists in a more coordinated way to make sure that people with complex or multiple conditions get the right care.

We also need to make sure that people with long term mental illness or learning disabilities get the right support. Mental illness can cause more and longer lasting disability than some physical health problem. Dementia is a leading cause of ill health and dependence in older people and needs to be considered with other long term conditions. People with mental illness can also have poor physical health and our services need to make sure that this is not overlooked.

High Quality Hospital Care: Getting the Right Care, in the Right Place, at the Right Time

Our local hospitals developed at a time when most hospital care could be provided to an acceptable standard from relatively small sites. We have seen a transformation in healthcare over the past twenty years with increasing complexity in tests and treatment and the need for greater specialisation by doctors.

Our goal is to provide higher quality, safer care with more choice and improved experience and outcomes for people. In some cases we will be able to provide this high level of care at every hospital but in many cases it will mean that some services will need to be based in one place. We have already seen the benefits of this in Warwickshire, in terms of people getting better care and being more likely to survive, for cancer, vascular surgery, stroke, heart disease and major trauma. This concentration of specialised services is likely to continue.

In particular we must consider the best way to provide emergency care for the most severely ill people and also for people having planned operations who are at a high risk of complications. However, we aim to provide as much locally as is safe and effective.

We also need to make sure that our hospital services are reporting their outcomes for patients. This helps us ensure a particular service is safe, providing high quality care. When outcomes for hospitals in Warwickshire and the surrounding area are reported, such as mortality rates, we see large variations in outcomes for patients and their quality of care. For

example national audits show differences in death rates after surgery for people with bowel cancer and variation in treatments provided to those with lung cancer. Our aim is to make sure that everyone gets the same quality care wherever they are treated.

Services should be collecting, publishing and comparing the outcomes for the patients that they treat, including rates of death and complications so we can see how one service is doing compared to another. Other social care services such as nursing homes should also be reporting outcomes for their residents so we can be assured that they are providing good quality care and people can make a judgement where they would like to be looked after.

Helping People Recover

Finally, we do not get people out of hospital quickly enough once they have recovered from their illness or injury. For many older people this can mean they cannot get back to their previous level of functioning meaning they may need to go into a residential or nursing home. Often people are delayed from being discharged by delays in deciding funding, finding them appropriate placements or making a decision about where they should best live in the future.

When it comes to getting people home from hospital we need to improve how quickly we can make this happen. One way will be to bring health and social care teams more closely together or fully integrate them and to raise the expectation that as soon as people are ready to be discharged they will leave hospital immediately. Working with community and voluntary organisations will also be essential to succeeding in this.

We need to focus more resources on recovery and rehabilitation from injury and illness. This not only helps people feel better but means they are more likely to be able to continue to live independently.

What needs to happen in Warwickshire?

- Make “every contact count” throughout health, social care and other public sector partners such as local authorities by all our staff offering health and wellbeing advice
- Health services should become “health promoting” organisations themselves
- We will maintain the high quality, integrated care for children with significant health and social care needs
- We will expand the use of personal budgets for health and social care to give people and their carers more control and greater flexibility over the services they receive
- We will increase the number of older or disabled people who are supported to live in their own home instead of moving into residential or nursing homes
- We will commit to integrate health and social care teams to make sure our services are responsive to the needs of people, especially for urgent responses and discharging people from hospital
- We will expand the use of information to identify people who are at high risk of being admitted to hospital and intervening early to prevent this
- We will move more care out of hospitals into the local community and people’s homes to help people remain in their own home longer
- We will support people with long term health conditions to develop their own care plans including their end of life preferences
- We plan to integrate health and social care with other public services through the use of community hubs and shared buildings

- We will improve the quality of long term condition management in primary care and improve the coordination between GPs, community health services, social care and hospitals

- We will require care providers to routinely report quality and outcomes data across all NHS and social care providers to ensure a consistent and high quality care

- We will need to provide the best 24/7 acute care for the most severely ill and injured people and those requiring complex and specialist care in centres of excellence

- We need to develop a full range of specialist clinical networks across all hospitals to make sure that patients are seen by the right person, in the right place, at the right time.

- We plan to provide good local access to tests, diagnosis, clinics, the majority of urgent and planned procedures and longer term care

- We will provide acute medical and surgical assessment facilities and ambulatory care at all acute hospital sites

- We will expand the availability of reablement and rehabilitation for people after illness or injury

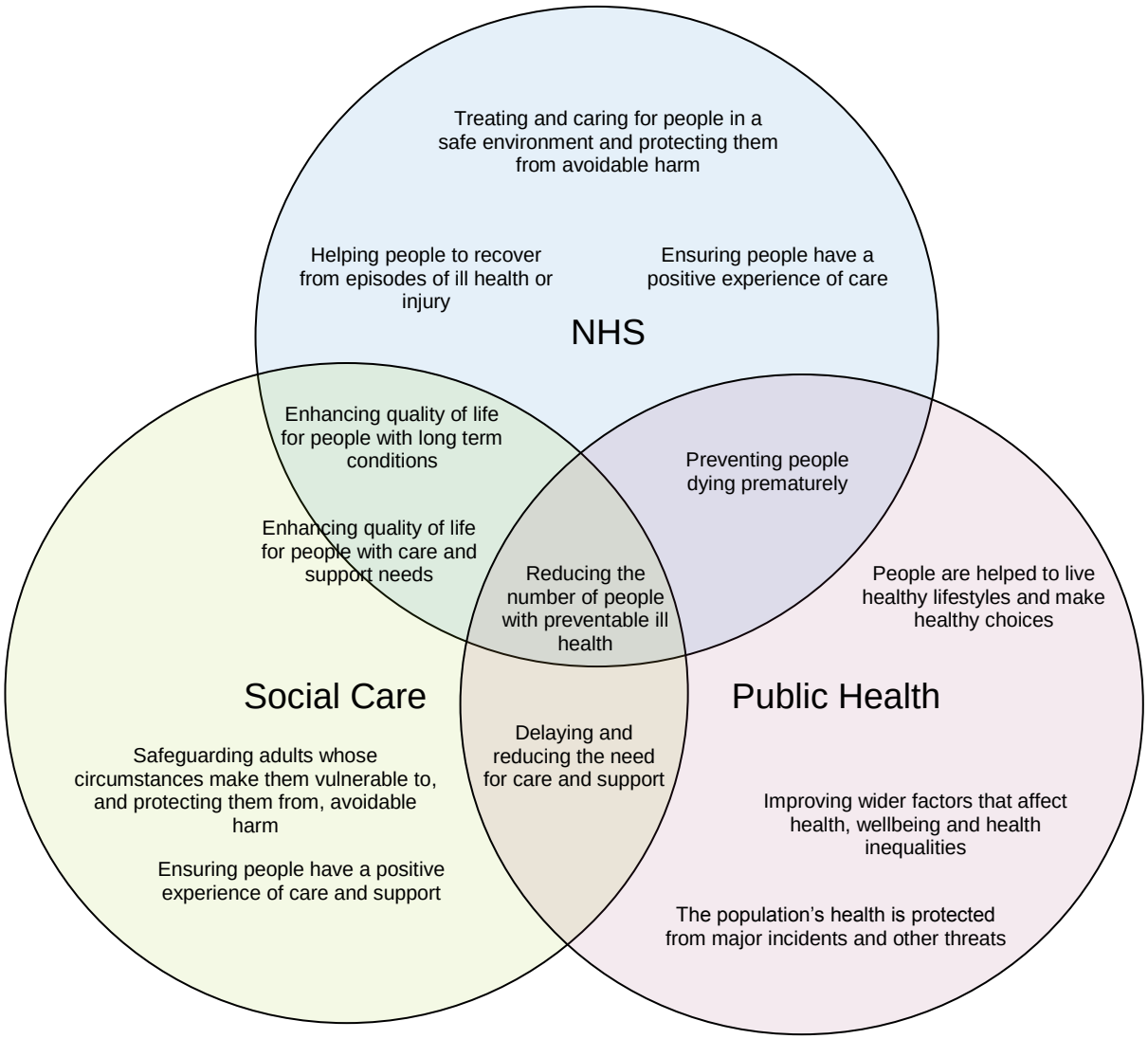
- We will improve the integration of our palliative care services, including care for children, and strengthen end of life care in nursing and residential care homes

Question 4: Do you agree with our vision and plans for NHS and social care services in Warwickshire?

National Priorities

The government has set out three national outcomes frameworks for the NHS, Social Care and Public Health. The Warwickshire Health and Wellbeing Board will monitor performance of our services against these outcomes. In total there are over 120 separate indicators many of which complement local priorities for Warwickshire.

Several of the national indicators are shared between the NHS, Social Care and Public Health to make sure that joint action is taken where it is required on specific issues. The NHS (represented by the Warwickshire Clinical Commissioning Groups), social care and public health will all produce plans of how to achieve improvements against these nationally set indicators as part of their annual planning process.



Local Priorities in Warwickshire

The JSNA annual review has highlighted several priorities for Warwickshire that are the most important issues to tackle for health and social care. These priorities are either issues that affect a lot of people such as mental wellbeing, make a big impact on people's lives such as educational attainment, are of vital importance to particular vulnerable groups such as safeguarding or are an issue that we need to start tackling today to avoid problems in the future such as dementia.

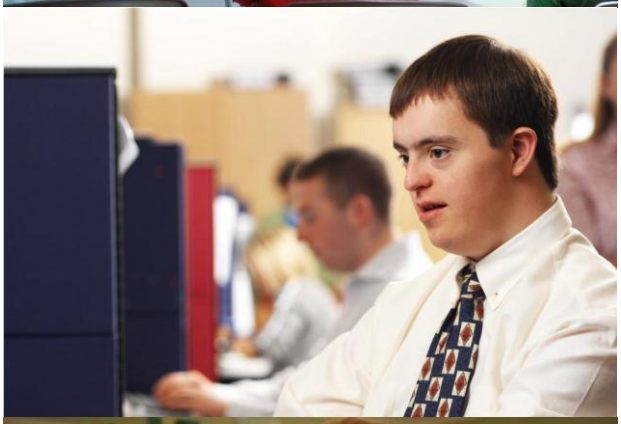
The priorities are:

- Children and Young People
  - Educational attainment
  - Looked after children
- Lifestyle factors affecting health and wellbeing
- Vulnerable Communities
  - Reducing health and wellbeing inequalities
  - Disability
  - Safeguarding
- Ill Health
  - Long-term conditions
  - Mental wellbeing
- Old Age
  - Dementia
  - Aging and frailty

Question 5: Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment?

The next few pages describe what we hope to achieve in Warwickshire if we are successful in tackling these priorities.

There are some things that almost every organisation will be able to contribute to achieving. Likewise, there are others that only one or two organisations will be able to make a difference. The important thing is that every organisation contributes where it thinks it can make a difference. By working together to improve health and wellbeing we can make these changes more quickly and more effectively.



Children and Young People

Weblinks to the JSNA:
Children and Young People
Summary: Educational Attainment
Summary: Looked After Children

What will we achieve?
More children are ready for school, attend and enjoy school
The Common Assessment Framework is used in all schools to identify the needs of children early to give swift and easy access to support services for children, young people and their families
Groups with lower educational attainment and vulnerable groups (including looked after children, children eligible for free school meals and persistent absentees) have extra support to improve attainment
A rising percentage of children get 5 or more A*-C GCSEs
More young people at risk of being not in employment, education and training (NEETs), including looked after children, are identified early and provided with quality advice and guidance and positive outcomes for pupils after the age of 16 are promoted
More troubled families receive intensive support to help them overcome their difficulties and avoid further problems in the future
More adults with low educational attainment are re-engaged in learning to support their own and their children's development
The number of looked after children in Warwickshire is reduced
Looked after children have more choice and stability in their placements and are involved in the decisions and matters that affect their lives
Looked after children have better access to high quality universal and targeted health and educational services

Healthy Lifestyles

Weblinks to the JSNA:
Lifestyles
Summary: Lifestyle Factors Affecting Health

What will success look like?
Every partner organisation is committed to and is delivering "Making Every Contact Count"
Every school has an active health plan which includes relationship and sex education
The number of people smoking is reduced coupled with an increase in the number of people supported to quit
There are fewer children and adults who are overweight or obese by more people doing more physical activity and eating more healthily
There are fewer teenage pregnancies and sexually transmitted infections
Every pregnant women is assessed for smoking, alcohol use and obesity and helped to adopt a healthy lifestyle
A reduction in the amount of alcohol related harm by fully implementing the Warwickshire Alcohol Implementation Plan
Major employers, including public sector employers, develop staff health programmes to improve the health and wellbeing of their staff

Vulnerable Communities

Weblinks to the JSNA:
Vulnerable Communities
Summary: Reducing Health Inequalities
Summary: Disability
Summary: Safeguarding

What will success look like?
Child poverty is reduced through improved housing conditions, economic prosperity and the implementation of the Warwickshire Child Poverty Strategy
The number of people living in poor quality housing and being in fuel poverty is reduced
More investment and services are provided to communities in the most need of health and social care
All planning and transport policy in Warwickshire has maintaining health and wellbeing as a core aim
All public agencies have the reduction of health inequalities embedded in their decision making processes
The repeat incidence of domestic abuse is reduced through the effective implementation of Warwickshire's Domestic Abuse Strategy
People with physical and learning disabilities have more choice and control in how they live their lives including having a place of their own to live and more people being in paid employment
People with learning disabilities and long term mental illness have better management of their physical health
All safeguarding cases are appropriately risk assessed so suitably qualified workers are assigned to complex children in need cases
All child and adult safeguarding cases are sufficiently monitored and delays in families receiving services are reduced

Ill Health

Weblinks to the JSNA:
Ill Health
Summary: Long Term Conditions
Summary: Mental Wellbeing

What will success look like?
Pregnant women and new mothers are all screened for post natal depression and offered enough support to prevent, detect and treat mental health problems
Everyone will have quick access to early intervention mental health services such as psychological therapies and “Books on Prescriptions”
Children and young people will have quicker access to high quality mental health services
The physical health of people with long term mental health conditions will improve
NHS Health Checks are rolled out across the whole of Warwickshire
Clinical outcomes for people with long term conditions are improved and the variation between GP practices is reduced
People are supported to manage their condition themselves and there is easy access to patient education programmes
People with long term conditions have easy access to rehabilitation services especially for cardiac, pulmonary and stroke rehabilitation
The coordination between GPs, hospital staff, community health and social care staff is improved to help people with long term conditions be cared for in their homes for longer and to prevent hospital admission
New technologies and equipment are increasingly used to help people manage their condition at home
Greater use of risk stratification tools are used to identify more patients who are at high risk of being admitted to hospital and are then supported proactively to prevent a deterioration

Old Age

Weblinks to the JSNA:
JSNA Summary: Dementia
JSNA Summary: Aging and Frailty
JSNA Old Age
Warwickshire Dementia strategy

What will success look like?
There is better public understanding of the benefits of maintaining a healthy lifestyle in older age to stay healthy and independent and how this can delay the onset and progression of dementia
More extra care housing units to help older people maintain independence whilst reducing the growth of residential and nursing homes
Older people in rural areas are less socially isolated
More technology and equipment or adaptations are used to help people to remain independent and at home
Carers of older people have good access to information, advice and access to support services that is timely and specific to the needs of the person they care for
Community health, social care and community/voluntary organisations provide coordinated services to help people with dementia and older people maintain their independence
Integrated community health and social care teams respond quickly to prevent more people being unnecessarily admitted to hospital
The length of stay in hospital for frail and elderly people is reduced to help them maintain independence
Following illness or injury more older people receive an intensive period of reablement to help people recover to their previous level of functioning and maintain their independence
The availability of end of life care is increased to support more people to die in a place of their choice whether at home or in a hospice

Question 6: Do you agree with what we would like to achieve for each priority?

Turning the Strategy into Action

The Joint Health and Wellbeing Strategy covers a wide area of responsibilities and crosses the remits of many different organisations. In order to turn this strategy into action on the ground each organisation will make a formal response, or offer, to deliver parts of the strategy that they think they can influence. For some organisations, such as the NHS Clinical Commissioning Groups, these responses may form part of their annual commissioning plan that describes the services that they will commission to care for their population.

The responses from each organisation will then be reviewed by the Warwickshire Health and Wellbeing Board. These will be monitored by the Health Wellbeing Board over that year to ensure that progress remains on track.

The statutory organisations that will be asked to formally respond to the Joint Health and Wellbeing Strategy include:

- Warwickshire County Council including separate responses from:
    - Social Care
    - Public Health
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford-on-Avon District Council
- Warwick District Council
- Arden Cluster (includes NHS Warwickshire)
- Rugby NHS Clinical Commissioning Group
- South Warwickshire NHS Clinical Commissioning Group
- Warwickshire North Clinical Commissioning Group

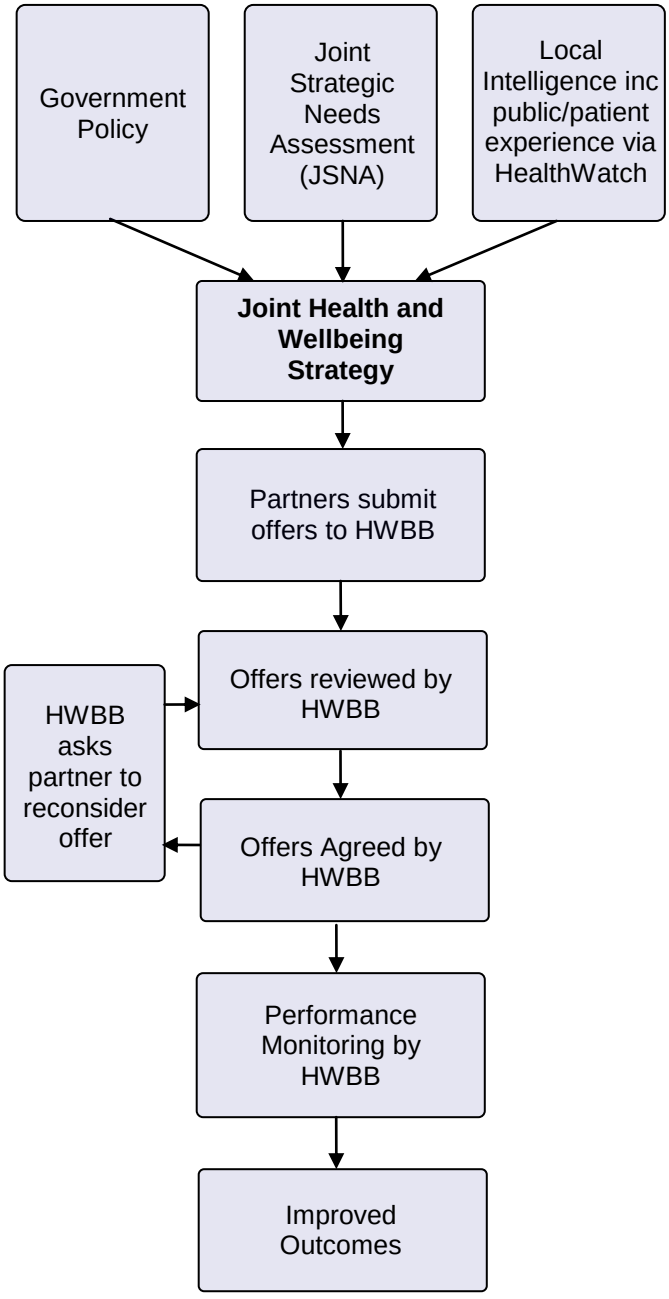
We also welcome input from the community and voluntary sector, schools and businesses to explore how they can contribute to helping us deliver this strategy.

We believe that the people of Warwickshire should be kept informed of how successful we are at achieving our commitments. Every year we will publish a progress report. As we find out more things that can help us achieve our vision, or the challenges change, we will also make changes to the strategy and publish these in the same report. Where more work needs to be done we will hold organisations to account through Warwickshire's Health and Wellbeing Board.

The Health and Wellbeing Board will continually assess progress against the strategy at its regular meetings. These meetings are held in public and anyone is free to come and attend.

The newly established HealthWatch will also play an important role in informing the Health and Wellbeing Strategy of whether there are any important issues that the public are raising about the quality of services that they use. These can be included in future strategies to ensure that services are continually improved.

Question 7: Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?



Responding to the Consultation

We want to hear as many views as possible about our proposals for health and wellbeing in Warwickshire. You can respond in several ways:

- By filling in this form and sending it by mail
- By going to the consultation website and responding to the questions on line [web address]
- By sending a more detailed response to Renata Conduit, Consultation Manager, Warwickshire County Council, Barrack St, Warwick or to renataconduit@warwickshire.gov.uk [confirm address]

The consultation closes on the x September 2012.

Question 1: Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?

Question 2: Do you agree with our life course approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

Question 3: Do you agree with our views about what needs to happen in Warwickshire to improve the life course?

Question 4: Do you agree with our vision and plans for NHS and social care services in Warwickshire?

Question 5: Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment?

Question 6: Do you agree with what we would like to achieve for each priority?

Question 7: Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?

If you have any other comments please include them below:

If you would like this document in another format or in larger print, please contact us.

This document can be downloaded from: [website]

For more information on the Warwickshire Shadow Health and Wellbeing Board please visit: healthwarwickshire.wordpress.com

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Item 9

Agenda No 9

Adult Social Care and Health Overview & Scrutiny Committee

19th June 2012

2011-12 Performance Report for Adult Social Care

Recommendation

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

- Consider both the summary and detail of the performance indicators within the Directorate Report Card for April 2011 to March 2012 (Appendix 1)
- Consider and comment on areas where performance is falling short of target, and where remedial action is being taken.

1. Key issues

1.1 This report presents the Adult Social Care & Health Overview & Scrutiny Committee with the full year 2011/12 report on the performance of the Adult Social Care service within the People Group. This is set out in detail in Appendix 1.

1.2 The Adult Social Care Report Card is made up of measures from the new national Adult Social Care Outcomes Framework and local measures developed by the Group to measure the effectiveness of both its transformation programme and core service delivery.

1.3 This is an exemption report, it does not give information on all indicators but highlights good performance and flags concerns either due to poor performance compared to national or comparator group averages or missing the target. Other indicators on target can be seen on in appendix one and on Performance Plus. Where benchmarking information is available the 2010-11 averages have been used.

2. Performance and Key Messages

2.1 The Group's key adults performance indicator for 2011-12 is **ASCOF 1C (Social Care Clients and Carers receiving self-directed support (DP or PB) as a percentage of all clients and carers receiving a service)**. We have exceeded the target of 45%, achieving 45.2%. Benchmarking comparison is difficult due to the large increases expected of Councils. In 2010-11 the England average was 30.1% and the comparator average was 27.5%.

The alternative definition for measuring the implementation of self-directed support is the Association of Directors of Adult Social Services personalisation

milestone. This measures people in receipt of on-going funded community services (i.e. excludes reablement, equipment, professional support etc as well as residential care.) on the 31st March. Our outturn for 2011-12 is 75%, the target is for all councils to be achieving 100% on 31st March 2013 which we are on course to achieve.

Successful and continued progress has been made to establish a personalised approach to Adult Social Care Services delivery and this approach is now a common underpinning theme across practice, service development and strategic commissioning. To support this approach, and to ensure personalisation is fully embedded in practice going forwards, further embedding workshops and cultural awareness sessions are planned for all social care practitioners in 2012/2013 to improve and maintain this key performance indicator

2.2 **ASCOF 1G (The percentage of adults with learning disabilities in settled accommodation)** is 58.3%, an improvement on the 2010-11 outturn of 57.2% but missing the target of 70%. The 2011-12 target was set in 2009/10 when it was a new measure and is proving unrealistic. Benchmarking data shows that we perform close to the level of our comparator group of similar authorities (60.2%) and all England authorities (61%). The target is currently being reviewed; the new target will be stretching but achievable with the aim of being above average compared to all England authorities and our comparator group.

The introduction of Extra Care Housing[1], 'Key Ring' services[2], Shared Lives[3] and future deregistration of residential services will result in improvements in this indicator. Warwickshire has some residential care homes which support four or less customers, who are often people being supported in a manner/ethos more akin to supported living (settled accommodation) than residential care. The difficulty is the Care Quality Commission registration of these properties, when classifying this support we are bound by this registration so they are recorded as residential care. Another factor is the number of young adults who through transition are placed within out of county residential colleges prior to reaching adult hood. Often the outcome has been a move into planned residential care linked to these colleges, we are already working across the People Group to address this. The cumulative effect of these projects will be to have 122 more people living in 'settled accommodation' increasing the outturn by 11%.

2.3 **ASCOF 1E (Percentage of adults with learning disabilities in paid employment)** has increased from 6.0% in 2010-11 to 6.3% in 2011-12 but

[1] People who live in extra care housing have their own self-contained homes, their own front doors with a legal right to occupy the property and have access to care and support on site 24 hours a day. The idea is to give residents more choice and control than traditional residential care can offer, in a safe and secure environment, free from loneliness or isolation.

[2] KeyRing's support is based on people living in their own homes but sharing their skills and talents with each other and with their communities. Each network has a volunteer who sees Members regularly and helps the group work together. The volunteer is like a good neighbour who will help out if difficulties arise. Because the volunteer lives in the community, they know what's going on and are able to help Members make links

[3] A Shared Lives Scheme (previously called adult placement) helps people with a learning disability to either live with another family in their home or make arrangements to share a house with friends

missed the target of 11%. The 2011-12 target was set in 2009/10 when it was a new measure and is proving unrealistic. Benchmarking data shows that we perform at a higher level than our comparator group of similar authorities (5.3%). A new target of 8% by 2014-15 has been agreed, this will place us above the national comparator average.
Clearly there is more work to do in delivering an increased pace of change for employment services and this is being addressed positively through our Learning Disability Strategy. A key element to this revised strategic approach is through the "A Fulfilled Life" project which seeks to increase life chances through employment. We are currently developing a service specification to commission a revised support structure for customers with Learning Disability, Physical Disability or Mental Health aimed at improving access opportunities. 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.

2.4 Warwickshire's performance for **delayed transfers of care (ASCOF 2C)** has improved from 18.8 in 2010-11 to 17.1 in 2011-12 where low is best. Warwickshire's performance is significantly below the national average for 2010-11 of 9.7 and the comparator group average of 11.7. It is important to note that this measures all delayed discharges from hospital regardless of the responsible organisation (i.e. health or social care and including Coventry and Warwickshire partnership Trust) Adult Social Care delays typically make up one third of the total number of delays.

There were some very high pressures in the hospitals in March 2012 and this caused pressure right across the system. If this had not happened, the target would have been met. A number of initiatives have been introduced to support and maintain patient flow, notably the expansion of reablement. Also, recruitment of additional social workers working with each of the hospitals.
There has been increased acknowledgement of the need to focus on avoiding hospital admission in the first place, when-ever appropriate. Closer working between Intermediate Care and Reablement Services has improved patient flow thereby ensuring capacity within the Community Emergency Response Team is available for hospital discharge or admissions avoidance. This has only recently commenced at South Warwick Hospital and it is anticipated we will see an impact very shortly. A similar scheme is to be introduced at UHCW.
Whilst joint work continues on all the different types of delays, the lead Service Manager for hospital social care teams has initiated the development of a strategic plan to specifically reduce the number of social care delays across all hospital sites, for 2012/13 and the new target will reflect this.

2.5 **The proportion of older people who are still at home after 91 days following discharge from hospital into reablement (ASCOF 2B)** has decreased from 86.3% in 2010-11 to 81.3% in 2011-12. Warwickshire's outturn is above the 2010-11 comparator group outturn of 81.1% but below the all England average of 83.1%.

Although this may initially appear as a decrease in performance, several factors should be considered to fully understand this indicator. 536 people were discharged from hospital into a reablement or intermediate care service in the period 1st October 2011 to 31st December 2011 (the period the indicator

measures). This is an increase of 179 people (50%) compared to the same period in 2010. Of these, 435 people were living at home 91 days after being discharged from hospital. Therefore, whilst the proportion of reablement and intermediate care customers living at home has reduced from 86.3% in 2010-11 to 81.2% in 2011-12 the overall number of customers who have been successfully rehabilitated to return home has increased by 127 (41%) meaning more people are able to return home to live independently after a period in hospital.

The increased eligibility, means that reablement is now offered to a larger cohort of customers who previously would not have been eligible for this service, therefore it was expected that the proportion of customers still at home 91 days post reablement or intermediate care would lower slightly. This measure should be considered alongside the increased performance in delayed transfers of care, and the increased proportion of customers achieving one or outcomes at completion of reablement.

2.6 **The proportion of customers receiving a review** of their needs has reduced from 77% in 2010-11 to 72.4% in 2011-12. Staff capacity across Social Care and Support has presented a challenge in maintaining overall performance against the target. This challenge was further emphasised by the need to utilise the reviewing team capacity to drive improvements to care quality, where there have been care home provider concerns. Additionally capacity has been needed for the additional work involved in the changes to services, due to the Adult Social Care Transformation work. Reviewing the 'Reviewing Model' in the light of resource constraints is in the Adult Social Care Plan for 2012/13.

2.7 Two of the Adult Social Care report card indicators come from the Adult Social Care Survey which is set nationally.

There has been a significant increase in the **proportion of customers who have control over their daily life (ASCOF 1B)** (75.3% from 67.8%) this brings Warwickshire in line with the comparator group (76%) and all England (75%) averages for 2010-11 having been in the bottom quartile in 2010-11.

The proportion of people who use services who find it easy to find information about support (ASCOF 3D) has increased from 50.4% to 53.6% this brings Warwickshire closer to the comparator group (54.5%) and all England (55%) averages for 2010-12

2.8 74% of **customers receiving reablement have at least one outcome that is fully or partially achieved at the completion of reablement**. This exceeds this year's target of 70% achieving one or more outcomes, and compares to 60% of customers achieving one or more outcomes in 2010-11. This significant improvement is due to reablement becoming more established as a service, outcomes being clearly identified and evidenced, improvements in the quality of recording and the reablement ethos being firmly embedded and practiced

2.9 **The number of carers receiving services provided as the outcome of an assessment or review** has dropped significantly since 2010-11 (1,304 compared to 2,079) and missed the target. Following the introduction of the

New Resource Allocation System, replacement care (previously referred to as respite care) is now taken into account as part of the customer's assessment and is therefore not classified as a carer service. These are the services which have historically been requested by customers. Evidence from the carers pilot in Warwick District has demonstrated that now replacement care is captured in the customers assessment, carers are not asking for additional services, as their need for a break has been met. The new approach emphasises the importance of taking both the individual and their carer / family into account when undertaking a good quality assessment.

As a result of this change the measure is no longer fit for purpose and alternative measures are being developed.

2.10 **The number of carers receiving an assessment in their own right** has missed target and reduced since 2010-11 (819 compared to 929). Evidence from teams where replacement care is now being captured in the customers assessment is that carers are not asking for an assessment in their own right. It is likely that this will become increasingly the norm as teams embed the philosophy of carers support being everyone's business. This in line with carer's expectations that if we get it right at the beginning, then they would not need a separate carer's assessment. However, it is recognised that in some situations there will always be a benefit to a separate assessment, which is still offered when needed.

3. Recommendations

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

Consider both the summary and detail of the performance indicators within the Directorate Report Card for April 2011 to March 2012 (Appendix 1)

Consider and comment on areas where performance is falling short of target, and where remedial action is being taken.

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Appendix One: Adult Social Care Report Card, 2011 - 2012

Theme	Title	Definition	2010/11 Outturn	2011/12 Outturn	2011/12 Target	Performance Against Target	2010/11 Benchmarking
Warwickshire's residents have more choice & control	Warwickshire's residents have more choice & control	The proportion of those using social care who have control over their daily life	67.8%	75.3%	68%	★	Comparitor: 76.0% ● England: 75.0% ★
	Warwickshire's residents have more choice & control	The proportion of people who use services & carers who find it easy to find information about support	50.4%	53.6%	50.4%	★	Comparitor: 54.5% ● England: 55.0% ●
	Ensuring a safe environment for people with learning disabilities	Proportion of adults in with a learning disability in settled accommodation (high is good)	56%	58.3%	70%	▲	Comparitor: 60.2% ● England: 61.0% ●
	Enhancing quality of life for people with learning disabilities	Proportion of adults with a learning disability in employment (high is good)	6.0%	6.3%	11%	▲	Comparitor: 5.3% ★ England: 7.2% ●
	Ensuring a safe environment for people with mental illness	Proportion of adults in contact with secondary mental health services in settled accommodation (high is good)	76.7%	79%	80%	●	-
	Enhancing quality of life for people with mental illness	Proportion of adults in contact with secondary mental health services in employment (high is good)	19.4%	21.2%	20%	●	-

Theme	Title	Definition	2010/11 Outturn	2011/12 Outturn	2011/12 Target	Performance Against Target	2010/11 Benchmarking
On-going home care packages are decreasing	Helping older people to recover independence	Proportion of older people (65+) who are still at home after 91 days following discharge from hospital into rehabilitation services (high is good)	86.3%	81.3%	85%		Comparitor: 81.1%  England: 83.1% 
	Regular reviewing of packages	Proportion of customers receiving a review	77.2%	72.4%	85%		Comparitor: 72%  England: 73% 
	Customers outcomes are met	Proportion of people whose outcome measures are fully or partially achieved at completion of reablement	60.0%	74.0%	70.0%		-
	Reducing home care	Total weekly value of homecare packages	£635,493	£561,882	£600,000		-
		Total weekly homecare hours being delivered	55,245	48,654	50,000		-
Warwickshire's vulnerable residents are supported at home	Admissions to residential care	Admissions to residential care homes per 100,000 population (low is good)	594.9	595.5	570		Comparitor: 725  England: 700 
	Promoting personalisation	Proportion of people using social care who receive self-directed support (high is good)	29.3%	45.2%	45%		Comparitor: 27.5%  England: 30.1% 
	Promoting personalisation	Proportion of people using social care who receive self-directed support – Personalisation Milestone Definition	-	75%	100% by March 2013		
	Supporting carers	Number of carers receiving an assessment in their own right	929	819	1100		-
	Supporting carers	Number of carers receiving services provided as an outcome of an assessment	2079	1304	2100		-

Theme	Title	Definition	2010/11 Outturn	2011/12 Outturn	2011/12 Target	Performance Against Target	2010/11 Benchmarking
		or review					
	Delivering efficient services which prevent dependency	Proportion of Council spend on residential care (low is good)	51.4%	46.2%	49%	★	-
	Maintaining customer's independence	Proportion of adults receiving on-going social care support who are in residential care	30%	30.2%	28%	●	-
	Supporting recovery at the most appropriate place	Number of older people entering residential care direct from hospital as a percentage of all admissions to residential care	43%	53.4%	50%	●	-
	Customers have an alternative to residential care	The number of extra care housing units available for use by customers eligible for Warwickshire County Council Adult Social Care	46	119	107	★	-
	Supporting recovery at the most appropriate place	Delayed transfers of care (low is good)	18.8	17.1	17	●	Comparitor: 11.7 ▲ England: 9.7 ▲
Residents of Warwickshire have greater access to specialist residential care	Access to specialist residential care	Admissions to specialist residential care as a proportion of all residential & nursing care	18.5%	18.0%	19%	★	-
		Cost of specialist residential care as a proportion of all residential & nursing care	17.5%	18.4%	18%	★	-

Key

★	Target has been achieved or exceeded
●	Performance is behind target but within acceptable limits (10%)
▲	Performance is significantly behind target and is below acceptable predefined minimum

Item 10

Item No 10

Adult Social Care and Health Overview and Scrutiny Committee

19 June 2012

Quality Accounts – West Midlands Ambulance Service, Coventry and Warwickshire Partnership Trust and George Eliot NHS Trust

Recommendations

(1) That the Committee agree the response to the 2011-12 Quality Accounts for:

- the West Midlands Ambulance Service as set out in Appendix A.
- the Coventry and Warwickshire Partnership Trust as set out in Appendix B.
- the George Eliot NHS Trust as set out in Appendix C.

1. Background

1.1 The Quality Accounts Task and Finish Group met on 14 May 2012 to consider the Quality Accounts of the South Warwickshire Foundation Trust, University Hospitals Coventry and Warwickshire and West Midlands Ambulance Service. The Adult Social Care and Health Overview and Scrutiny Committee agreed the responses to the South Warwickshire Foundation Trust and University Hospitals Coventry and Warwickshire at their meeting on 24 May 2012. The response to the West Midlands Ambulance Service is attached as Appendix A.

1.2 The response to the Quality Account for Coventry and Warwickshire Partnership Trust is attached for consideration as Appendix B.

1.3 The response to the Quality Account for the George Eliot NHS Trust is attached for consideration as Appendix C.

	Name	**Contact Information**
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Appendix A

Quality Accounts 2011-12

Warwickshire County Council - Adult Social Care and Health Overview and Scrutiny Committee Commentary for West Midlands Ambulance Service – June 2012

A Task and Finish Group of the Adult Social Care and Health Overview and Scrutiny Committee considered the draft Quality Account of the West Midlands Ambulance Service on 14 May 2012.

The committee would wish the following points noted.

- The West Midlands Ambulance Service Quality Accounts Report 2011-2012 was clear and easy to follow, but there needed to be more detail provided with benchmarking information included in order to make comparisons on performance. While it was acknowledged that the Ambulance Service had gone through a period of transition, year-on-year information needed to be collected.

- It was agreed that the Quality Account should make reference to the valued role of Community Paramedics (first responders).

- Members welcomed the introduction of Clinical Team Mentors and the efforts that had made to support staff and ensure staff were in the best position to continue to improve performance against targets.

- The Quality Account did not include any staff survey information, which would be a useful tool in measuring the impact of improvement areas such as an increase in equipment in ambulances to reduce the risk to patients and staff, value of Clinical Team Mentors, etc.

- Members requested numbers to be included under the 2011-12 Serious Incidents section on page 36 of 41.

- Members welcomed the move to broaden patient surveys to include patients that had not been transported to hospital.

- Members welcomed the hard work carried out by the West Midlands Ambulance Trust and looked forward to seeing the outcomes of the transformation of the service in next year's Quality Account.

Appendix B

Quality Accounts 2011-12

Warwickshire County Council - Adult Social Care and Health Overview and Scrutiny Committee Commentary for Coventry and Warwickshire Partnership Trust

The Adult Social Care and Health Overview and Scrutiny Committee welcomed the opportunity to consider the Coventry and Warwickshire Partnership Trust's Quality Account for 2011/12.

The Committee would wish the following points be noted:

1. The Committee welcomed the use of visual aids, but generally felt that the Quality Account was a health professional document and not a layman document. They acknowledged the fact that a simpler version would be produced alongside the Quality Account, but felt the complexity of the document detracted some of the positive achievements made by the Trust.

2. There needed to be a greater emphasis placed on mental wellbeing being and health promotion work. There was no mention made on physical health or "Every Contact Counts".

3. The Trust's vision on quality was not explained clearly enough to give justice to the good work being done by the Trust.

4. The following specific areas were highlighted as needing more information or an explanation included:
   - Data needed to be accompanied by a clearer explanation of why priorities were set, and what the outcome had been. An example of this was on page 3 – 1.1 reporting on the 'Preventing Suicide Toolkit'. CWPT were the lead Trust for suicide prevention and were recognised as a Trust for being very community-focused and this needed to be highlighted in the Quality Account.
   - There were a lot of acronyms and medical terms, and the glossary needed to be included with early drafts.
   - The presentation of data needed to clearly demonstrate baseline information (for example in the table on Inpatient Mental Health Services on page 21).
   - It was agreed that on page 43 – 3.6 Information Governance Toolkit, that the reference to 3 breaches should include a common sense of criteria.

5. The description of the work done in partnership with Warwickshire County Council and the NHS on out-of-area placements did not reflect the excellent work that had been done, particularly as one of the biggest challenges was to deliver care for the most vulnerable people.

Appendix C

Quality Accounts 2011-12

Warwickshire County Council - Adult Social Care and Health Overview and Scrutiny Committee Commentary for the George Eliot NHS Trust

The Adult Social Care and Health Overview and Scrutiny Committee welcomed the opportunity to consider the George Eliot NHS Trust's Quality Account for 2011/12 and fully supported the document.

The Committee would wish the following points be noted:

1. The report was clear and easy to read.

2. The Committee welcomed that the Quality Account was honest and took into account the concerns of partners and the public.

3. The approach to the mortality index was commended.

4. The Committee commended the direction of travel being taken by the Hospital, but felt that the Quality Account needed to reflect a stronger ethos around health improvement, prevention and awareness, which needed to reflect the issues relevant to the population the Hospital service. Specific areas that were highlighted were:
   - Page 19 – Section Three: Looking Back on 2011/12 only included a photograph of the Health Check programme, but it was felt that the good work achieved should be included and celebrated.
   - There was no mention in the Quality Account about "Every Contact Counts".
   - There needed to be greater emphasis on the partnership working that was taking place, such as with Adult Social Care and the South Warwickshire Community Service, and dealing with issues such as dementia. This would promote the organisation.
   - There needed to be a clearer message about the prevention work being done to reduce pressure sores.
   - The good work being done on nutrition and hydration needed to be included under the "Looking After People" section.
   - An explanation of the breaches in relation to mixed-sex wards needed to be included.
   - Interventions and minor incidents needed to be recorded, together with an explanation of the reasons for any fluctuations.

5. The Committee welcomed the "EXCEL" vision and the work being done to improve the patient experience and to change the culture of the hospital.

6. The Committee acknowledged the need for ensuring correct coding that matched

Item 11

Item No 11

Adult Social Care and Health Overview and Scrutiny Committee

19 June 2012

Work Programme Report of the Chair

Recommendation

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

1. Work Programme

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

2. Task and Finish Groups

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

Background Papers

None.

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Appendix A

Date of meeting	Item	Report detail	Date of last report
5 Sept 2012	Crisis House Provision (Nigel Barton, CWPT	An update report (requested by the Committee at their meeting on 7 September 2011), including occupancy rates, access and an update on the outcomes of service reforms.	7 September 2011
	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 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))	15 February 2012
	UHCW – Foundation Trust Trajectory (Jenny Gardiner)	Foundation Trust (FT) – A revised tripartite formal agreement is currently under discussion with the SHA / Department of Health. This report will provide an update on the Foundation Trust trajectory.	-
	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)	
	South Warwickshire Community Response Team (Jane Ives, SWFT))	Update report 6 months after implementation of the reconfiguration of care pathways with the closure of beds at Royal Leamington Spa Rehabilitation Hospital and an increase in community response.	25 October 2011
	Public Health (John Linnane)	Update on public health in Warwickshire, within the wider health transition.	-
	Local HealthWatch (Monika Rozanski)	This is a report summarising the work on the establishment of Local Healthwatch in Warwickshire to date and describing commissioning and further development plans.	15 February 2012
	Q1 Performance Report (Wendy Fabbro/Andrew Sharp)	This report will present Q1 performance, including trend data and benchmarking, including 'best in class' information	
	Carers Strategy Refresh (Elaine Cook)	This report will present the Carers Strategy Refresh Programme.	

24 Oct 2012	Fairer Charges and Contributions – Impact of Changes – Ron Williamson	Annual monitoring report on charging.	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.	7 December 2011
	Q2 Performance Report (Wendy Fabbro/Wendy Fabbro)	This report will present Q2 performance, including trend data and benchmarking, including 'best in class' information	
6 March 2012	Improving Trauma Care in the West Midlands - Sue Roberts, Arden NHS Cluster	The Committee supported the preferred option (Option 1 for three trauma networks) and requested an update report on the implementation 12 months in requested by the Committee on 25 October 2011	25 October 2011
	Virtual Wards – Bie Grobet	Update report on virtual wards including the roll-out of virtual wards across the county.	12 April 2012
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)	15 February 2012
	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/Wendy Fabbro	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.	
	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.	
	Learning Disability Strategy Seminar – Chris Lewington	A seminar will be held at a date to be determined looking at the different strands of the Learning Disability Strategy	

BRIEFING NOTES

SUBJECT OF BRIEFING NOTE	OBJECTIVE OF BRIEFING NOTE	COMMENT / FURTHER INFORMATION
Closure of Helen Lay – Wendy Fabbro	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 sent to Committee on 07/06/12*
Post Event Analysis on Winter Pressures – Jane Ives	Post Event Analysis on Winter Pressures	*Briefing Note to be requested in late spring*
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*
Virtual Wards – Bie Grobet	The Committee requested a briefing note six months after their 11 April meeting – including an update on the development of a virtual ward in the south of the county	*Briefing Note to be requested for October 2012*
Personalisation – Jenny Wood	The Committee requested a briefing note on progress, including the current tender for an enhanced support service to help inform and guide those customers who wish to take up this more personalised approach to arrange their care and support.	*Briefing Note to be requested October 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	All the Quality Accounts have been considered and the have either been signed off (SWFT and UHCW) or will be signed off on 19 June 2012 (CWPT, GEH and WMAS)