

**ADULT CARE & HEALTH SCRUTINY COMMITTEE**  
**UPDATE AND WORK PROGRAMME**

Agenda item No.

**5**

**15 JANUARY 2004**

**Recommendations made to Cabinet/Executive Member/Chief Officer at the last meeting:**

**TRANSITION FROM CHILDREN'S SERVICES TO ADULT SERVICES Min. 2 October 2003**

The Committee recommended that the Council give parents access to the Protocol and include a summary and guide to the Protocol for parents and carers CSF and ACS Boards should consider the issue of transition planning for children with MLD.

**Current position**

The protocol document is intended as a detailed guide for professional staff and is now being circulated to staff in ACS, CSF and Connexions, through a series of briefing sessions.

Work to prepare a summary and guide for parents and carers has started, led by Sue Jaye in CSF. We are working with Carers in Herts on this guide and they are arranging parents to contribute. A meeting is arranged at the end of January with Carers in Herts, to agree the final version.

Children with mild/moderate learning difficulties who attend special schools will now be identified at an early stage, through the agreement that adult services will attend school reviews from Year 9 onwards (ie, when the child is 14 years old). The aim of early involvement from adult services is also to ensure that those outside the special school system, eg within mainstream schools, are identified well in advance of adult services being needed. As the protocol is implemented in the

coming year, ACS and CSF will work together to monitor how effectively those outside the special school system are identified and, if necessary, to put additional measures in place for this group.

### **BUDGET MONITOR Min. 3 December 2003 (Home Care budget)**

The Committee recognised that fairer access to care was a continuing challenge, not a one-off, and recommended to the Cabinet that they consider, and make contingency plans, for continuing demand on the Home Care budget.

#### **Current position**

Full provision has been made in the Adult Care Services budget for 2004/05 for unavoidable service pressures arising from demography and the continuing costs of current care arrangements. Most of these resources will be applied to residential and home care services. The demands on these two budget areas are clearly connected with lack of capacity in residential care resulting in extra demand on home care. The Director will ensure that appropriate increases are made to each budget while seeking to provide flexible services which best meet the care needs of all service users.

**Update on petitions presented to the last meeting:**

No petitions were submitted.

**UPDATE ON PREVIOUS SCRUTINY ITEMS**

	<b>ITEM</b>	<b>C'TTEE DATE</b>	<b>EFFECTS OF SCRUTINY</b>	<b>STATUS*</b> (see endnote)
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**Adult Care Services and Health**

1.	National Carers' Strategy in Herts	11/1/2001 (Minute 6) 17/1/2002 (Minute 8)	Carers Topic Group formed including carers' representatives so that they have the opportunity to feedback. The Topic Group meets twice a year to consider: <ul style="list-style-type: none"> <li>• The multi-agency carers strategy</li> <li>• Proposals for the Carers Grant which are then forwarded to Cabinet and monitoring the Carers Grant spending plan.</li> </ul>	Ongoing investigation
2.	Annual Report on Complaints, Compliments and User/Carers Satisfaction	11/1/2001 (Minute 7) 17/1/2002 (Minute 7) 3/10/2002 (Minute 3)	Regular reports to the Committee to keep members informed on the levels of complaints, compliments & user/carers satisfaction.	Monitoring
3.	Hospital Discharge arrangements	4/10/2001 (Minute 1)	Further scrutiny will take place in respect of bed blocking & hospital discharge procedures. This has been reported back to the Committee on two occasions and has been suggested as an item for joint scrutiny with Health. The introduction of Cross Charging Regulations from January 2004 will	Awaiting action

			<p>require Adult Care Services paying a charge of £120 per day for every delayed transfer of care patient.</p> <p>Adult Care Services has been allocated additional monies to increase capacity and pay charges.</p> <p>Shadow charging arrangements are being introduced from October 2003. A Project Team has been established to undertake the necessary preparatory work.</p> <p>Work to increase capacity to reduce numbers of delayed transfer patients is ongoing.</p>	
4.	Waiting Times for Assessment and Services	14/3/2002 (Minute 2) 13/3/2003	<p>DACS requested to report again to a future meeting of the Committee. Work is currently underway to reduce length of waiting times to achieve the December 2004 target of <u>all</u> assessments carried out within 28 days and 70% within 14 days.</p>	Monitoring
5.	Residential and Nursing Care Home and Home Care Capacity	June 2003:	<p>June 2003 Committee considered the final report of the Topic Group and recognised the following challenges:</p> <ul style="list-style-type: none"> <li>- increasing the number of home carers and retaining and developing existing ones</li> <li>- expanding the base of residential/nursing home provision in Hertfordshire's economic context</li> <li>- shifting expectations and practice to different patterns and models of care</li> <li>- working with partners to adapt some older accommodation to meet the range of needs of our ageing population.</li> <li>- The importance of prevention in diverting people from needing care in the first place.</li> </ul> <p>The report was made available to the Strategic Health Authority in order to assist planning of 'Investing in your health'.</p>	Monitoring progress of the changes

6.	National Service Framework for Older People	3/10/2002 (Minute 1)	<p>The Hertfordshire Older People Steering Group have noted Scrutiny Committee comments and continues to monitor and support progress in achieving NSF milestones. This is a 3 year programme from 2002-2005 and we are progressing towards April 2004 targets which are under control.</p> <p>Hertfordshire Older Persons Steering Group continues to monitor implementation of NSF Older People and to ensure targets are met.</p>	Work outside scrutiny
7.	Best Value review of services to older people	June 2003	<p>Members will receive a further report on progress in June 2004. Members will receive a copy of the final version of the report.</p> <p>Considered by Cabinet on 23 June 2003 and they agreed that the recommendations in the report be accepted.</p>	Monitoring
8.	Asylum Seekers Team	June 2003	<p>Asylum seekers team moved to one site in September</p> <p>Numbers of Asylum Seekers being supported continues to fall as more receive decision from the Home Office</p>	Monitoring
9.	Development Of Countywide Strategy For Black And Ethnic Minority Adult Care Service Users And Their Carers	October 2003	<p>The Committee recommended to the Director that an action plan and timetable to develop the issues discussed be brought back to the Scrutiny Committee. This could include:</p> <ul style="list-style-type: none"> <li>- work with voluntary organisations to encourage more BME people to become care workers</li> <li>- Co-ordination between and within services</li> <li>- Better intelligence and information to improve service planning</li> </ul>	Ongoing investigation
10.	Access To Services	December 2003	<p>An update on the effectiveness and any issues arising from the introduction of single assessment should be provided to the Committee at the October 2004 meeting.</p>	Monitoring
11.	Services For	December	<p>The Committee agreed to review progress again in June 2004.</p>	Monitoring

	Older People Commissioning Plan - 2003/4 – 2005/6	2003		
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### Health Scrutiny

12.	Investing in your Health'	June 2003	<p>The Committee agreed to establish a short life Topic Group to work with the Health Authority to Monitor Progress. The remit of the Group would be:</p> <ul style="list-style-type: none"> <li>- to explore ways that evaluation can be made of the changes to the whole health economy in Hertfordshire not just individual services</li> <li>- to discuss and agree the nature and content of monitoring information which will enable the SHA and the committee to evaluate progress.</li> <li>- To agree a programme of monitoring – this may include regular reports on activity, finances and outcomes and/or briefings/visits for the Committee</li> <li>- To consider other ways that members of the committee can helpfully engage in monitoring progress – e.g., attendance at meetings and engagement with stakeholders</li> </ul> <p>The Committee on 3 December 2003 agreed:</p> <p>(a) That the Topic Group be requested to prepare for the March meeting of the Committee, a plan for monitoring and overview.</p> <p>(b) That, in addition to the remit of the group included in the minutes of the meeting of 12 June 2003, the Group should consider in formulating its plan:</p> <ul style="list-style-type: none"> <li>- How the work of this Committee will link to similar work in Bedfordshire</li> <li>- The respective roles of the County and Primary Care Trust based committees</li> <li>- The role of the Health Panel in relation to “Investing in your Health”</li> </ul>	Ongoing investigation
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			<p>and how this links with the work of the Scrutiny Committee</p> <ul style="list-style-type: none"> <li>- The related but different roles that the County Council has as part of the services provider and Commissioner (for Social Care and Transport Services), a regulator (for Highways and Planning) and in monitoring (Health Scrutiny).</li> </ul> <p>The Topic Group is meeting for the first time on 15 January 2004.</p>	
13.	Future Health Scrutiny Topics	June 2003	<p>Further to the request from Members at the last meeting that the responsibilities of the County and District Committees be clarified, the Scrutiny Support Officer held a meeting with Officers responsible for scrutiny support in the Hertfordshire Districts. Responsibilities were clarified and an informal system for monitoring activity established. Increasing demands are being made on the Council to carry out Health Scrutiny beyond respond to statutory consultations. In the light of this a budget pressure has been identified to provide further support for health scrutiny.</p>	Awaiting action
14.	Victoria And Elizabeth Courts	October 2003	<p>The local PCT-based Scrutiny Committee were requested to keep the situation under review including keeping in close touch with the relatives' support group and report back to this Committee on the outcome.</p>	Awaiting action

\* Status definitions:

- **Ongoing Investigation** – The scrutiny committee has commissioned work, which could be from a topic group, officers, consultants or other parties which is not yet complete but will report to the main committee in the future.
- **Work outside scrutiny** – an item which has been raised by the scrutiny committee where work is being taken forward through another mechanism in response to the item being raised by scrutiny– a panel, external body or officer mechanism for example.
- **Monitoring** – Items which the scrutiny committee has scrutinised in the past where it has asked for occasional or regular updates. This update could be a planned report, in which case the dates should be given, or monitoring through the update report. Items where there is work outside scrutiny can also be monitoring items.
- **Awaiting Action** – Items the committee wishes to scrutinise or review where the timing is unclear due to awaiting events or the outcome of other investigations. E.g. government guidance

## SCRUTINY WORK PROGRAMME

	ITEM	C'TTEE DATE	SCRUTINY FOCUS/ COMMENTS
1.	Progress report on Services for Older People BVR	June 2004	
2.	Services For Older People Commissioning Plan - 2003/4 – 2005/6	June 2004	To review progress
3.	Access To Services	October 2004	The effectiveness and any issues arising from the introduction of single assessment.
4.	Update Report from Carers Topic Group	October 2004 or January 2005 ?	
5.	Joint Health/Adult Care Scrutiny on Hospital Discharge Arrangements	October 2004 ?	
6.	Integrated transport	To be decided	Joint scrutiny

### Health Scrutiny

7.	Review integrated service delivery (JCPB)	March 2004	
8.	Health: Intermediate Care	To be decided	
9.	Health: Availability of treatment of sexually transmitted diseases, particularly in young people	To be decided	
10.	Paediatric Services Review (CSF to be invited)	To be decided	
11.	Transition - Mental Health	To be decided	
12.	Development Of Countywide Strategy For Black And Ethnic Minority Adult Care Service Users And Their Carers - <u>action plan and timetable</u> (see note in update section above)	To be decided	