



SCRUTINY COMMITTEE

Report of the

**JOINT SCRUTINY COMMISSION
(HEALTH AND LOCAL AUTHORITY)**

Into

**CAPACITY PLANNING ARRANGEMENTS
with a focus on
INTERMEDIATE CARE SERVICES**

April 2002

FOREWORD

It is with pleasure that I introduce the final report of the Joint Scrutiny Commission into Capacity Planning Arrangements with a focus on Intermediate Care Services.

It is a known fact that acute hospital beds are expensive to run and if a patient is occupying a bed unnecessarily then this can become a drain on NHS resources. But perhaps more importantly, patients who are requiring hospital treatment are denied a bed, hence waiting lists expand and pressures on the NHS begin to build.

The National Beds Inquiry proposed that bed occupancy in hospitals should be reduced to 82%. Bed occupancy for example at the Huddersfield Royal Infirmary actually increased to 95% between November 2001 and February 2002.

A survey of patients in hospital beds on a particular day (Point Prevalence Study) at the Calderdale and Huddersfield NHS (Huddersfield Hospital site) has shown that approximately one third of patients were medically stable and therefore may not need to be in an acute bed. That is out of a total of 345 acute beds in the study, 116 patients were judged to be medically stable. In other words their needs could have been met better by alternative care such as Intermediate Care. If alternatives were available and the system worked, then occupancy levels of acute beds at Huddersfield could be reduced by 10%.

Intermediate Care Services can provide a solution to pressures within the system. The Commission found that to be effective Immediate Care Services must be co-ordinated and facilitated by a single point of access. Furthermore, Primary Care Trusts, Social Services, Acute Trusts, and users and carers, must work together to jointly commission and deliver an integrated service that is based on need with pooled budget arrangements in place to resource the provision.

The Commission focused on examining the prevention of avoidable hospital admissions whilst assessing packages of care in a primary and community setting. It met seven times and had one visit to Dewsbury Health Care NHS Trust. It commissioned the Working in Partnership Team to conduct focus groups with users and carers to seek their views and experiences of Intermediate Care Services.

In summary then the Commission concludes that for an effective Intermediate Care Service we must have:

- * Improved communications between the professionals and users and carers on the options and choices available to people when faced with hospital admission or discharge;
- * It must also be sensitive to the needs of diverse communities;
- * A single point of access;
- * A Single Assessment Process; (This was brought to the attention of the Commission by all of the witnesses). Assessments must include the needs of carers;
- * Facilitate a timely discharge from hospital;
- * Create a dedicated Intermediate Care Team to provide a single point of access to facilitate and support people throughout the system;

- * Consolidate partnership arrangements with effective working with all other agencies and organisations;
- * Enable flexible use of beds in the independent sector;
- * A pooled budget arrangement.

The Commission is aware that its recommendations had to be practical and perhaps more important affordable. We are of the opinion that these meet those criteria.

The 1 April 2002 witnessed the Big Bang in the NHS with the formation of Primary Care Trusts, the West Yorkshire Strategic Health Authority, the new Mental Health Trust and the formation of the new Mid-Yorkshire Hospitals Trust (Dewsbury and Wakefield). Nobody likes change, but there can never be a better time to ensure that Intermediate Care Services are in place responding to the needs of our communities.

We hope our report will not gather dust somewhere in ivory towers, but the conclusions we have reached will be put into action for the benefit of the people of Kirklees.

I would like to take this opportunity to thank all the witnesses who gave up their valuable time to come and talk to us, my fellow "scrutineers", the people who contributed to the focus group discussions and all the Officers who supported the scrutiny process.

John Briggs
Chairman of the Joint Scrutiny Commission on Capacity Planning - Intermediate Care Services, April 2002

INTRODUCTION

The Joint Scrutiny Commission on Capacity Planning arrangements with a focus on Intermediate Care Services was established following a workshop discussion between Kirklees Council and the NHS in September 2001. The workshop was convened specifically to see how best the Council could develop further its role in Scrutiny of the NHS by working in collaboration with the NHS.

This is the first time that the Local Authority has undertaken a Scrutiny Review using just such an approach.

The Workshop concluded that a Joint Scrutiny Commission be established to examine Winter Planning Arrangements. This process would be a pilot to also test out how best to develop the scrutiny function of the NHS.

(Note :-The concept of Winter Planning arrangements has been replaced by a process that is now all year round, known as Capacity Planning . The Capacity Plan aims to ensure that the health community is better co-ordinated with a joined up response to deal with pressures in the system. The Capacity Plan spans the whole system from Primary Care to Community Care, Ambulance Services and Intermediate Care Services.)

The Joint Scrutiny Commission was asked to consider the prevention of avoidable hospital admissions, assessing the packages of care in primary and community care settings to support people being discharged from hospital.

Context of the Work

The Joint Scrutiny Commission agreed to focus on Intermediate Care Services as a pathway of care that prevents avoidable hospital admissions.

The definition of Intermediate Care that the Commission subscribed to is informed by the Department of Health's National Service Framework for Older People (March 2001) as:-

"a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living - is a vital component of the programme to improve the health and well-being of older people and raise the quality of services they receive.

Properly developed and implemented it will enhance appropriateness and quality of care by adopting a person centred approach and have a significant impact on the Health and Social Care system as a whole by making more effective use of capacity."

In this context, the Joint Scrutiny Commission investigated Intermediate Care Services (ICS) that are already being provided and/or are in the process of being planned for.

Having set Terms of Reference (see below) the Commission was mindful of the need to have a clear focus for its deliberations with the following criteria in mind:-

- * Intermediate Care Services that are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential care, or continuing NHS in-patient care;
- * Provided on the basis of a comprehensive assessment resulting in a structured care plan that involves active therapy, treatment or opportunity for recovery; (a plan that provides for a Pathway of Care);
- * With a planned outcome of maximising independence and typically enabling patient/users to resume living at home;
- * Involve multi-disciplinary work, with a single assessment, single professional records and shared protocols;
- * Enable strategic planning to jointly commission services, provide pooled budgets and lead to integrated services;
- * Fundamentally underpin an approach to health and social care that is person centred.

In this context the Joint Scrutiny Commission agreed the following terms of reference:-

Terms of Reference :

- (i) To scrutinise the planning arrangements for and operation of Intermediate Care Services within the Kirklees Metropolitan Council area.

The Services will be examined within the context of the Capacity Planning Arrangements laid out in the Calderdale and Kirklees Capacity Plan 2001/2002.

- (ii) To understand and seek clarification on the particular Health and Social Care issues involved.
- (iii) To ascertain the efficacy of current Service provision for Users and their Carers within the chosen field.
- (iv) To allow for flexibility in the Scrutiny process so that related issues to the chosen field may also be examined where appropriate.
- (v) To consider the implications of the knowledge gained during the course of the Scrutiny for the planning of future Services.
- (vi) To make recommendations to the NHS and the Council.
- (vii) To publish and distribute a detailed account of the findings of the Commission.

Principles of Engagement

The Joint Commission agreed principles of engagement covering the conduct of Members during the review, arrangements for gathering information, consultation and reporting, also inclusion and expectations of witnesses. A copy is attached to the report as Appendix A.

Membership of the Joint Scrutiny Commission .

Members:-

John Briggs, Independent and the Chair
Councillor Mike Bower. Kirklees Metropolitan Council
Councillor Khizar Iqbal. Kirklees Metropolitan Council
Hazel Wigmore, Non Executive Director, Central Huddersfield Primary Care Group
John Chilton, Non Executive Director, South Huddersfield Primary Care Group
Kausher Tai, Non Executive Director, North Kirklees Primary Care Group
Natalie Pinnock-Hamilton, Non Executive Director Calderdale and Kirklees Health Authority
Malcolm Batty, Non Executive Director, Calderdale and Kirklees Health Authority

Officer Support :

Feisal Jassat - Kirklees Metropolitan Council
Julie McDowell - Kirklees Metropolitan Council
Sue Probert - Calderdale and Kirklees Health Authority
Leslie Chapman - Consultant, Calderdale and Kirklees Health Authority (until January 2002)

Meetings of the Joint Scrutiny Commission :

Planning meetings were held on 9 November 2001, 26 November 2001 and 10 December 2001.

Witnesses gave evidence to formal meetings held on 4 February 2002, 13 February 2002 and 26 February 2002.

Members of the Joint Commission visited Ward 21, an Intermediate Care Facility at Dewsbury NHS Health Care Trust on 4 March 2002.

The Joint Commission put together the report on its findings and considered feedback from Focus Group meetings held with Users and Carers on 19 March 2002.

A further meeting was held on 15 April 2002 to finalise the report and to consider implementation of the recommendations.

Documentation:

The Joint Scrutiny Commission referred to the following background information:-

- Calderdale and Kirklees Capacity Plan, 2001/2002
- Directorate of Intermediate Care Services for North Kirklees, 2001
- Intermediate Care Baseline Audit for South Kirklees, March to May 2001

- Report from Huddersfield NHS Trust on Pressures Facing the Acute Sector, March 2002
- North Kirklees Intermediate Care Service Strategy, 2002/2002 to 2004/2005
- District Audit Study of Rehabilitation Services for Older People (Data Summary)
- Alternatives to Hospitals - Care Closer to Home
- EASY Care Single Assessment Tool (currently being piloted in North and South Kirklees)
- Summary Report from Service Planning Workshop on Intermediate Care, May 2001
- Report of Adaptation Stakeholder Day, 26 June 2001
- Report from Calderdale and Huddersfield NHS Trust on pressures facing the Acute Sector, March 2002

Situation Reports

Throughout the period of the review the Joint Scrutiny Commission received copies of "SITREPS" - Situation Reports. These reports highlight any significant changes in demand within the Health Community for example increased bed occupancy due to winter pressures. Analysis of SITREPS during the period of the Joint Scrutiny Commission (November 2001 to March 2002) showed that for both Calderdale and Huddersfield NHS Trust and Dewsbury NHS Health Care Trust there were huge pressures within the system.

Acknowledgements:

The Joint Commission is grateful to the following witnesses who presented information:-

John Lawlor	- Director of Service Development (Calderdale and Huddersfield NHS Trust)
Pam Ward	- Nurse Responsible for Intermediate Care (Calderdale and Huddersfield NHS Trust)
Sandra Lickess	- Barton Centre Manager (Calderdale and Huddersfield NHS Trust)
Marianne Dixon	- Audit Manager, District Audit
Cate Quin	- District Audit
Dr Bert Jindal	- Chair of Huddersfield Central Primary Care Group
Dennis Appleyard	- Development Manager (Intermediate Care) Huddersfield Central and South Huddersfield Primary Care Groups
Dr Jim Lee	- Chair of North Kirklees Primary Group
Linda Reynolds	- Chief Executive of North Kirklees Primary Care Group
Keith Smith	- Assistant Director, Social Services (Kirklees Council)
Mark Norbury	- Service Manager, Community Housing Services (Kirklees Council)
Paul Evans	- Housing and Health Unit Manager, (Kirklees Council)

Written evidence was also received from Neil Woodhall, Director of Planning and Modernisation Services (Dewsbury Health Care NHS Trust)

Members are grateful to the following Officers who provided background information which assisted the Joint Commission to determine the focus and to draw up Terms of Reference for the Review:-

Andrew Kenworthy - Calderdale and Kirklees Health Authority
Terry Dutchburn - Huddersfield Central Primary Care Group
Kath Basnet - Huddersfield Central Primary Care Group
Sarah Bow - South Huddersfield Primary Care Group
Jan Giles - North Kirklees Primary Care Group
Philip Sands - Calderdale and Kirklees Health Authority

The Joint Commission would like to thank the following staff from Dewsbury NHS Health Care Trust for talking to them on the visit to Ward 21, Dewsbury and District Hospital:

Maria Freer
Lea Barker
Mr J Regan
Ms J Whincup

The Joint Commission is grateful to Fiona Weir of the Working in Partnership Team (Social Services) who set up Focus Groups with Users and Carers. The report on the views and experiences of users and carers is appended at Appendix C.

The Joint Commission would like to thank Dennis Appleyard and Pat Wright, Development Managers (Intermediate Care) for South Kirklees and North Kirklees respectively for their comments on the implementation of the recommendations.

INFORMATION AND EVIDENCE

KEY POINTS FROM THE EVIDENCE

A Summary of the witness statements is attached as Appendix B. Full witness statements are available from Julie McDowell, Committee Services, Civic Centre III, High Street, Huddersfield.

PRIMARY HEALTH CARE PERSPECTIVE

Intermediate Care is the title given to services which help people in the transition from hospital to community and those in the community who need help to get over a crisis. Schemes assist people to step down from hospital to care in the home or community or to step up from the community to enhanced care. These include stays in Step Down beds in residential care homes, a short stay in a residential care home with nursing care (GP Flagship Scheme) and care at home for a short period (Rapid Response).

The Joint Commission heard that there are a number of excellent services with different criteria, different access routes and mechanisms. Most intermediate care services in Kirklees have developed with different funding arrangements, assessment of need processes and are managed separately by different agencies.

The Joint Commission heard from Dr Bert Jindal, Chair of Huddersfield Central Primary Care Group that ideally a person's pathway through Intermediate Care should be co-ordinated and facilitated by a single point of access.

The Joint Commission heard that lack of a Single Assessment process is frustrating for those involved. Two parallel assessment processes are undertaken by Health Service staff and Social Services staff. In future emphasis on joint working and joint pooled budgets through the Health & Social Care Board will include Intermediate Care Services and community equipment.

The Joint Commission was informed that the North Kirklees Intermediate Care Strategy for 2002/3 to 2004/5 recognises there is a lack of enhanced Intermediate Care in the area and the need to join up facilities better e.g. through use of a single point of contact. The basis of the document is to have as many options as possible available to suit individuals taking account of their clinical, personal and social needs.

SOCIAL SERVICES AND HOUSING PERSPECTIVE

The Joint Commission heard that the approach of Kirklees Council is to reduce the number of people going into Residential Care and to invest the resources freed up into Community Services, including Intermediate Care Services. The findings of the Older People's Policy Panel, 2000 were that people prefer to stay in their own homes/ in the community with support rather than to move into Residential or Nursing Care. From October 2001, as a result of the closure of two Local Authority Homes, funding has been reinvested to increase the number of intensive packages of support for Service users.

The Joint Commission was informed that part of the Building Capacity Funding from the Government to support Intermediate Care Services, routed through Social Services in 2001/2, has been used to pay for additional packages of support to assist people to return home and enabled Home Care Services to work more closely with Health staff. The Joint Commission heard that this Government funding is being made available via Social Services in 2002/3 and that there will be discussion on how to allocate it with local Health Services. The Older People's Partnership Board will have oversight of how it is spent.

The Joint Commission heard that the "Supporting People Initiative" is being implemented in Kirklees. It is a national initiative to provide a low level of Services to help people maintain their independence by offering low scale intervention before they get into difficulties. The Initiative brings together Social Services, Health Services and Housing Services in one community arrangement with joint assessment and Community Services to deliver it.

The Joint Commission was informed that there is a need to develop the Council's Warden Service, redeveloping the role of the Warden beyond the traditional service to support the Initiative. The Joint Commission was informed that many Housing Associations in Kirklees provide the support needed through their warden service.

The Joint Commission heard that demand for adaptations to homes to assist independent living has been rising year on year since 1996. Up to 31 January 2002 Housing Services has fitted 4,106 adaptations, a substantial increase on last year's figure of 3,390.

The Joint Commission heard that at the Adaptations Stakeholder Day in June 2001 the key issue was that the time taken from assessment by Health and Social Services to actual fitting of the adaptation in the home is too long and that the process needs to be a lot quicker and simpler for people.

The Joint Commission heard that a shared information system between Health Services, Social Services and Housing Services would be hugely beneficial to the Adaptations Service, along with Single Assessment and one point of contact.

The Joint Commission was informed that the process of applying for a grant is more complex for people in private housing than those in Council housing. Private houses require individual solutions and often other work is done at the same time. Council housing is more uniform and there is more knowledge about solutions for property types.

If an applicant receives a Disabled Facilities Grant they can choose who does the work and who oversees it, there is no in house facility. There is an assumption amongst applicants that the Housing & Health Unit is responsible for the work and the Unit is often asked to help resolve situations with agents and contractors. The Joint Commission heard that there is a need to monitor private contractors undertaking works.

SECONDARY CARE PERSPECTIVE

The Joint Commission heard that the Calderdale & Huddersfield NHS Trust and Dewsbury & District Hospital Trust (Acute Sector) are experiencing pressure to improve services which is significantly reducing the flexibility in the system to

balance the needs of emergency patients with elective surgery patients. For example under the NHS Plan in 5 years time no one should wait more than 6 months for an operation after seeing a Consultant, at present the national standard is 18 months.

The Joint Commission heard that the National Beds Enquiry, a Department of Health led enquiry in 2001 into bed usage in hospitals, said that bed occupancy in hospitals should be reduced to 82%. Bed occupancy at Huddersfield Royal Infirmary increased to 92% and 95% between November 2001 and February 2002. This resulted in patients being moved around wards, waiting several months for operations and having them cancelled at short notice.

The Joint Commission was informed that the Point Prevalence Study (a survey of patients in hospital beds on a particular day) had shown that approximately one third of patients at Huddersfield Royal Infirmary on a particular day were medically stable, therefore did not need to be in that hospital bed. Of 345 beds in the study it was considered that 116 patients were medically stable. Their needs could have been met better by alternative care such as Intermediate Care and rehabilitation.

John Lawlor, Director of Service Development (Calderdale and Huddersfield NHS Trust) stated that Intermediate Care Services are starting to creak under the strain and that a number of patients are being admitted to hospital because there is no alternative care in place. If alternatives were in place, and the parts of the system working together, occupancy levels at Huddersfield Royal Infirmary could be reduced by 10%.

The Joint Commission was informed that there is too much focus on institutional based solutions, with elderly people being moved from hospital bed to Nursing Home or Residential Care bed. A person centred approach and culture needs to be embedded within organisations responding to the individual.

There is a dependency culture amongst many elderly patients admitted to hospital following a fall and whilst assessment is undertaken. Often patients lose a function which is not caused by the fall but by the length of stay in hospital where everything is done for them. The Rapid Response Team assesses some elderly people arriving at Accident & Emergency with a view to assisting them to go home immediately but there is insufficient funding to offer this to everyone who might benefit.

USER AND CARER PERSPECTIVE

The Joint Commission engaged the Working in Partnership Team to seek the views and experiences of users and carers who access or have used Intermediate Care Services. (The Team is a Health and Social Care Partnership Unit that supports users and carers in having a voice about the services they receive.) The Joint Commission noted that issues related to services need to be more people centred. There is a need for:

- services to be more sensitive to the needs of diverse communities
- better information and raised awareness about the range of services that fall under the umbrella of Intermediate Care for users, carers and professionals
- improved communication on options and choices for people when faced with hospital admission and/ or hospital discharge

A copy of the report is attached as Appendix C.

VISIT TO DEWSBURY NHS HEALTH CARE TRUST – WARD 21

Members of the Joint Commission accepted the invitation to visit Dewsbury NHS Health Care Trust to see the working of the Step Down / Intermediate Care facility in Ward 21 and to discuss the work of the Rapid Response Team in North Kirklees.

The Joint Commission notes that Ward 21 is an example of good practice. It is a Nurse led ward which operates as a step down facility from acute beds within the hospital. The focus is on rehabilitating medically stable patients with a view to them returning to the community either home, nursing bed or residential facility.

The Commission heard that improved communication within the hospital with regard to what Ward 21 offers in support of patients who are medically stable needed to be addressed. The issue primarily is to do with staff on other wards being very busy and not proactively seeking alternative places within the hospital for medically stable patients.

In discussing the work of the Rapid Response Team (which supports patients to remain in their own home at a time of crisis either due to illness or the main carer becoming ill for up to 5 days) the Joint Commission heard that referrals are accepted from GPs, Dewsbury Hospital, Social Services and the Evening District Nursing Team. The Joint Commission heard that a Single Assessment process should speed up the referral process. The sharing of information systems between Health and Social Services would also be beneficial to the process.

CONCLUSIONS

STRATEGIC PLANNING

The Joint Commission notes the strategic approach that has been adopted in Kirklees in meeting the Intermediate Care Service needs and therefore health and social care needs of local communities.

The Commission endorse the strategic approach that has been developed locally (led in the main by a partnership between the Primary Care Groups in Kirklees and the Council's Social Services Department).

This approach reflects the outcome of the Commission's own deliberations based on expert witness statements and evidence including the views from local users and carers.

In summary the strategy must be able to:

- Provide a single point of access;
- Provide a Single Assessment Process/framework;
- Have a focus on health promotion and disease prevention;
- Prevent avoidable admission to hospital or long-term care and facilitate timely discharge;
- Create a dedicated Intermediate Care Team/Unit (*the Commission heard of the need to have Intermediate Care Co-ordinators and Health and Social Care Assistants who will provide for a single point of access to facilitate and support people through the system*);
- Consolidate partnership arrangements and effective working with other agencies/organisations;
- Enable flexible use of beds in the independent sector;
- Make best use of partner agency resources through a pooled budget approach so that clear arrangements and agreement exists when allocating resources to support the health and social care needs of older people.

(adopted from North Kirklees Intermediate Care Service Strategy 2002/03 to 2004/05, February 2002.

A SINGLE ASSESSMENT FRAMEWORK

The Joint Scrutiny Commission welcomes progress towards a Single Assessment Framework for Kirklees. This is to be in place by April 2003.

The Commission concludes, based on the evidence before it, that a Single Assessment Framework is an absolute priority in meeting the health and social care needs of vulnerable older people.

The Commission acknowledges that this approach is part of the policy imperative for Intermediate Care as outlined in the National Service Framework for Older People.

The Commission is convinced that a Single Assessment Process will mean that older people receive appropriate, effective and timely responses to their health and social care needs and that the best and most effective use of resources will be made.

A PERSON CENTRED APPROACH

The Joint Scrutiny Commission wishes to emphasise the policy context outlined in the NHS Plan and the National Service Framework for Older People in meeting the health and social care needs of local communities. The policy aims to ensure that people and patients are at the centre of all planning and service delivery and people are able to influence decision making processes that will have an impact on their lives and health.

The Commission has heard about support services that are in place to meet the needs of vulnerable older people. Some of these services should be presented as good models of practice e.g. Ward 21 in Dewsbury, GP Led Bed Scheme and the Prime Movers Initiative. However, the evidence gathered suggests that organisations place large emphasis on institutional based solutions, responding in most cases by moving the person from one bed to another, be it a nursing, residential or home care bed.

In this regard the Commission welcomes the Guidance for Local Implementation of a Single Assessment Process (DOH 2002) as it requires organisations to adopt a person centred focus when responding to the health and social care needs of local communities.

The Commission wants the local Intermediate Care Strategy Groups, the Older People's Partnership Board, the Health and Social Care Board and other joint planning groups to ensure that:

- Professionals work together in the best interest of the older person;
- The older person's views and wishes are central to the assessment process and subsequent service provision;
- Assessment builds a holistic picture of older people's needs and circumstances, including not only health and social care issues but also relevant housing, benefits, transport, opportunities for life long learning and other issues.
- Each older person is informed of and consents to, information about their needs and circumstance being collected and shared.

(adapted from the *DoH Single Assessment process 2002*)

THE VIEWS AND EXPERIENCES OF USERS AND CARERS

The Commission is very appreciative of the work done by the Working in Partnership team (WIP) in support of the Joint Scrutiny Commission by seeking the views and experiences of users and carers on Intermediate Care services.

The Commission conclude that the involvement of local people, local communities, users and carers in the planning and design of services is fundamental.

IMPLEMENTATION OF THE SINGLE ASSESSMENT PROCESS

The Commission notes the time scale for implementation of the Single Assessment Framework ; and conclude that (*in line with Guidance on Local Implementation*) when local agencies conduct their own reviews, they should endeavour to seek the views of local stakeholders, especially older people themselves and those who use services specifically, to evaluate the proposed approach to single assessment.

The Commission notes that between April 2002 and June 2002, local agencies should have reviewed how their assessment systems compare to criteria laid down in “Guidance on Local Implementation” and that they should put in place action plans to address the most serious difficulties.

The Commission is mindful that reviews are required by April 2003 and April 2004 to address remaining difficulties accompanied by revised action plans in 2003 if necessary. Reports of these reviews are required by the Department of Health (DoH) who (the Commission understands) will take a close interest in the implementation of the Single Assessment Process with the first review due in September 2002.

The Commission is confident that robust joint planning mechanisms in support of Intermediate Care are being strengthened to deliver on this agenda.

THE LESSONS LEARNT FROM WORKING IN PARTNERSHIP ON A JOINT SCRUTINY PROCESS

As part of its final deliberations the Joint Scrutiny Commission decided to review the partnership approach to scrutiny and present lessons learnt from the process.

The Commission concludes that this was a very useful and positive experience for all members involved.

It allowed for the members to hold an independent view of the issues and provide an opportunity for the Commission through a mixed group of people representing different interests to consider different perspectives. It provided for healthy debate in an open and honest way.

An important dimension to the success of the Commission was to have leadership that was able to shape the direction of travel to what is a complex area of health and social care policy.

Initially the Commission found it quite difficult to determine its terms of reference with a particular focus. This was resolved when the Joint Scrutiny Commission adopted a Pathway of Care model that has a focus on the person which enabled a better understanding of the issues at hand and therefore clearer focus on the area of investigation.

The Joint Commission Members found that having a set of agreed terms of reference and principles of engagement (attached at Appendix A) was useful to the process.

The Elected Members of the Commission noted that the language and terminology used when referring to NHS issues can be difficult to understand and needs to be explained more simply.

In summary the Joint Scrutiny Commission felt that this was a very useful process and recommend that further discussions on Scrutiny of the NHS consider adopting this collaborative approach.

RECOMMENDATIONS

STRATEGIC PLANNING

The Commission welcomes the strategic approach that has been developed by North Kirklees Primary Care Group captured in their publication entitled “North Kirklees Intermediate Care Service Strategy 2002/03 to 2004/05 “ (Developed as part of the Strategic Outline Case for capital investment to modernise health services in North Kirklees).

The Commission notes that the principles and approach contained in this service strategy are reflected in the way Intermediate Care services are being developed in South Kirklees.

JOINT WORKING - JOINT APPOINTMENTS - POOLED BUDGETS

The Commission concludes that for an effective, efficient and well co-ordinated Intermediate Care service Primary Care Trusts, Social Services, Acute Trusts and users and carers as appropriate need to work together to jointly commission and deliver an integrated service.

A pre - requisite for this joint arrangement is to ensure that pooled budget arrangements (money that is put together by participating agencies and then allocated to meet service needs) are in place to make integrated seamless service provision a reality.

Furthermore the Commission wants to see joint appointments being made that will provide for a single point of contact and single point of entry into the Intermediate Care system.

The Commission notes existing joint working arrangements namely the respective Intermediate Care Strategy Groups in North and South Kirklees, Older Peoples' Partnership Board and Health and Social Care Board.

The Commission also notes the fixed term posts in place to support the development and delivery of Intermediate Care Services in North and South Kirklees.

The Commission believes that implementation of Intermediate Care Services will require robust partnerships with pooled budget arrangements supported by joint appointments of Intermediate Care Co-ordinators for the area. (The number of posts to relate to Primary Care Trust areas.)

Furthermore that information systems (electronic networks) are developed between organisations so that they can communicate effectively and share necessary information in relation to the Pathway of Care.

The Commission welcomes proposals for Intermediate Care posts in the North Kirklees Intermediate Care service strategy identified to support this service development. The Commission requests that the posts developed to support Intermediate Care Services in Kirklees must be consistent in their approach and demonstrate equality of outcome.

The Commission requests that the Intermediate Care Strategy Group in South Kirklees identify resources for this purpose.

The Commission requests that the Health and Social Care Board consider effective practice elsewhere in the organisation and delivery of health and social care delivered by a Care Trust.

The Commission applauds the good working arrangements and commitment to joint commissioning, integrated service delivery and pooled budgets that are being put in place.

A SINGLE ASSESSMENT FRAMEWORK

The Commission welcomes progress towards a Single Assessment Process that requires organisations to work together to plan and deliver services that meet the health and social care needs of older people.

The Single Assessment Process must lead to an integrated and seamless service with adequate flexibility built into the system so that if one needs to be reassessed this can take place quickly.

A PERSON CENTRED APPROACH

The Commission strongly recommends a more holistic approach in supporting vulnerable older people.

The assessment process must build a holistic picture of older people's needs and circumstances that go beyond health and social care issues but also address issues to do with housing, benefits, transport, community safety and other social development needs.

The Commission recommends that a hand book of Intermediate Care Services be developed which provides information for providers, users and carers on service options and choices available, including an explanation of a Patient Pathway for Intermediate Care.

The Commission recommends that consideration is given to the development of an Information Strategy that sets out how the information needs of providers, users and carers will be met. Linked to this the Commission further recommends that local agencies work closely with local media to routinely explain the direction of travel for health and social care and use every opportunity to celebrate success stories.

USERS AND CARERS

The Commission recommends en masse the report of the Working in Partnership Team (WIP) to relevant joint planning groups so that they better understand and are able to be more responsive in meeting the needs of vulnerable older people (The report is attached as Appendix C).

The Commission highlights the following recommendations from the report:

- to have improved communication between professionals and users and carers on options and choices for people when faced with hospital admission or discharge;
- to have better information for users and carers on the range of services that fall within the area of Intermediate Care ;
- Intermediate Care Services must be sensitive to the needs of diverse communities;
- The single assessment process must include an assessment of the needs of carers;

The Commission requests that partner agencies note and act upon the overriding theme that came out of the focus group discussions, the level of frustration amongst participants about being “consulted to death” with little action in response to issues raised.

(Note : participants said they were more than happy to be involved in the focus group discussions)

MODELS OF GOOD PRACTICE

The Commission acknowledges (based on the evidence it has received) the range of health and social care support and rehabilitation services that exist to meet the needs of vulnerable older people when accessing Intermediate Care services.

The Commission remains strongly committed to Intermediate Care service provision that is needs led, co-ordinated, and provides a single entry into the system with good quality care so that people are supported in the most appropriate facility relevant to their needs.

The Commission requests that the respective Intermediate Care Strategy Groups, when considering supported discharge schemes, take into account the effectiveness of the Care Phone scheme as part of supported discharge.

IMPLEMENTATION OF THE RECOMMENDATIONS

The Joint Scrutiny Commission is aware of the changes taking place within health and social care organisations in response to the Government's “modernisation” agenda of the public sector.

The Commission recognises the need to ensure that within this change agenda there will need to be a settling in period for new organisations and their leadership.

This said the Commission wants to ensure that the recommendations of the joint scrutiny process are acted upon with the interests of the communities served by health and social care organisations.

To this end the Commission wants to arrange early meetings with key partner organisations to report on the work of the Commission and its findings as follows:-

- Report to Kirklees Metropolitan Council's Overview and Scrutiny Committee, the body that commissioned this piece of work (for approval)
- Kirklees Council's Standing Scrutiny Panel on Social Affairs and Health (for information and monitoring);
- Full Council Meeting (for endorsement by Council Members);
- The Older Peoples' Partnership Board (for future commissioning and strategy development /implementation);
- The Local Intermediate Care Strategy Groups (North and South Kirklees) (for action/implementation);
- Local Implementation Teams for National Service Frameworks (for action/implementation)

- The Older Peoples' Network (for information and monitoring);
- The Health and Social Care Board (for information and monitoring);
- Primary Care Trust Boards (for information and monitoring).
- Community Health Councils (for information)