

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Overview And Scrutiny Board

**Date of Committee** 21 July 2010

**Report Title** **Adult Social Care and Health Overview and Scrutiny Committee Proposals for Task and Finish Groups**

**Summary** This report sets out proposals by the Adult Social Care and Health Overview and Scrutiny Committee for Task and Finish Groups

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**Would the recommended decision be contrary to the Budget and Policy Framework?** No.

**Background papers** None

**CONSULTATION ALREADY UNDERTAKEN:-** Details to be specified

- Other Committees  Adult Social Care and Health Overview and Scrutiny Committee
- Local Member(s)  All members circulated with proposals
- Other Elected Members  .....
- Cabinet Member  .....
- Chief Executive  .....
- Legal  Jane Pollard
- Finance  .....
- Other Strategic Directors  David Carter, John Bolton, Monica Fogarty
- District Councils  .....
- Health Authority  .....

Police  .....

Other Bodies/Individuals  .....

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by this Committee  .....

To Council  .....

To Cabinet  .....

To an O & S Committee  .....

To an Area Committee  .....

Further Consultation  .....

## Agenda No 5

### Overview and Scrutiny Board - 21 July 2010.

#### Adult Social Care and Health Overview and Scrutiny Committee Proposals for Task and Finish Groups

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

##### Recommendation

That the Overview and Scrutiny Board considers whether to commission the task and finish groups and if so sets the terms of reference, appoints the members and the chairs of the task and finish groups

1. The Adult Social Care and Health Overview and Scrutiny Committee would like to propose the establishment of task and finish groups to consider the matters set out in the following paragraphs. The names of any members who have indicated a wish to participate in the proposed task and finish groups will be reported orally to the meeting.

##### **A. NHS Warwickshire – Consultation on the future of Accident & Emergency Services at St Cross Hospital Rugby**

2. NHS Warwickshire is planning to carry out a public consultation on the future Accident & Emergency Services at St Cross Hospital Rugby from beginning of August 2010 for 12 weeks (likely end date 31 October 2010). NHS Warwickshire is obliged to consult the Adult Social Care and Health OSC where a proposal involves a potential substantial change or variation in the provision of health services. The role of this task and finish group would be to formulate a draft response to the consultation for the consideration of the Adult Social Care and Health OSC at its meeting on 12<sup>th</sup> October 2010 to enable the OSC to make formal recommendations to NHS Warwickshire.
3. The Committee will need to respond within the consultation deadline if its views are to be taken into account in formulating future proposals. It is suggested that as this is an issue local to Rugby the Board might wish to allocate places to local members who might wish to undertake this review including the Rugby Borough Council co-opted member.
4. **Resources to support the review** – a provisional estimate of scrutiny officer support is between 50 to 60 hours or 8-10 days depending on the actual methodology used by the review. This assumes 3 meetings with members i.e.

to plan the review, an evidence session of some form and a final meeting to review the evidence and develop the recommendations. Time estimates do not include any site visits or best practice visits but do include arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.

## **B. Delayed Hospital Discharges and Reablement Services**

5. The recent government budget shows a probable reduction of 25% in available funds for adult social care services. Demographic changes show rise of 43% in the population of older people in Warwickshire by 2025 from 94,200 to 134,500 with a significant rise in people over 85. Life expectancy is on the increase. The longer people remain in hospital the more dependent they become (particular problem for those with dementia who may not recover their independence at all) the more difficult to rehabilitate back to independent living and a consequent increase in pressure on adult social care services.
6. The ability of the PCT to redeploy funding to more community based services is inhibited whilst funding being used to maintain people in expensive hospital facilities for unnecessary lengths of time. Getting people out of hospital and back into independent living at the earliest opportunity is cost effective for both health and adult social care services and a better outcome for the individual.
7. Outturn performance for 2009/10 comments that we have missed our target to reduce the number of **delays of transferring patients from hospital to care**. This is an important partnership issue because although social care delays remain very low, delays that are the responsibility of the NHS make up over three quarters of the outturn for this indicator. Positive work has been undertaken with acute hospital trusts to identify and resolve delays across the health and social care system; both at an operational and strategic level such as transforming community based services. This is an important measure because it can impact on some of the most vulnerable and frail people in the County, who are caught up in the complex issues involved.
8. We also need to continue to rollout the '**Reablement**' service across the County. The service is designed to help people to regain the skills and confidence they need to live independently at home, particularly after an illness or spell in hospital. We will need to work with colleagues in the PCT to ensure the service forms part of a single or coordinated intermediate care service.
9. The aim of this review would be to look at what is happening to cause delays in hospital discharge and what affordable improvements can be made to reduce the number of delays and how the new reablement service and other intermediate services are/could assist in order to reduce pressures on both social care and health budgets.
10. Provisional objectives for the review might include the following

- (a) To identify the factors which cause delays in discharging people from hospital and the effectiveness of any plans/actions which have been taken to address the issues.
- (b) To assess how well the Warwickshire Joint Hospital Discharge Protocol is working and identify any differential performance between hospitals serving Warwickshire.
- (c) To identify the barriers to improvement in hospital discharge arrangements and the affordable options or solutions which would enable improved outcomes for people
- (d) The interface with reablement or other intermediate care services.
- (e) To identify whether there are inequalities across the county, differential waiting/assessment times or gaps in provision.
- (f) To identify the current provision and options for providing 'out of hospital' convalescent facilities and any alternative affordable options
- (g) To identify whether there are areas where improved working with partners could improve the outcomes for people and reduce demands on resources.
- (h) To reduce the number of delayed discharges from hospital
- (i) To make recommendations for improvements which are both affordable and sustainable and maximise the use of available public service funding

11. **Resources to support the review** –This review if commissioned is likely to take somewhere between 3-4 months to complete the review i.e. up to having an agreed final report ready for submission to committee, This is potentially a complex review and again the level of support required will depend on the exact methodology adopted by the review. A provisional estimate of scrutiny officer support is between 288 to 312 hours or 48-52 days depending on the actual methodology used by the review. This assumes a review planning meeting, 3 evidence sessions, evidence review meeting, meeting to develop conclusions and recommendations, between 4-5 local site visits (a best practice visit outside the county is not included) include arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.

## C. Adult Social Care Low Level Prevention Services

12. The aim of this review would be to see whether or not we can improve the 'offer of low level prevention services' in an affordable way either through incorporating other services, those provided by others or through joint working with partners. Approval to commence the reconfiguration of voluntary sector and day care services into the community hub model was approved by Cabinet in January 2010. This included some low level support services. The draft programme agreed by Cabinet indicates major work being undertaken this financial year in re-tendering services. In addition the new telecare model is to be rolled out over the next 2-3 months. These factors might indicate a review if commissioned should be targeted towards the last quarter of the current financial year. Further liaison is required on appropriate start dates.

13. The background to the review proposal is that the Council has set its Fair Access to Care threshold at the substantial and critical levels. Cabinet is being asked to confirm these thresholds on 22 July 2010 and to support a stricter and more consistent application of the guidance which has been refreshed by government. People falling below these thresholds do not have access to publicly funded mainstream social care support, or residential services.
14. The Council has previously agreed a well-being threshold for people who fall within the moderate and low bands of the FACS criteria. This aimed to provide people with that 'little bit of help' to access alternative support services, equipment, information and advice with the aim of reducing or delaying the need for people to come into the social care system.
15. Keeping people out of the social care system or delaying their need to enter the system will be a key component of any strategy adopted by the council to meet the twin challenges of budgetary constraints and demographic growth whilst at the same time trying to meet people's expectations and providing sustainable services in the future.
16. Outturn performance for 2009/10 comments that 30.5% of older people believe that they receive the support they need to live independently. 2009 Warwickshire Partnership Place Survey: While performance is low for this indicator, the benchmarking comparison puts WCC in the upper middle quartile against all other England authorities, but lower middle compared to all Shire Counties and our comparator group. This is in part a perception measure. A publicity campaign is being developed with corporate communications to improve public perception before this information is collected by the Place survey in 2010. Further that the development and expansion in growth of **telecare** services is slower than we had hoped but the enhanced Warwickshire Strategic Housing and Support Partnership are now taking a lead on the developing the strategy as part of the partnership approach. There should be an agreement on the new telecare model over the next 2-3 months with a rollout of the new approach during the second part of the year.
17. Provisional objectives for the review might include the following
  - a. To establish whether the well-being threshold is working as intended, whether it needs to be renewed or refreshed to meet the changing context
  - b. To identify those services currently within the scope of low level prevention services i.e. what is the current offer?
  - c. To identify whether there are inequalities in provision across the county differential waiting/assessment times or gaps in provision and any plans to address any issues and any affordable options to improve consistency.
  - d. To ascertain whether there are other services provided by ourselves or partners that should fall within the scope i.e. can we improve the offer?
  - e. To identify whether there are areas where improved working with partners could improve the offer or its affordability.

- f. To identify whether there could be improvements in access to aids, adaptations, and telecare to better support a prevention strategy.
- g. To establish current progress on the implementation of the prevention strategy and the community hub model.
- h. To promote public confidence in people's abilities to manage their own care needs without recourse to the social care system
- i. Ultimately to secure better outcomes for people, more choice and control and reduce the need to rely on the social care system and remain independent for longer
- j. To make recommendations for improvements which are both affordable and sustainable and maximise the use of available public service funding.

**18. Resources to support the review** –This review if commissioned is likely to take somewhere between 3-4 months to complete the review i.e. up to having an agreed final report ready for submission to committee. This is potentially a complex review and again the level of support required will depend on the exact methodology adopted by the review. A provisional estimate of scrutiny officer support is between 252 to 276 hours or 42-46 days depending on the actual methodology used by the review. This assumes a review planning meeting, 3 evidence sessions, evidence review meeting, meeting to develop conclusions and recommendations, 2 local site visits (a best practice visit outside the county is not included) it includes arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.

LES CABORN  
Chair of Adult Social Care and  
Health Overview and Scrutiny  
Committee

Shire Hall  
Warwick  
19 July 2010