

Report No: **243/2010** Public Agenda Item: **Yes**  
Title: **Future of Older People's Day Services**  
Wards **All**  
Affected:  
To: **Health Scrutiny Board** On: **23 September 2010**

## **TORBAY HEALTH SCRUTINY BOARD**

### **Tool to Support the Identification of Substantial Variations and Developments in Health Services**

#### **1. Background**

- 1.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 place a duty on local NHS bodies (apart from NHS Foundation Trusts) to consult the health overview and scrutiny committee(s) on any proposals they may have under consideration for a substantial development of the health service in the area of the committees' responsibilities, or on any proposal to make any substantial variation in the provision of service(s).<sup>1</sup> The Regulations do not define the term 'substantial'.
- 1.2 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 were amended in 2004 to apply to NHS Foundation Trusts.<sup>2</sup> Accordingly, for NHS Foundation Trusts issues of substantial variation and development apply only when an NHS Foundation Trust proposes to make an application to the Independent Regulator of NHS Foundation Trusts, Monitor, to vary the terms of its authorisation and when that application if successful would result in a substantial variation of the provision by an NHS Foundation Trust of protected goods or services in the area of a local authority. Where this regulation applies the NHS Foundation Trust is required to consult the health overview and scrutiny committee.
- 1.2 Overview and scrutiny committees and NHS bodies are encouraged to develop local agreements or sets of criteria about what might be regarded as 'substantial' in the local context. This should be informed by discussions with other key stakeholders.
- 1.3 Legislation defines 'the health service' as including social care provided or commissioned by NHS bodies who are exercising local authority functions under section 31 of the Health Act 1999. As the Partnership Agreement between Torbay Council and Torbay NHS Care Trust has been made under section 31 of the Health Act 1999 [now consolidated as section 75 of the NHS

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<sup>1</sup> Regulation 4 (SI 2002/3048)

<sup>2</sup> (S.I. 2004/696, section 46)

Act 2006] all of the functions of the Care Trust (including social care functions for which Torbay Council is liable) may be subject to health scrutiny.

## **2. The Process**

- 2.1 The attached criteria have been designed to help Torbay Health Scrutiny Board and NHS partners to identify whether proposed variations or developments in services are 'substantial' and should be used only as a method of evaluating the need for statutory consultation of the Health Scrutiny Board by the NHS.

The principles used in the tool are based on the following assumptions:

- A process will be put in place to enable regular reporting of plans and processes of NHS organisations which are presented to the Health Scrutiny Board for information or for discussion.
- NHS organisations should have regular dialogue with the Scrutiny Board Members and Officers on key developments and make use of opportunities to share information through annual reports, forward plans and the involvement of local authority staff in regular or ongoing work with NHS bodies.
- NHS organisations should provide evidence how Section 242 of the NHS Act 2006 has been undertaken in identification of proposals for change and prior to the consultation of the Health Scrutiny Board.
- The Health Scrutiny Board is committed to a clear and transparent approach to decision-making and identifying whether an issue is considered 'substantial'.

## **3. The Tool**

- 3.1 This assessment tool has been developed by Torbay Health Scrutiny Board following a training day in November 2009. The Board has made use of protocols developed by other local authorities across the country which have been modified for local use.
- 3.2 Local NHS bodies have received and commented favourably upon the assessment tool.
- 3.3 The tool will be reviewed on an annual basis and updated accordingly.

## **4. Implementation**

- Each NHS organisation is asked to complete the attached Key Information to be provided when there is major change to services experienced by patients and future patients. Each section should be completed individually and evidence provided to support statements made.
- In their submission, each NHS organisation will be required to provide clear evidence about how patients and the public have been involved in the process, including what information has been shared with Local Involvement Networks or other patient groups.

- The completed information should be sent to the Scrutiny Officer, by the agreed date, who will copy it to members of the Board. The Board members will discuss the material provided and will ask the NHS organisation to attend the Board's next meeting to answer questions. At the conclusion of consideration of the proposed change a view will be taken on whether the Board considers the proposal to be substantial or not.
- If the Board considers that the proposal is substantial, and that it wishes to be consulted, it will agree the process of its consultation with the NHS body.

## Key Information to be provided

The following checklist of questions and information has been identified to help both the Torbay Health Scrutiny Board and the NHS to reach consensus about whether a proposed variation or development to health services is 'substantial'. It is not meant to be exhaustive and all aspects may not be relevant to all proposals for changing services. It is likely that there will be additional questions needed that relate to the details of each proposal.

The NHS organisation that is leading the development of proposals, whether commissioner or provider, is asked to consider each of the questions on the following pages and to provide information in response to Torbay Health Scrutiny Board **by the date agreed**. The Board will consider the responses provided at its next meeting and will expect the lead NHS body to attend the meeting to answer supplementary questions. Following this discussion, the Board will decide:

- a) whether it considers the proposal(s) to be substantial, and if so why;
- b) whether it wishes to be consulted on proposals, and if so how the consultation might take place;
- c) any recommendations that it considers the NHS body might take into account regarding the proposal(s).

*Please complete the following contact information*

### **Name of lead NHS organisation and contact:**

Torbay Care Trust

### **Brief description of the proposal:**

See attached paper

### **Description of population affected:**

See attached paper

### **How the affected communities have been involved in developing proposals:**

HOSC is referred to the paper brought to the July meeting, describing the comprehensive consultation and engagement process undertaken by the Care Trust, beginning in January 2010 and concluding in April. Members will recall that the views, thoughts and suggestions of 537 people were sought. These were considered by the Care Trust and the recommendations have been proposed based on the outcomes of the engagement process and on evidence from elsewhere.

### **Name of primary stakeholders involved in or supporting the proposal:**

**Date:**

Criteria for assessment	Comments and location of supporting evidence	Board comments
<p><b><u>Case for change information</u></b></p> <p>1. What are the reasons for change? (<i>For example, key drivers, changing policy, workforce considerations, gaps in service, service improvement, national policy.</i>)</p> <p>2. How will the proposals contribute to the achievement of national and NHS priorities/targets in Torbay?</p>	<p>§ Overprovision of traditional day care in Torbay</p> <p>§ Increase choice (types of day care) for individuals – Personalisation Agenda.</p> <p>§ It costs significantly more to provide services in-house than in the independent sector (Approximately £537 more per client per annum).</p> <p>§ Workforce considerations.</p> <p>§ Service improvement, ie: better contract management and quality assurance.</p> <p>§ Day service review report – Sept 2009,</p> <p>§ Consultation findings report</p> <p>§ The future of older people's day services report.</p> <p>The Care Trust and the Council have the strategic intention of commissioning services from providers other than themselves where it is right and practicable to do so. The intention is to develop and support a robust and vibrant third sector in the Bay which leads to more choice for clients. In addition, as stewards of tax payers contributions to the NHS, the Care Trust has to make important decisions around each and every penny that is spent. Part of this challenge involves the Trust asking itself a difficult question of whether it can continue to afford to deliver day services for older people which do not offer the same value for money as the independent sector.</p> <p>The Care Trust is actively rolling out personalisation for adults in Torbay. This will see all people, upon having their needs assessed, being offered their own, personal budget from which they can purchase from a wider range of services, rather than just those previously purchased and provided by the Care Trust. Examples of this would be cinema tickets, travel to church, attending bingo or day travel to shop in another town. At the same time, there is increasing demand for all forms of services for adults and the</p>	

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<p>2. Have patients affected contributed to the development of proposals?</p> <p>3. Have clinicians affected contributed to the development of the proposals?</p> <p>4. Is any aspect of the proposal contested by the clinicians affected?</p> <p>5. What is the impact on the current providers of the service?</p> <p>6. Have both providers and commissioners provided assurances/support for the proposal?</p> <p>7. What was the range of options considered?</p>	<p>Care Trust has to find a way to meet people's needs within a constrained budget.</p> <p>§ Full 3 month consultation</p> <p>§ Questionnaires/ Focus groups/ General comments/ Drop in sessions</p> <p>§ Staff and clients at Fernham suggested the move of the service to Tweenaway/St Michael's Court</p> <p>§ Distribution of surveys at GP surgeries and feedback received via attendance at focus groups.</p> <p>Yes. The paper has been discussed as part of the Care Trust's internal planning processes. A number of clinicians in the Care Trust have either been involved through this process or through discussion at management team meetings or through face-to-face discussion</p> <p>No</p> <p>Please refer to the paper prepared for the meeting</p> <p>Yes</p> <p>Please refer to the paper prepared for the meeting</p>	

Criteria for assessment	Comments and location of supporting evidence	Board comments
<p><b><u>Changes in accessibility</u></b></p> <p>1. How will the proposals influence access to services? <i>Evidence should include:</i></p> <ul style="list-style-type: none"> <li>• waiting times</li> <li>• transport</li> <li>• travel times</li> <li>• access for people with disabilities</li> <li>• potential additional costs</li> </ul> <p>2. Will the proposal improve the quality of care for service users?</p> <p>3. Will the proposals improve patient choice?</p> <p>4. Will the proposals enable all users that need to use the service to access it?</p> <p>5. How will service users be encouraged to access the developed/changed service?</p> <p>6. Do the proposals include transitional arrangements to ensure no loss of access during the period of change?</p>	<p>a) Transport is available within the independent sector and individual providers host buses and collections services for clients</p> <p>b) The day service which currently operates at Fernham Day Centre will become more accessible for clients in operating different days in two different locations in the Paignton area.</p> <p>c) The taxi service at Fernham Day Centre should continue to run as normal.</p> <p>The recommendation (2) to improve contract management by establishing an any willing provider 'preferred provider list' ensures that future provision is monitored much more closely with a resultant improvement in the quality of services</p> <p>Yes – with the introduction of Active living centres in Torbay, clients will have more choice and variety in the services and activities they take part in.</p> <p>See point 3 above</p> <p>Assessment of need or choice</p> <p>Advertising of options to support choices</p> <p>Yes - please see paper from the Care Trust</p>	

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<p><b><u>Patients affected</u></b></p> <p>1. How many patients and carers are predicted to be affected by the proposals?</p> <p>2. Which groups of patients have been identified as likely to be affected by the proposals?</p> <p>3. What demographic data has been taken into account? <i>(For example, how has social exclusion been considered?)</i></p> <p>3. What input has the LINK had in the development of proposals, and what have they said?</p> <p>4. Is there evidence that the proposal will lead to improved outcomes for patients? <i>(Provide evidence, include local evidence)</i></p>	<p>§ 60 clients currently attend day care at St Edmunds Day Centre, this equates to 109 day care placements per week.</p> <p>§ 45 clients currently attend day care at Fernham Day Centre, this equates to 83 day care placements per week.</p> <p>Older people</p> <p>The proposed service changes should make services more appropriate for people's needs and more accessible thereby reducing social exclusion</p> <p>Through the engagement and consultation process. They have urged us to ensure that we have services available for people to access now <b>and</b> in the future. They have given us views and opinions on existing provision</p> <p>Yes</p> <p><b>Active living centres</b> – we have reviewed many similar schemes in the country (Somerset, Devon) and these have had a positive impact on the outcomes for clients</p> <p><b>Independent sector</b> – evidence of moving to a more concentrated range of options performing against a robust service specification has been demonstrated to improve outcomes.</p>	



Criteria for assessment	Comments and location of supporting evidence	Board comments
<b><u>Impact of the proposal on the wider community</u></b>		
1. Has an equalities impact assessment been undertaken?	Yes	
2. Will the proposal provide an improvement to services within the community?	Yes	
3. Will there be a need for additional travel or changes to travel arrangements for patients and/or carers?	No. Transport will be provided as is the case now to clients using current in-house services	
4. What is the projected impact of the proposal on waiting times?	None	
5. What is the potential impact of the proposal(s) on other existing services, for example,	None	
• social care services	Detailed in the paper in terms of impact to in-house provision. Helps deliver the personalisation agenda	
• housing	None	
• environmental policies	None	
• other NHS services	None	
• others?	None	
6. Is there likely to be an impact on the local economy? ( <i>For example, employment, businesses.</i> )	Possibly – see paper for detail	
7. How will the proposal(s) affect health inequalities?	It will not increase health inequalities	
8. How have future demographic predictions been taken into	The rationale for the review and resultant recommendations are	

Criteria for assessment	Comments and location of supporting evidence	Board comments
account? <i>(For example, how have future patient flows and/or catchment areas for services been addressed?)</i>	predicated on managing growth in demand, ensuring that suitable, accessible services are available to meet the changing needs and aspirations of an aging population and those not currently accessing services (50 years and under)	
<p><b><u>Methods of service delivery</u></b></p> <p>1. Does the proposal result in a change in method of service delivery?</p> <p>2. What are the views of the LINK, other patients, and patients' forums?</p> <p>3. Does the proposal result in a change in the location of service delivery?</p> <p>4. Is there a potential impact on domiciliary care services? If so, what?</p> <p>5. Is there a potential impact on GP and/or other primary care services? If so, what?</p> <p>6. Is there a potential impact on ambulance service patients? If so, what?</p>	<p>Yes in terms of our in-house provider services and there has been a three month consultation on these options and we have taken account of the outcomes of the consultation in our final recommendations</p> <p>It was mentioned that the options did not include a status quo, however this was addressed satisfactorily. Reference was made to the closure of Dunboyne and assurances were made that lessons learned have been applied in this consultation.</p> <p>Yes for our in-house services with Fernham proposed to move to Tweenaway and St Michaels</p> <p>None</p> <p>No</p> <p>No</p>	

Criteria for assessment	Comments and location of supporting evidence	Board comments
<p><b><u>Finance/Value for Money</u></b></p> <p>1. Is the proposal sustainable?</p> <p>2. Is the proposal consistent with the organisation's strategic plan?</p> <p>3. What is the business case for the proposal? (<i>Provide details</i>)</p> <p>4. What are the risks and benefits of the options?</p> <p>5. How do the proposals impact on the existing budget?</p> <p>6. Is there a potential financial impact on local authority services?</p> <p>7. Is the proposal reliant on additional or external funding? If so, are there limitations or time constraints that the Board should be aware of?</p>	<p>Yes</p> <p>Yes</p> <p>See attached paper for details</p> <p>See attached paper for details</p> <p>See attached paper for details</p> <p>Yes in terms of in-house provision (delegated service delivery by the Local Authority)</p> <p>No</p>	

## Flow chart identifying process of deciding whether an issue is substantial

